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

SECTION I: PERSONAL INFORMATION (FILL OUT COMPLETELY)								
NAME (LAST, FIRST, M	EMPLOYEE ID			DATE				
MAILING ADDRESS				HOME PHONE			DATE RECEIVED [DEPT USE ONLY]	
CITY		STATE	ZIP CODE	WORK PHON	IE			
HIRE DATE				CELL PHONI	E			
SECTIO		O ETE T	UIS SECTION	IE VOUD I	OCITION	14/45 44	BOI ISHED	
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	Г						
POSITION TITLE PRIOF			P LETE THIS SI IPAY RATE AT TIME				PLACED DISPLACEMENT	
TOSTHON TITLE I KION	C TO DISI LACE	WILIY I	I AI KAIL AI IIIII	LOI DISI LAC	LIVILIVI	DAIL OF	DIGI LACLINLINI	
LOCATION AT TIME OF DISPLACEMENT			SENIODITY DATE	OE DOSITION	DISDI ACED I	EDOM II	DISDI ACED BY M	/HOM (IF APPLICABLE)
LOCATION AT TIME OF DISPLACEMENT			SENIORITY DATE OF POSITION DISPLACED FROM			rkowi i	DISPLACED BY W	HOW (IF APPLICABLE)
POSITION YOU EXERC	ISED SENIODIT	V TO	PAY RATE OF POS	NITION EVEDO	ISED TO	SENIODIT	V DATE OF BOSE	TION DISPLACED TO
POSITION TOU EXERC	ISED SENIORII	1 10	PAT RATE OF POS	DITION EXERC	ISED IO	SENIORII	T DATE OF POSI	HON DISPLACED TO
LOCATION OF BOSITIO	N VOLLEVEDOL	SED SENIC	DRITY TO					
LOCATION OF POSITION YOU EXERCISED SENIORITY TO								
		SECTIO	ON IV: INSTRU	CTIONS T	O APPLIC	ANT		
AFTER COMPLETING THIS APPLICATION, PLEASE MAIL, EMAIL OR FAX IT WITH YOUR ORIGINAL								
SIGNATURE TO:								
UPRR LABOR RELATIONS - PROTECTION EMAIL: jeeisele@up.com								
1400 DOUGLAS STREET STOP 0710 OMAHA, NEBRASKA 68179-0710								
ATTN: FEB 7 APPLICATION FAX: (402) 501-0117								
QUESTIONS MAY BE DIRECTED TO THE PROTECTION MANAGEMENT OFFICE AT 402-544-1005								
This is to request en	nployee protec	tive bene	fits pursuant to t	he February	7, 1965 Job	Stabilizat	tion Agreement	, as amended.
EMPLOYEE'S SIGNATURE DATE								
				< si	GN HERE			
ROSTER #	PROTECTION T		ION V: DEPAR		SE ONLY PROT. POSIT		PROTECTION	N RATE OF PAY
			JAC SALE VERM					
SEASONAL	NON SEASONA	ı.	APPROVED	DECLINED	LETTER SEN	IT AND TY	OF I	DATE PROCESSED
				220211420				
					APPROVED	DECLIN	ED DUPLICATE	