

**Form DCE-G7**

**DIVISION OF CONTINUING EDUCATION**  
**ARBITRATION APPROVAL REQUEST**  
**STEP THREE**

To be completed by the grievant and forwarded to the DCE Grievance Coordinator within ten (10) days after conclusion of mediation and/or after receipt of the Mediation Declaration form (DCE-G6).

For the Board: \_\_\_\_\_

Year: \_\_\_\_\_

Board No.: \_\_\_\_\_

TO: Joe Rizzo, MCCC/ DCE  
Grievance Coordinator  
11 Church Street, Unit 204  
Salem, MA 01970

GRIEVANT: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

DATE OF DECLARATION: \_\_\_\_\_

Please be advised that I am hereby submitting notice of my election to proceed to Step Three of the grievance procedure. I am requesting that my grievance be approved for an arbitration, by the MCCC/MTA grievance committee.

REMEDY SEEKING: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

cc: MTA Consultant for Higher Education, MCCC/MTA, 2 Heritage Drive, 8th Floor, Quincy, MA 02171