## **Instructions**

## For

Claiming your protection guarantee

## Protection

- 1. Go to BNSF.com
- 2. Go to Labor Relation web page
- 3. Go to the link for Labor Protection
- 4. Go to Frequently Asked Question
- 5. Next go to the link that is "Request for Protection Benefits"
- 6. Employee needs to fill out this form and send to the appropriate person.

Then Labor Protection will get with the appropriate General Chairman and check to make sure that the employee is entitled to protective benefits. This process can take several months based on the particular agreement and several other factors.

Once the employee is validated for protective benefits, he will be sent a letter telling them what their protection rate is and the length of time that protection will be. Along with this letter will be instruction on how to file for their protection via TSS in the Special Claims area.

I have attached to this letter a copy of those instruction as well.

## **Protection Claim Entry**

Start at the Main Menu (CCTM 15)

Select option '1B' if you are a TYE Employee; '1E' if a Yardmaster, and press 'Enter'

```
CTTP0001
                 TYE & Yardmaster Employee Compensation System
                                                                08/01/05 PRDE
BNSF FTWORT
                                  Main Menu
                                                                09:54:07CT
      1. Input Trip Ticket Information
          a. Train/Yard Trip Reporting
                                                  0 New Outbounded Tickets
          b. Special Claims
                                                  0 Pay Tickets to complete
          c. Yard (Override)
                                                  0 FRA reporting for DOL's
          d. Road (Override)
          e. Yardmaster Special Claims
          f. Yardmaster Override Screen
      2. Print Trip Ticket Information
          a. Trip Ticket Pick List
          b. Ticket
                           On Duty Date
     3. Decline Employee Pick List
                                                 0 Decline(s) To Review
      4. Decline LCL Chairman Pick List
                                                 0 Decline(s) To Review
     5. Print Payment Recap (816)
          a. Year
                      Pay Period
      6. Current Pay Period Earnings
      7. Employee Guarantee Screen
                      Select Code:
                                           Employee I A RAILROADER
              Verification Number:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
     Help Main
                             Tmkpq
                                                                       Prev
```

This should take you to the Special Claims Main Menu Screen. The appearance may be different for Yardmasters. Enter the last day of the claim month as the "Date of Occurrence". You will also need to enter assignment type, Occupation Code, Region & Sub codes, and your station number. Select CA Code "MG" and press 'Enter'. The system will fill in your name and printer number; press 'enter' again to continue.

```
CTTP0010
             Train, Engine and Yard Employee Timekeeping System 08/09/05
BNSF FTWORT
                          Special Claims Main Menu
                                                                   09:56:10CT
Ticket Report Date of Input by Basic Day/
Number Date Occurrence LChm Make Whole
       080905 073105
                                         Date
                            C R Oc R S Prev Yard Job No/ Home Occur
Empl ID F M Last Name O X Cd G D Worked Turn No Terml Statn
1234567
         I A RAILROADER
                               R 03 R S
                                                              12345
     (MR) Car Mileage
                                    (PO) Call and Release Prior to On Duty
     (05) Bereavement
                                   (AO) Call and Release After On Duty
     (ER) Employee Retraining (LD) Restricted Work-On Duty Injury (SM) Safety Meeting (OD) Restricted Work-Off Duty Injury
     (MG) Merger Guarantee
                                    (76) Make Whole
     ( ) Other CA Codes
                                    (RC) Recall from Reserve Board
                                Select CA Code: mg
                                                        Printer ID:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
     Help Main
                                                            Emp- Emp+ Prev
Please enter 'Date of Occurrence' & SSN(s)
```

Last step! This is the actual claim screen. You will need to enter

- Former road
- what agreement you are claiming under
- the claim month
- claim basis (i.e. Total Earnings or Hourly)
- whether you collected any unemployment benefits during the month

The rest is very similar to the paper claim form:

- Guarantee Amount
- Earnings
- Layoff days (if any) and amount of money you would have earned working those days
- Amount claimed

```
CTTP0018
             Train, Engine and Yard Employee Timekeeping System
                                                                 08/11/05
BNSF TOPEKA
                   Merger Guarantee / Protection Pay
                                                                 13:24:26CT
Ticket Report
                                              C Oc Home
                                                          Former
Number Date Empl ID F M Last Name
                                              O Cd Term
                                                           Road
                                              B 03 12345
              1234567 I A RAILROADER
                                                            BN
                                                                 MM
                                                                     YYYY
Agreement claimed New York Dock
                                                      Claim Date 08 2005
Claim Basis (select one): X Total Earnings
                                             Earnings within TPA Hours
Test Period Hours:
                                               Guarantee Amount: $ 4000.00
                                                  Earned Amount: $ 3000.00
During month of claim I laid off for personal reasons or was not available
for service on the following dates: laid off sick 8/12
                                                  Earnings lost: $ 240.99
The following jobs were available to me which would have produced greater
compensation than the jobs I worked:
Total earnings lost due to failure to exercise seniority: $
Outside earnings received during the month of claim:
                                       Amount of Claim: $
Did you receive unemployment benefits during claim month (Y/N): N
By submitting this claim I certify that this information is true & correct
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
     Help Main
                             Comit
                                                                      Prev
```

After you have completed the information, press the 'F5' key to save the claim. (You may have to press it twice – follow the instructions on the screen!) Your claim has now been submitted and is ready for Labor Protection to process.

After your claim has been processed, the declination notice will be in your "Decline Employee Pick List" (option 3). This notice will detail any differences between what you have claimed and what our records indicate you are due, just as the paper letter has in the past.

If you have any questions about filing your claim, viewing your declination, or would just like to check to make sure it really worked, give us a call or email.

Respectfully,

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