



Public
Service
Labour
Relations
Board

Commission des
relations de
travail dans la
fonction
publique

P.S.L.R.B. File Number

FOR OFFICE USE ONLY

Form 4
(Sections 28 and 40)

STATEMENT OF OPPOSITION

Public Service Labour Relations Act

1. Employee information:

Mr. Mrs. Miss Ms.

Last or family name *(print in block letters)*: _____

First name *(print in block letters)*: _____ Middle name(s) *(print in block letters)*: _____

Mailing address:

Apartment *(if applicable)*: _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone numbers *(where we can reach you)*:

Home: (____) _____

Office: (____) _____

Fax numbers *(where we can reach you)*:

Home: (____) _____

Office: (____) _____

E-mail address: _____

Name of authorized representative *(if applicable)*:

Mailing address:

Apartment *(if applicable)*: _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone number: (____) _____ Fax number: (____) _____

E-mail address: _____

2. This constitutes a statement of opposition to the *(please choose one of the following)*:

Application for certification made by _____
(state name of employee organization) in P.S.L.R.B. File

Number: _____

Application for a revocation of certification made by _____
(state name of employee, employee organization or employer) in P.S.L.R.B. File

Number: _____

Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.

3. Reason for opposition:

Each employee listed in section 1 must sign below.

I (we), the undersigned, hereby file this *Statement of Opposition*.

(Signature)

(dd/mm/yyyy)
