



AFSCME Minnesota Council 5
 300 Hardman Avenue So, Suite 2, South St Paul, MN 55075



LOCAL UNION APPEAL

To be considered, this completed form must be received by Michelle Stein within 35 days of the Field Representative’s letter, reflecting the Arbitration Team decision, being sent to the local union. A local choosing to address the Arbitration Appeals Committee via conference telephone call must contact Michelle in advance to schedule – see directions on reverse.

Date:

To: **Arbitration Appeal Committee**

From: **Local union:** _____

Name of officer: _____

Title of officer: _____

Subject: **Appeal of Arbitration Review Team decision**

Grievant: _____

Grievance #: _____

Employer: _____

Issue: _____

A. Why does your local union disagree with the Arbitration Team’s decision on this case?



B. What are the relevant facts and/or evidence to support the Local union’s position?

Lined area for writing the answer to question B.

C. Why would these facts and/or evidence cause an arbitrator to decide the contract was violated?

Lined area for writing the answer to question C.

TELEPHONE HOOK-UP REQUEST

Per the provisions of the Council 5 Arbitration Review Policy, a local appealing a grievance to the Arbitration Appeals Committee has the option to present its case before the Appeals Committee via telephone conference call – limited to 15 minutes - (in addition to the submission of the information contained on this form) at the time the case is being reviewed by the Committee. If you choose to schedule a phone hook-up, you must complete the information below:

YES, we request a conference call hook-up.

Name of local representative to contact: _____

Contact info: Phone: _____ Email: _____

You will be contacted prior to the meeting with details to arrange phone hook-up.