



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 15
(Section 55)

**APPLICATION FOR A DECLARATION THAT A
STRIKE VOTE IS INVALID**

Public Service Labour Relations Act

NOTICE: The original and two copies of this application must be filed with the Executive Director of the Board.

1. Applicant 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*): _____ Fax numbers (*where we can reach you*): _____
Home: (_____) _____ Home: (_____) _____
Office: (_____) _____ Office: (_____) _____

E-mail address: _____

Name of authorized representative (*if applicable*): _____

Mailing address (*if different from above*):

Apartment (*if applicable*): _____ Number and street: _____
City: _____ Province or Territory: _____ Postal code: _____

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

E-mail address: _____

2. Name of the bargaining agent:

3. Name of the employer:

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.

4. Description of the bargaining unit in which the strike vote was held:

5. Date on which the results of the strike vote were announced:

(dd/mm/yyyy)

6. Irregularity alleged to have occurred in the conduct of the vote:

I, the undersigned, (duly authorized representative of the applicant,) hereby file this *Application for a Declaration That a Strike Vote Is Invalid*.

Date: _____

(dd/mm/yyyy)

(Signature of the applicant or authorized representative)
