

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: \_\_\_\_\_

AFSMCE Ohio Council 8, 1145 Massillon Road, Akron, OH 44306, Tel 330.784.6390