



TRAIN LINEUP REPORT

Name _____ Occupation _____

Location _____ Employing Railroad _____

Last Date/Time Tied Up: Home ____ Away ____

Date/Time Lineup Checked Projected Call Time

Date/Time Lineup Checked Projected Call Time

Date/Time Lineup Checked Projected Call Time

Date/Time Lineup Checked Projected Call Time

Date/Time Lineup Checked Projected Call Time

Date/Time Lineup Checked Projected Call Time

Date/Time Lineup Checked Projected Call Time

Date/Time Lineup Checked Projected Call Time

Actual Date/Time Called for:

Did the provided lineup information enable you to adequately plan your rest? Yes ____ No ____

Comments

Signature: _____

Please forward to your  **Transportation Division** Local Legislative Representative