

SAFETY RULE DISPUTE RESOLUTION FORM

This section is for the employee who is alleging a violation of a departmental or applicable NYC Transit-wide safety rule or a section of an applicable law.

An employee or group of employees directed by supervision to violate a departmental or applicable NYC Transit-wide safety rule or applicable law can utilize the following procedure in order to have the situation immediately reviewed by a supervisor and manager, if necessary.

If a manager is present when the issue is raised, the alleged violation need only be reviewed by the manager.

This procedure does not supercede or replace the provisions of the Collective Bargaining Agreement.

2. In this section the supervisor at the location must indicate what actions he/she took regarding the concerns that the employee has indicated. If the employee does not agree with the explanation or action, indicate what the disagreement is and refer the matter to a manager who must notify his/her divisional Control Center and advise them to immediately notify the TWU of the issue (888-898-6608). If there is no divisional Control Center the manager must notify the TWU. The manager must immediately review the matter.

Employee Agree Disagree

Employee Signature

Time ___ a.m. ___ p.m. Date ___/___/___

Supervisor Signature (required)

3. In this section a manager from the division must indicate what actions he/she took regarding the concerns that the employee indicated above. Upon explaining to the employees what changes will be made at the work site or that the challenge is not valid, the manager will direct the employee back to work. If the employee/gang refuses the manager's decision, appropriate action may be taken against the employee(s). If the supervisor/manager fails to correct a valid safety condition, appropriate action will be taken against the supervisor/manager.

Time ___ a.m. ___ p.m. Date ___/___/___

Manager Signature (required)/Print Name/Pass Number

Employee Name	
Title	Pass #
Dept./Division	
Supervisor	Pass #
Date	Time
Task Being Performed	
Location	

1. In this section the employee must specifically describe the alleged violation. Indicate or describe the rule or standard being violated.

Time ___ a.m. ___ p.m. Date ___/___/___

Employee Signature (required)

Upon completion of this form it must be forwarded to the division head, the Office of System Safety (fax #718-243-4770), and the TWU Director of Safety and Health (fax #212-724-5826).