



AFSCME Minnesota Council 5

300 Hardman Avenue So. South St Paul, MN 55075
Phone: 651-450-4990 Fax: 651-455-1311

LOCAL UNION APPEAL

To be considered, this completed form must be received by Michelle Stein by fax or US Mail within 60 days of the date of the Arbitration Review Team’s letter, reflecting the Arbitration Team decision, being sent to the local union. In addition to submitting this form, a local may do a verbal presentation to the Arbitration Appeals Committee via conference telephone call. The local must contact Michelle in advance to schedule the conference call – see directions on reverse. There is no option to appear in person before the Committee.

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?

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

TELEPHONE HOOK-UP REQUEST

Per the provisions of the Council 5 Arbitration Review Policy, a local appealing a grievance to the Arbitration Appeals Committee must submit this completed for and has the option to present its case before the Appeals Committee via telephone conference call only – limited to 15 minutes - 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.

