

TMC
REQUEST FOR ARBITRATION

(To be submitted by complaining party to Vice President of Human Resources.
See Section C, Step 4, pages 5-7 of Dispute Resolution Policy for additional information)

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|--------------------------|-----------------------------|
| EMPLOYEE NAME: | WORKSITE AND POSITION HELD: |
| IMMEDIATE SUPERVISOR(S): | DATE OF DISPUTED ACTION: |

Check the Appropriate Boxes:

- I hereby invoke the Arbitration Phase of the Dispute Resolution Policy.**

I understand that, except as otherwise provided Dispute Resolution Policy; this Request for Arbitration must be received by the Vice President of Human Resources not later than fourteen (14) calendar days after the date of the Committee's decision (see Step 5). I further understand that if this Request for Arbitration is not timely submitted, I will waive my right to invoke the Arbitration Phase of the Dispute Resolution Policy.

DATE OF COMMITTEE'S DECISION: _____

DATE REQUEST FOR ARBITRATION SUBMITTED: _____

- I enclose payment in the amount of \$125 to begin the Arbitration Phase of the Dispute Resolution Policy.**

