

X-G8 ARBITRATION APPROVAL REQUEST

To be completed by the grievant and forwarded to the Grievance Coordinator within ten (10) calendar days after receipt of the Conclusion of Mediation.

TO: Dennis Fitzgerald/or current MCCC Grievance Coordinator
day-grievance@mccc-union.org

FROM: Grievant _____
College _____

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 arbitration by the MCCC/MTA Executive Committee.

REASONS FOR THE DECISION

Name Date

Email Address (Personal email address if not available, then College email address)

Telephone Number (and if desired personal)

cc: Consultant for Higher Education/MCCC-DAY, mtaconsultant@mccc-union.org

N.B. This appeal must be filed within ten (10) calendar days after the conclusion of mediation.