

**BROTHERHOOD'S RELIEF AND COMPENSATION FUND**

300 Sterling Pkwy, Suite 105, Mechanicsburg, PA 17050

U.S.: (717) 657-1890 CAN: 1-800-233-7080

**APPLICATION FOR  
"HELD OUT OF SERVICE" BENEFITS  
AS DEFINED IN ARTICLE XXXIII OF THE CONSTITUTION**

Name in full \_\_\_\_\_ Member ID: \_\_\_\_\_

Street Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

**Did you contact the BRCF to determine the status of your membership and documents required for processing your application? Yes or No**

1. The craft/position you were working at the time of occurrence? (Circle one): Conductor Engineer Dispatcher Other: \_\_\_\_\_

2. The type of service you were working at the time of occurrence? (Circle one): Yard/Local Thru-Freight Psgr Office MofW N/A

3. What was the date \_\_\_\_\_ and time \_\_\_\_\_ incident occurred that caused removal from service?

4. What was your on duty date \_\_\_\_\_ and on duty time \_\_\_\_\_ for the date of the above incident?

5. At the time of the occurrence were you on railroad property? (Circle one): Yes or No

6. At the time of the occurrence were you on duty? (Circle one): Yes or No

7. If an investigation was held by the company, give the date(s). \_\_\_\_\_

8. What was your first day withheld from service? \_\_\_\_\_

9. If you were given a definite number of days suspension, how many? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

10. Total days actually "Held Out of Service" (As defined in Article XXXIII Sec. 1a) \_\_\_\_\_ Other: \_\_\_\_\_

11. Was your FRA certification revoked? (Circle one): Yes or No or N/A If so, how many days? \_\_\_\_\_

12. Will your FRA revocation be reduced? (Circle one): Yes or No or N/A If so, how many days will it be reduced to? \_\_\_\_\_

13. Do you agree to contact the BRCF ***immediately*** if your discipline or FRA revocation is reduced or modified? (Circle one): Yes or No

14. Did you work any part of day(s) suspended? (Circle one): Yes or No If yes: Date \_\_\_\_\_ Time \_\_\_\_\_

15. Will you be permitted to work in any capacity during your disciplinary period? (Circle one): Yes or No If Yes, explain below:

Explanation: \_\_\_\_\_

Please submit the following documents: Official Notice of Investigation, Official Notice of Discipline or a Signed Waiver (**must contain the amount of discipline assessed and the specific dates discipline served**), FRA Revocation and Suspension if applicable, Transcript of Investigation & Exhibits (Mandatory if Discipline Exceeds 30 Days or if Requested), and a Voided Check. All documents submitted become the property of the BR&CF. Please make copies of all documents for your records.

**In the space below provide your own detailed statement indicating the facts which resulted in being "Held Out of Service." Use the back of this form if additional space is needed.**

Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By my signature I hereby certify, declare and warrant that all the foregoing representations, statements and answers are complete and true, without evasion or concealment, each of which is material to and inducement for the disposition of my application for "Held Out of Service" benefits, and if subsequently ascertained to be false or fraudulent, of which the Brotherhood's Relief and Compensation Fund shall be the sole judge, all and singular, my rights and privileges, benefits and equities, arising thereunder shall be forthwith forfeited and null and void. I agree to contact the BR&CF ***immediately*** if my discipline assessed is reduced or modified, if my employment status changes in any way whatsoever, if I resign, apply for retirement or disability, receive an offer of reinstatement, be it verbal or written, or become employed by any rail carrier during the period I am receiving "Held Out of Service" benefits.

DATE \_\_\_\_\_ MEMBER'S SIGNATURE \_\_\_\_\_