**X-G8**

# 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

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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.