

**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  
MCCC Grievance Coordinator  
170 Beach Road #52  
Salisbury, MA 01952

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Home Address (include zip code)

\_\_\_\_\_  
Telephone Number

cc: Katie D’Urso, Consultant for Higher Education, MTA, 20 Ashburton Place, Boston, MA 02108  
N.B. This appeal must be filed within ten (10) calendar days after the conclusion of mediation.