

**UNION PACIFIC RAILROAD
APPLICATION FOR FEB7, 1965 PROTECTION BENEFITS - MOFW**

SECTION I: PERSONAL INFORMATION (FILL OUT COMPLETELY)

NAME (LAST, FIRST, MI)			EMPLOYEE ID	DATE
MAILING ADDRESS			HOME PHONE	DATE RECEIVED [DEPT USE ONLY]
CITY	STATE	ZIP CODE	WORK PHONE	
HIRE DATE			CELL PHONE	

SECTION II: COMPLETE THIS SECTION IF YOUR POSITION WAS ABOLISHED

POSITION TITLE PRIOR TO ABOLISHMENT	PAY RATE OF POSITION AT TIME OF ABOLISHMENT	DATE OF ABOLISHMENT
LOCATION AT TIME OF ABOLISHMENT		

SECTION III: COMPLETE THIS SECTION IF YOU WERE DISPLACED

POSITION TITLE PRIOR TO DISPLACEMENT	PAY RATE AT TIME OF DISPLACEMENT	DATE OF DISPLACEMENT
LOCATION AT TIME OF DISPLACEMENT	SENIORITY DATE OF POSITION DISPLACED FROM	DISPLACED BY WHOM (IF APPLICABLE)
POSITION YOU EXERCISED SENIORITY TO	PAY RATE OF POSITION EXERCISED TO	SENIORITY DATE OF POSITION DISPLACED TO
LOCATION OF POSITION YOU EXERCISED SENIORITY TO		

SECTION IV: INSTRUCTIONS TO APPLICANT


AFTER COMPLETING THIS APPLICATION, PLEASE MAIL, EMAIL OR FAX IT TO:

UPRR LABOR RELATIONS - PROTECTION
1400 DOUGLAS STREET STOP 0710
OMAHA, NEBRASKA 68179-0710
ATTN: FEB 7 APPLICATION

FAX: (402) 997-2056
EMAIL: uprr.protection@up.com

QUESTIONS MAY BE DIRECTED TO THE PROTECTION MANAGEMENT OFFICE AT 402-544-1005

This is to request employee protective benefits pursuant to the February 7, 1965 Job Stabilization Agreement, as amended.

EMPLOYEE'S SIGNATURE		DATE
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SECTION V: DEPARTMENT USE ONLY

ROSTER #	PROTECTION TYPE	HIRE DATE VERIFIED	PROT. POSITION NO.	PROTECTION RATE OF PAY
SEASONAL	NON SEASONAL	APPROVED	DECLINED	LETTER SENT AND TYPE
				<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> DUPLICATE
				DATE PROCESSED