

UTU  
Claim and Grievance Form

Submission date: \_\_\_\_\_

Claimant: \_\_\_\_\_

Employee No.: \_\_\_\_\_

Seniority Date: \_\_\_\_\_

Date of Violation: \_\_\_\_\_

Tour of Duty: \_\_\_\_\_

Rule(s) Involved: \_\_\_\_\_

Amount Claimed: \_\_\_\_\_

Details of Work Performed or Denied \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons Supporting Claim \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Use additional pages, if necessary.