



Federal Public Sector Labour
Relations and Employment
Board

Commission des relations de
travail et de l'emploi dans le
secteur public fédéral

F.P.S.L.R.E.B. File Number
(FOR OFFICE USE ONLY)

Form 14

Section 54

of the Federal Public Sector Labour Relations Regulations

STATEMENT RESPECTING A STRIKE VOTE

Federal Public Sector Labour Relations Act

1. Bargaining agent information:

Name:

Mailing address:

Apartment (*if applicable*):

Number and street:

City:

Province or Territory:

Postal code:

Name of authorized representative:

Mailing address (*if different from above*):

Apartment (*if applicable*):

Number and street:

City:

Province or Territory:

Postal code:

Telephone number:

Fax number:

Email address:

2. 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.

3. Detailed description of the bargaining unit in which the strike vote was held:

4. Number of employees in the bargaining unit :

5. Date on which the strike vote was held (dd/mm/yyyy):

6. Date on which the results of the strike vote were announced (dd/mm/yyyy):

OATH or SOLEMN AFFIRMATION

I, _____, do swear (*or solemnly affirm*) that the statement is true to the best of my knowledge and that I have been duly authorized to make this statement, and I make this statement, and I take this oath (*or make this solemn affirmation*), conscientiously believing it to be true.

(Signature of authorized representative):

(Office held with the bargaining agent):

Declared before me,

at

in the Province of

Date (dd/mm/yyyy):

(Signature):

A Commissioner for taking declarations under oath, etc.

(TO BE SWORN OR SOLEMNLY AFFIRMED BEFORE A COMMISSIONER FOR TAKING A DECLARATION UNDER OATH OR ANY OTHER PERSON AUTHORIZED BY LAW TO ADMINISTER AN OATH OR A SOLEMN AFFIRMATION.)