

**UNION PACIFIC RAILROAD
NON-OPERATING EMPLOYEES MONTHLY PROTECTION CLAIM FORM**

SECTION I: PERSONAL INFORMATION (FILLED OUT BY CLAIMANT)

DATE		CLAIMANT NAME (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER	
MAILING ADDRESS			HOME PHONE ()		DATE RECEIVED [DEPT USE ONLY]
CITY	STATE	ZIP CODE	WORK PHONE ()		PROT. ROSTER [DEPT USE ONLY]
CURRENT OR LAST WORK LOCATION			JOB POSITION		PROT. TYPE [DEPT USE ONLY]

SECTION II: CLAIM INFORMATION (FILLED OUT BY CLAIMANT)

MONTH BEING CLAIMED (MONTH & YEAR)	AGREEMENT TYPE (CHECK ONE)				FURLOUGHED (CHECK ONE)	
	FEB7 <input type="checkbox"/>	NYD <input type="checkbox"/>	ME64 <input type="checkbox"/>	OSL <input type="checkbox"/>	ALL MONTH <input type="checkbox"/>	PARTIAL MONTH <input type="checkbox"/>
UNEMPLOYMENT BENEFITS CLAIMED	\$	NAME OF OUTSIDE EMPLOYER				
EARNINGS FROM RAILROAD RETIREMENT	\$					
EARNINGS FROM OTHER (OUTSIDE) EMPLOYMENT	\$					

SECTION III: DAILY WORK RECORD (FILLED OUT BY CLAIMANT)

USE THE BELOW LISTED CODES FOR EACH DAY OF THE MONTH YOU ARE CLAIMING

AV-AVAILABLE F-FURLOUGHED	H-HOLIDAY L-LEAVE OF ABSENCE	MC-MISSED CALL NP-UNPAID ABSENCE	NQ-NOT QUALIFIED O-OTHER AVAILABLE DAYS R-REST DAY	S-SICK V-VACATION W-WORKED
1	7	13	19	25
2	8	14	20	26
3	9	15	21	27
4	10	16	22	28
5	11	17	23	29
6	12	18	24	30
				31

NOTE: ALL TIME LOST, VOLUNTARY AND REFUSED OVERTIME MUST BE REPORTED BY THE TIMEKEEPER

SECTION IV: TO BE COMPLETED BY LAST SUPERVISOR

DID EMPLOYEE PASS UP AN OPPORTUNITY TO PERFORM SERVICE DURING THE PERIOD CLAIMED?	Y <input type="checkbox"/>	N <input type="checkbox"/>
ARE YOU AWARE OF ANY OUTSIDE EMPLOYMENT OBTAINED BY CLAIMANT?	Y <input type="checkbox"/>	N <input type="checkbox"/>
ARE YOU AWARE OF ANYTHING THAT MAY HAVE LIMITED THE CLAIMANT'S AVAILABILITY, SUCH AS HOSPITALIZATION, ILLNESS, ETC.?	Y <input type="checkbox"/>	N <input type="checkbox"/>

SUPERVISOR'S NAME	SUPERVISOR'S PHONE NO.	SUPERVISOR'S SIGNATURE
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I HEREBY CERTIFY THAT THE INFORMATION SHOWN ON THIS FORM IS TRUE AND CORRECT AND THAT I AM PHYSICALLY QUALIFIED TO PERFORM SERVICE.

(FORM MUST BE SIGNED AND DATED BY EMPLOYEE CLAIMING BENEFITS TO ENSURE ACCURATE PROCESSING)

EMPLOYEE'S SIGNATURE	DATE
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PLEASE FAX OR MAIL YOUR COMPLETED FORM ON THE 1ST BUSINESS DAY FOLLOWING THE MONTH YOU ARE CLAIMING		
MAIL TO: UPRR PROTECTION MANAGEMENT 1400 DOUGLAS STREET STOP 0710 OMAHA, NEBRASKA 68179-0710	COMM FAX: (402) 501-0117 CO FAX: (8) 501-0117	QUESTIONS?? PLEASE CALL (888) 634-0441

UNION PACIFIC RAILROAD

APPLICATION FOR FEB 7, 1965 PROTECTION BENEFITS - MofW

SECTION I: PERSONAL INFORMATION (FILL OUT COMPLETELY)

NAME (LAST, FIRST, MI)			SOCIAL SECURITY NUMBER	DATE
MAILING ADDRESS			HOME PHONE ()	DATE RECEIVED [DEPT USE ONLY]
CITY	STATE	ZIP CODE	WORK PHONE ()	EMPLOYEE ID [DEPT. USE ONLY]
HIRE DATE				

SECTION II: COMPLETE THIS SECTION IF YOUR POSITION WAS ABOLISHED

POSITION TITLE PRIOR TO ABOLISHMENT	PAY RATE OF POSITION AT TIME OF ABOLISHMENT	DATE OF ABOLISHMENT
LOCATION AT TIME OF ABOLISHMENT		

SECTION III: COMPLETE THIS SECTION IF YOU WERE DISPLACED

POSITION TITLE PRIOR TO DISPLACEMENT	PAY RATE AT TIME OF DISPLACEMENT	DATE OF DISPLACEMENT
LOCATION AT TIME OF DISPLACEMENT	SENIORITY DATE OF POSITION DISPLACED FROM	DISPLACED BY WHOM (IF APPLICABLE)
POSITION YOU EXERCISED SENIORITY TO	PAY RATE OF POSITION EXERCISED TO	SENIORITY DATE OF POSITION DISPLACED TO
LOCATION OF POSITION YOU EXERCISED SENIORITY TO		

SECTION IV: INSTRUCTIONS TO APPLICANT

AFTER COMPLETING THIS APPLICATION, PLEASE MAIL OR FAX IT TO:

UPRR PROTECTION MANAGEMENT OFFICE
1400 DOUGLAS STREET STOP 0710
OMAHA, NEBRASKA 68179-0710
ATTN: FEB 7 APPLICATION

COMMERICAL FAX: (402) 501-0117

COMPANY FAX: (8) 501-0117

QUESTIONS MAY BE DIRECTED TO THE PROTECTION MANAGEMENT OFFICE AT 1-888-634-0441

This is to request employee protective benefits pursuant to the February 7, 1965 Job Stabilization Agreement, as amended.

EMPLOYEE'S SIGNATURE	DATE
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SECTION V: DEPARTMENT USE ONLY

ROSTER #	PROTECTION TYPE	HIRE DATE VERIFIED	PROT. POSITION NO.	PROTECTION RATE OF PAY
SEASONAL	NON-SEASONAL	APPROVED	DECLINED	DATE PROCESSED
<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> DUPLICATE				