



**SASKATCHEWAN SOUTH
WEEKLY CREW CHANGE BID FORM**



MOOSE JAW _____

REGINA _____

NAME _____

DATE _____

Engineer _____ Conductor/Trainperson _____

Yardperson _____

30 Day Bump _____

| | 7-Day Code | Job Description | P | V | | 7-Day Code | Job Description | P | V |
|----|------------|-----------------|---|---|----|------------|-----------------|---|---|
| 01 | | | | | 17 | | | | |
| 02 | | | | | 18 | | | | |
| 03 | | | | | 19 | | | | |
| 04 | | | | | 20 | | | | |
| 05 | | | | | 21 | | | | |
| 06 | | | | | 22 | | | | |
| 07 | | | | | 23 | | | | |
| 08 | | | | | 24 | | | | |
| 09 | | | | | 25 | | | | |
| 10 | | | | | 26 | | | | |
| 11 | | | | | 27 | | | | |
| 12 | | | | | 28 | | | | |
| 13 | | | | | 29 | | | | |
| 14 | | | | | 30 | | | | |
| 15 | | | | | 31 | | | | |
| 16 | | | | | 32 | | | | |

Auxiliary Board:

- Add** my name to the Auxiliary Board
- Remove** my name from the Auxiliary Board

SIGNATURE _____ EMPLOYEE NUMBER _____

SENIORITY NUMBER _____

FAX 1-888-758-6890

RETAIN COPY FOR YOURSELF