

Branch 41 Article 8 Worksheet

Incident Date:	NALC Grievance#
	Incident Date:

Forced OT

Carrier's Name (First Initial & Last Name)	EIN	List (WAL, NL)	OT Off Assignment (In Units)	OT On Assignment (In Units - NL Only)
			Total Off Assignment:	Total On Assignment:

Auxiliary Assistance Available (OTDL to 12 /CCAs to 11.50)

Carrier's Name (First Initial & Last Name)	EIN	ODL/CCA	Regular OT Rate (In Units - to 10 hours)	Penalty OT Rate (In Units - to 12 / 11.5 hours)
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			Total Regular OT Rate:	Total Penalty OT Rate: