

BNSF (SLSF) GCA Appeal Form

(Replaces R-100 and Formal Appeal Letter)

BLET Division: _____

Local Chairman or Designee:

Local Conference: Yes No

Date: _____

BNSF Officer:

Electronic Appeal: Yes No

Ticket No: _____

Date: _____

Appeal Submitted to GCA

Date: _____

Claimant Name:

Last Name

IN

Employee ID: _____

Ticket No: _____

Claim Date: _____

Claim Code: _____

Occupation Code: _____

Amount Claimed:

GCA Office Use Only

GCA Comments: _____

Date Received from BLET Division: _____

All Supporting Documentation: Yes No

Return to BLET Division: Yes No

Reason: _____
