

**FRA HOURS OF SERVICE REPORT FOR COVERED EMPLOYEES (49 CFR 228.11)**

**T&E- CN- HOD**

Completion of this form is **MANDATORY**. Failure to comply with the federally mandated Hours of Service Reporting can result in financial penalties and disciplinary actions.

Print Name: \_\_\_\_\_ Pin # \_\_\_\_\_ Pay Period: \_\_\_\_\_ From MMDDYY: \_\_\_\_\_ To MMDDYY: \_\_\_\_\_

Day	Craft Code	Prior Time Off	START				RELIEVED/ENDING			FINAL RELEASE			Total Time On Duty	Time over 12' on duty	I hereby certify that the information contained in this form is correct. SIGNATURE	
			ACT Code	Train	Location	Date MMDD	Time HHMM	Location	Date MMDD	Time HHMM	Location	Date MMDD				Time HHMM
MO																
TU																
WE																
TH																
FR																
SA																
SU																

Explanation if HOS Exceeded: \_\_\_\_\_

**Craft Code:** Position of duty performed for the on-duty period  
Valid Craft Codes: **EN** Engineer  
**CO** Conductor  
**BK** Brakman  
**TT** Trainman Trainee  
**ET** Engineer Trainee  
**SE** Second Engineer

**Prior Time Off:** Total amount of time off duty between the previous assignment (released time) and the next assignment. Report as HH:MM

**ACT Code :** Activity Code for activities performed for the Company  
Valid Activity Codes: **OD** On Duty  
**DHT** Deadhead via Train  
**DHX** Deadhead via Taxi  
**DHA** Deadhead via Personal Automobile  
**DHW** Deadhead via Walking  
**OT** Other Services performed at the behest of the Company that is not considered a covered service assignment (Examples: Company Business, Safety Meeting, Attending Classes)  
**OFF** A calendar day that an on-duty period was not initiated (Examples: Sick, PLD, Vacation)

**Train:** The job symbol of the assignment (Example: Q11651 25)

**Location:** Location where activity starts/ends. Must report using station numbers

**Start:** Activity, train (if applicable), location, date and time must be indicated for every action performed during and on duty period

**Relieved/Ending:** Location, date and time must be indicated when relieved from train, or when any activity ends

**Final Release:** Location , date and time relieved from all duties and/or activities

**Total Time on Duty:** Total hours of covered service performed

**Time Over 12' on duty:** Total time if exceeds 12 hours of covered service

**Signature:** Employee must sign to certify that the information is complete and accurate for each calendar day.

**Explanation:** To be used when en employee has exceeded 12 hours in covered service. List name of manager involved & details

FRA HOURS OF SERVICE REPORT FOR COVERED EMPLOYEES (49 CFR 228.11)

T&E- CN- HOD

Completion of this form is MANDATORY. Failure to comply with the federally mandated Hours of Service Reporting can result in financial penalties and disciplinary actions.

Print Name: Johnny Railroader

Pin # 111111

Pay Period: 22

From MMDDYY: 11/28/12

To MMDDYY: 12/02/12

Day	Craft Code	Prior Time Off	START					RELIEVED/ENDING			FINAL RELEASE			Total Time On Duty	Time over 12' on duty	I hereby certify that the information contained in this form is correct. SIGNATURE
			ACT Code	Train	Location	Date MMDD	Time HHMM	Location	Date MMDD	Time HHMM	Location	Date MMDD	Time HHMM			
MO			OFF													<i>Johnny Railroader</i>
TU			OFF													<i>Johnny Railroader</i>
WE	EN	6528	OD	Q14921	56275	11-28	0830	56341	11-28	1830				1100	0	<i>Johnny Railroader</i>
		0000	DHX		56341	11-28	1830	HOTEL	11-28	1930	HOTEL	11-28	19030			
TH	EN	1715	OD	Q11651	56341	11-29	1245	56275	11-30	0015				1140	0	<i>Johnny Railroader</i>
		0000	DHX		56275	11-30	0015	56275	11-30	0025	56275	11-30	0025			
FR	EN	1405	OD	M33291	56275	11-30	1430	56145	12-01	0230				1202	0	<i>Johnny Railroader</i>
		0000	DMW		56145	12-1	0230	56145	12-1	0232	56145	12-1	0232			
SA	EN	1002	OD	M39731	56145	12-1	1234	56275	12-1	2335	56275	12-1	2335	1101	0	<i>Johnny Railroader</i>
SU	EN	1455	DHX		56275	12-2	1430	56247	12-2	1500				900	0	<i>Johnny Railroader</i>
		0000	OD	L57681	56247	12-2	1500	56247	12-2	2300						
		0000	DHX		56247	12-2	2300	56247	12-2	2330	56275	12-2	2330			

Explanation if HOS Exceeded:

---