

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: Grievance-DCE@mccc-union-org
mtaconsultant@mccc-union.org

GRIEVANT: _____

Grievant Contact Information:

Personal email: _____

Personal phone: _____

Home Mailing Address: _____

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