

HOURS OF SERVICE FORM
UNITED TRANSPORTATION UNION

RAILROAD: _____ TRAIN IDENTIFICATION #: _____

ON DUTY: _____ (AM/PM) DATE: _____ OFF DUTY: _____ (AM/PM) DATE: _____

TOTAL TIME ON DUTY: _____ DATE OF VIOLATION: _____

INITIAL TERMINAL LOCATION: _____

FINAL TERMINAL LOCATION: _____

LOCATION WHERE TRAIN EXCEEDED 12-HOURS ON DUTY: _____

A. WAS THE CARRIER NOTIFIED OF THE TIME THE CREW TIED UP UNDER THE HOURS OF SERVICE? YES: _____ NO: _____
IF YES, WHO WAS ADVISED: _____ (GIVE FULL NAME & TITLE IF POSSIBLE)

B. AT WHAT TIME WAS THIS PERSON NOTIFIED? _____ (AM/PM)

C. HOW LONG AFTER NOTIFICATION WERE YOU RELEASED FROM YOUR RESPONSIBILITIES OF YOUR TRAIN?
HOURS: _____ MINUTES: _____

D. HOW LONG AFTER TYING UP UNDER THE HOURS OF SERVICE BEFORE YOU REACHED YOUR OFF DUTY POINT?
HOURS: _____ MINUTES: _____

PLEASE ATTACH A COPY OF YOUR TIME SLIP AND/OR DELAY REPORT FOR FRA USE.

CREW MEMBERS FULL NAME, ADDRESS, PHONE NUMBER & LOCAL NUMBER IF POSSIBLE:

ENGINEER: _____

CONDUCTOR: _____

YOUR SIGNATURE: _____ YOUR PHONE #: _____

YOUR ADDRESS: _____ YOUR LOCAL #: _____

IF YOU HAVE ANY OTHER COMMENTS PLEASE USE THE BACK OF THIS FORM AND PROMPTLY RETURN TO STATE LEGISLATIVE DIRECTOR.

Return to: Robert W. Guy, State Director, 8 S. Michigan Avenue, Suite 2006, Chicago, IL 60603