

FORM 14
(Subsection 76(1))

Public Service Staff Relations Act

REFERENCE TO ADJUDICATION

Before the Public Service Staff Relations Board

PART I - TO BE COMPLETED IN ALL CASES

I, the undersigned, hereby refer a grievance to adjudication under section 92 of the *Public Service Staff Relations Act*. The particulars are as follows:

1. LAST OR FAMILY NAME (print in block letters) Mr./Mrs./Miss/Ms.	2. FIRST AND OTHER NAMES (underline name used)
3. HOME ADDRESS (no., street, city, province)	4. PHONE NO. (a) office (b) home
5. EMPLOYER	6. LOCATION
7. BRANCH OR DIVISION	8. SECTION OR UNIT
9. JOB TITLE	10. JOB CLASSIFICATION

11. (1) Date on which the grievance was presented at the first level of the grievance process:

(2) Date on which the grievance was presented at the final level of the grievance process:

12. Date on which the employer provided you with a reply at the final level of the grievance process:

13. Name and address of adjudicator, if any, named in collective agreement:

14. Name and address of adjudicator, if any, selected by the parties:

PLEASE ATTACH A COPY OF THE ORIGINAL GRIEVANCE

15. Indicate the provision of subsection 92(1) of the Act under which you are referring your grievance to adjudication by checking the appropriate box below. **If no box is checked or if more than one box is checked, processing of this reference may be delayed.**

- 92(1)(a)
- 92(1)(b)(i)
- 92(1)(b)(ii)
- 92(1)(c)

PART II - To be completed in all cases where the grievance is referred to adjudication pursuant to subparagraph 92(1)(b)(i) or (ii) or paragraph 92(1)(c) of the Act.

NOTE: You do not require the approval or support of your bargaining agent, if any, on a grievance that does not relate to the interpretation or application of a provision of a collective agreement or an arbitral award. However, you

may be represented by your bargaining agent or, if you have no bargaining agent, by any employee organization willing to represent you, or by counsel or any other person, or you may represent yourself.

16. NAME, ADDRESS AND PHONE NUMBER OF YOUR REPRESENTATIVE, IF ANY

Dated at _____, this _____ day of _____, 19_____

(Signature of aggrieved employee)

PART III - To be completed ONLY if the grievance relates to the interpretation or application of a provision of a collective agreement or an arbitral award pursuant to paragraph 92(1)(a) of the Act.

NOTE: A grievance relating to the interpretation or application of a provision of a collective agreement or an arbitral award may not be referred to adjudication without the approval of your bargaining agent and the bargaining agent's willingness to represent you in the adjudication proceedings pursuant to subsection 92(2) of the Act.

17. NAME OF BARGAINING AGENT:

Dated at _____, this _____ day of _____, 19_____

(Signature of aggrieved employee)

APPROVAL OF BARGAINING AGENT (TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE OF BARGAINING AGENT)

- 18. (1) The parties to the collective agreement or arbitral award are:
- (2) The name of the bargaining unit or group in respect of which the collective agreement or arbitral award was made is:
- (3) The term of the collective agreement or arbitral award is from _____ to _____
- (4) The aggrieved employee relies on the following clause(s) of the collective agreement or arbitral award:

ON BEHALF OF THE BARGAINING AGENT, I APPROVE OF THE REFERENCE OF THIS GRIEVANCE TO ADJUDICATION AND STATE THAT THE BARGAINING AGENT IS WILLING TO REPRESENT THE EMPLOYEE IN THE ADJUDICATION PROCEEDINGS.

Date _____

(Signature of authorized representative of bargaining agent)

(Office held by authorized representative of bargaining agent)

PART IV - ESTABLISHMENT OF A BOARD OF ADJUDICATION

Subsection 95(1) and paragraph 95(2)(b) of the Act provide that a board of adjudication may be established **only if the aggrieved employee so requests and if the employer has no objection**

NOTE: If you request that a board of adjudication be established, state the name, address and telephone number of the person you nominate as a member of the board.

NAME, ADDRESS AND TELEPHONE NUMBER OF THE MEMBER:

Dated at _____, this _____ day of _____, 19_____

(Signature of aggrieved employee)