

**The American Railway
And Airway Supervisors
Association/TCU**

International Association
of Machinists and Aerospace Workers



ARASA LODGE 5101

Burden of Proof Checklist

- ❖ Members Name (Claimant) _____
 - Employee ID Number _____
- ❖ Work Location _____
- ❖ Claimant's Shift and Rest Days _____
- ❖ Rule Violation _____
- ❖ Date and Shift the violation occurred _____
- ❖ Type of vacancy (If Applicable) _____
- ❖ Manager that caused the violation _____
- ❖ Was your time changed in EDCS _____?
 - Person that changed time in EDCS _____
- ❖ Craft person who worked shift (If Applicable) _____
 - Employee ID Number _____

Please include the following

- ❖ EDCS Calendar
- ❖ EDCS Calendar Changes page
- ❖ Current Job Bulletin
- ❖ Any supporting documents validating your claim
 - FG list of shop craft employees they supervise
 - If FIT works, list of duties performed on shift
- ❖ Copy of overtime board