

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
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: Consultant for Higher Education/MCCC-DAY, MTA, 2 Heritage Drive, 8th Floor, Quincy, MA 02171
N.B. This appeal must be filed within ten (10) calendar days after the conclusion of mediation.