

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

EXHIBIT 4

To: AMTRAK SETTLEMENT FUND

JOB RELIEF ELECTION FORM

TODAY'S DATE: \_\_\_\_\_, 1999

PLEASE REVIEW CAREFULLY ALL INFORMATION ON THE ADDRESS LABEL BELOW THIS DIALOG BOX. IF ANY OF THE INFORMATION ABOUT YOUR NAME, ADDRESS OR SOCIAL SECURITY NUMBER ON THE ADDRESS STICKER IS MISSING, OUTDATED, OR INACCURATE IN ANY WAY, PROVIDE THE CORRECT INFORMATION BELOW IN RESPONSE TO QUESTIONS 1, 2, 3, AND 9.

IF ALL OF THE INFORMATION ON THE ADDRESS LABEL BELOW IS COMPLETE, CURRENT, AND CORRECT, CHECK THIS BOX:

(Please print clearly or type.)

1. NAME: \_\_\_\_\_  
(First) (Middle) (Last)
2. STREET ADDRESS: \_\_\_\_\_ APT. NO. \_\_\_\_\_
3. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
4. HOME PHONE (INCLUDE AREA CODE): \_\_\_\_\_
5. WORK PHONE (INCLUDE AREA CODE): \_\_\_\_\_
6. DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

7. RACE: \_\_\_\_\_

8. SOCIAL SECURITY NUMBER: \_\_\_\_\_

9. If your name has changed since you were employed by, or applied to, Amtrak, what was your name when you left Amtrak's employment, or filed your application or resume for employment?

\_\_\_\_\_

10. I elect to pursue the Job Relief process as a means of (check one or more):

- Getting reinstated because I was discriminatorily fired
- Getting a promotion (from a union position or another management position) which was discriminatorily denied to me
- Being restored because I was discriminatorily demoted

11. If the basis for your claim for Job Relief is discriminatory denial of a promotion between January 1, 1995 and September 30, 1999, explain on a separate sheet of paper the circumstances giving rise to the claim in as much detail as possible, including to the extent you know:

- the date the position was awarded
- the names and races of the managers involved
- your job title at the time of the discriminatory act
- the job title of the position you sought
- the job description and qualifications identified in any posting for the position
- the race of the person awarded the position
- the relative qualifications of that person and you
- all reasons for believing that you were denied the position based on your race.

12. If the basis for your claim for Job Relief is discriminatory denial of a promotion, list which answers in your monetary Claim Form relate to this claim: \_\_\_\_\_

13. If the basis for your claim for Job Relief is discriminatory termination of your employment between January 1, 1995 and September 30, 1999, explain on a separate sheet of paper the circumstances giving rise to the claim in as much detail as possible, including to the extent you know:

- the date of your termination,
- the names and races of the managers involved
- your job title at the time of the termination
- any warnings or other disciplinary actions that you received prior to your termination
- the race of the person (if any) who replaced you in the position from which you were terminated
- the severance (if any) you were paid at the time of your termination
- all reasons for believing that you were terminated for discriminatory reasons.

14. If the basis for your claim for Job Relief is discriminatory termination, list which answers in your monetary Claim Form relate to this claim: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

15. If the basis for your claim for Job Relief is a discriminatory demotion between January 1, 1995 and September 30, 1999, explain on a separate sheet of paper the circumstances giving rise to the claim in as much detail as possible, including to the extent you know:

- the date you were demoted
- the names and races of the managers involved
- your job title at the time of the demotion
- the job title of the position from which you were demoted
- the job title of the position to which you were demoted
- the job description and qualifications of the position from which you were demoted
- the race of the person (if any) who replaced you
- the relative qualifications of that person and you
- all reasons for believing that you were demoted based on your race.

16. If the basis for your claim for Job Relief is discriminatory demotion, list which answers in your monetary Claim Form relate to this claim: \_\_\_\_\_

17. I understand that I do not have to participate in the Job Relief process in order to participate in the settlement and that if I choose to do so, my monetary award from the Amtrak Settlement Fund will be decreased as set forth in the instructions for filing this form (see instructions).

Yes

18. I understand that my Job Relief claim must concern a position that would enhance my current salary more than five thousand dollars (\$5,000) per year.

The annual amount at issue here is:

Yes \_\_\_\_\_

19. I previously filed a charge of discrimination and/or lawsuit based on my race or color against Amtrak:

Yes (*if yes, attach copies with this claim*)       No

If yes, I received the following award of money and/or Job Relief as a result of that charge or lawsuit:

\_\_\_\_\_  
\_\_\_\_\_

20. I have previously signed an acknowledgment, release or other agreement and received a cash amount or other relief from Amtrak in connection with any employment action for which I am seeking Job Relief on this Claim Form.

Yes       No

21. If yes, I received the following award of money and/or Job Relief as a result of that charge or lawsuit:

\_\_\_\_\_

The date I received the award from Amtrak was: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

22. I have previously adjudicated a claim against Amtrak in connection with any employment action for which I am seeking Job Relief on this Claim Form.

Yes                       No

23. If yes, describe the forum and what the judge, jury or hearing officer determined: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I AFFIRM, UNDER THE PAIN AND PENALTY OF PERJURY IF I AM UNTRUTHFUL, THAT THE FACTS I HAVE STATED IN THIS JOB RELIEF ELECTION FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

\_\_\_\_\_  
DATE

I CONSENT AND AGREE TO ALLOW ACCESS TO ANY CONFIDENTIAL PERSONAL INFORMATION, INCLUDING MY PERSONNEL FILE, TO ANY EMPLOYEE OF SPRENGER & LANG IN CONNECTION WITH ITS INVESTIGATION OF THE ACCURACY OF THE FACTS REPRESENTED IN THIS FORM. I UNDERSTAND THAT I MUST KEEP SPRENGER & LANG INFORMED ABOUT ANY CHANGES IN MY HOME ADDRESS. IF I DO NOT DO SO, I UNDERSTAND THAT I WILL NOT BE ABLE TO PARTICIPATE IN THE JOB RELIEF PROCESS EVEN THOUGH I MIGHT OTHERWISE HAVE BEEN ENTITLED TO.

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

\_\_\_\_\_  
DATE