

Form DCE-G9

DIVISION OF CONTINUING EDUCATION
ARBITRATION APPROVAL REQUEST
STEP FOUR

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-G8).

For the Board: _____

Year: _____

Board No.: _____

TO: Joe Rizzo, MCCC/ DCE
Grievance Coordinator
44 Governor Dinsmore Road
Windham, NH, 03087

GRIEVANT: _____

COLLEGE: _____

DATE OF DECLARATION: _____

Please be advised that I am hereby submitting notice of my election to proceed to Step Four 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: Miles B. Stern, MTA Consultant for Higher Education, MCCC/MTA, 20 Ashburton Place, Boston, MA 02108.