

**UNITED FACULTY OF MIAMI-DADE COLLEGE**

**Arbitration Request/Demand**

Date: \_\_\_\_\_

Case No. \_\_\_\_\_

To: \_\_\_\_\_  
Vice Provost of Human Resources

Campus: \_\_\_\_\_ Room: \_\_\_\_\_

From: \_\_\_\_\_ Faculty Member/Grievant

This serves as the demand/request for arbitration to the parties' collective bargaining agreement. Contact the union president for arbitration selection.

Check as Appropriate:

- By Hand Delivery By \_\_\_\_\_
- By Fax Delivery By \_\_\_\_\_
- By Interoffice/Mail By \_\_\_\_\_

Cc: Union Grievance Chair  
Union Headquarters  
Grievant