RAILROAD NAME

Train Employee or Signal Employee Hours of Duty Record

Employee Name _____ **Covered Service** **HQ for Signal** _____

JOB/TRAIN	OCC	PRIOR TIME OFF	ON DUTY			RELIEVED			RELEASED			TOTAL TIME ON DUTY
			LOCATION	DATE	TIME	LOCATION	DATE	TIME	LOCATION	DATE	TIME	

Activity

(Deadhead/Travel, Commingled Service, Seniority Move or Error Reporting) (Travel for Signal Employee)

EMP OCC	PRIOR TIME OFF	MOT	BEGINNING			ENDING			REMARKS
			LOCATION	DATE	TIME	LOCATION	DATE	TIME	D/H To or From; Com. Svc. (Non-covered Svc.)

Employee Signature: _____ Date: _____

****For Paper or Manual Records by "Individual"**