

PROPOSED

**REPORT OF CASES FOR WHICH ALL DAYS
WERE CLAIMED DURING A MONTH CREDITED PER
AN ADJUSTMENT REPORT PROCESSED FOR 20XX**

EMPLOYER: 1321 Norfolk Southern RR

<u>SSN</u>	<u>EMPLOYEE NAME</u>	<u>BA4 ADJUSTMENT PROCESS DATE</u>	<u>MONTH(S) CREDITED</u>	<u>EMPLOYER REPLY</u>
		07-15-XX	OCT	
		10-22-XX	JAN	
		06-02-XX	FEB JUN SEP OCT NOV	
		01-18-XX	JAN	
		08-06-XX	NOV	

**EMPLOYER CERTIFICATION: THE INFORMATION IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
FAILURE TO REPORT OR THE MAKING OF A FALSE OR FRADULENT REPORT CAN RESULT IN CRIMINAL PROSECUTION OR CIVIL
PENALTIES, OR BOTH.**

SIGNATURE

FORM ID-5S (SUP)(xx-xx)

OFFICIAL CONTACT: NAME

TELEPHONE NO. ()