

Date: _____

Local #: _____

Employers Business Name: _____

Employers Delegate name & title:

Employers Address: _____

Re: Appeal to Arbitration

Grievance Number #: _____

Dear: _____

Please be advised, the Union is hereby appealing the above grievance to Arbitration. Please contact the Ohio Council 8 office, and their assigned representative for selection of the arbitrator in this matter, or if you have any questions.

Thank you for your time and attention to this matter.

Yours truly,

Name: _____

Title: _____

Local name & number: _____

Cc: _____

Received by: _____ Date & Time: _____