

PART III -

To be completed *only* if the grievance relates to the interpretation or application of a *collective agreement* or *arbitral award*. * If your grievance relates to the interpretation or application of a collective agreement or arbitral award you may *not* proceed without the approval and support of your bargaining agent:

14. 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)

15. (a) The parties to the collective agreement or arbitral award are:

(b) The name of the bargaining unit or group in respect of which the collective agreement or arbitral award was made is as follows:

(c) The duration of the collective agreement or arbitral award is:

from _____ to _____

(d) The aggrieved employee relies on the following clause(s) of the collective agreement or arbitral award: _____

(e) Name and address of adjudicator, if any, named in collective agreement:

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)

***BE SURE TO ATTACH A COPY OF THE ORIGINAL GRIEVANCE**

PART IV -**ESTABLISHMENT OF A BOARD OF ADJUDICATION**

From March, 1967, to September, 1975, all grievances referred to adjudication were dealt with by the Chief Adjudicator or by an adjudicator selected by him.

However, under the Act, a "board of adjudication" will be established at the expense of the parties, but only *if* the employee so requests and *if* the employer has no objection. This is the effect of certain provisions in Sections 93, 94, 96 and 97 of the Act.

PLEASE NOTE: *If* you request that a "board of adjudication" be established, please state the name and address of your nominee (provided that he has no direct interest in the grievance and provided also that he is willing to serve) and sign below.

Name, Address and Phone Number of your Nominee:

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

(Signature of aggrieved employee)