Crossing Craft Violation Statement

I have witnessed or informed by other employees or suspect the following violation on, Date:______, Other Craft Employee name: ______ Performing the following Clerk Craft Duties:_____ Time from ______ to _____ AM or PM, Total Hours: _____ Date:______, Other Craft Employee name: ______ Performing the following Clerk Craft Duties:_____ Time from ______ to ____ AM or PM, Total Hours: ____ Date:______, Other Craft Employee name: ______ Performing the following Clerk Craft Duties: Time from ______ to _____ AM or PM, Total Hours: _____ Date:______, Other Craft Employee name: ______ Performing the following Clerk Craft Duties: Time from ______ to _____ AM or PM, Total Hours: _____ Facility/Station: (Printed Name) Employee: _____ Date: _____ (Signature)