

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 21

Subparagraph 89(1)(a)(ii)
of the Federal Public Sector Labour Relations Regulations

NOTICE OF REFERENCE TO ADJUDICATION OF AN INDIVIDUAL GRIEVANCE Termination, demotion, suspension, financial penalty or deployment

Federal Public Sector Labour Relations Act

NOTICE: (1) One copy of the original individual grievance must be attached.

- (2) It is your responsibility to inform the Board of any changes to your mailing and electronic addresses or telephone numbers.
- (3) The party to an individual grievance who raises an issue involving the interpretation or application of the *Canadian Human Rights Act* within the context of a request for arbitration of the individual grievance must give notice of the issue with the Canadian Human Rights Commission by using Form 24.
- (4) Information relating to the proceedings is subject to the Board's *Policy on Openness and Privacy*. In accordance with that policy, the Board conducts its hearings in public, except in exceptional circumstances. It also provides public access to case files and posts its decisions electronically on its website. The Board's *Policy on Openness and Privacy* is posted on the Board's website.

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	1. Grievor information:		
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	Last name (print in block letters):		
	First name (print in block letters):		
	Mailing address:		
	Apartment (if applicable):	Numbe	er 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:	ou): Office:	
Email address:		
Name of authorized representa	ative (if applicable):	
Mailing address (if different from ab		
Apartment (if applicable):	Number an	d street:
City:	Province or Territory:	Postal code:
Telephone number:		
Fax number:		
Email address:		
2. Name of the deputy hea	ad:	
3. The grievor's place of w	ork (for example, city or munici	ipality) :
4. Department and divisio	n:	
5. Section or unit:		
6. Position title:		
7. Classification:		
8. Name of the bargaining	g agent (if applicable):	

- **9.** Date on which the individual grievance was presented at the first level of the individual grievance process (dd/mm/yyyy):
- 10. Date on which the individual grievance was presented at the final level of the individual grievance process (dd/mm/yyyy):
- 11. Date on which the employer provided its decision at the final level of the individual grievance process (if applicable) (dd/mm/yyyy):
- 12. Term of the collective agreement or arbitral award that is the subject of the individual grievance, or both, as the case may be:

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from (dd/mm/yyyy): to (dd/mm/yyyy):

arbitral award:

from (dd/mm/yyyy): to (dd/mm/yyyy):

- 13. Provision of the *Federal Public Sector Labour Relations Act* under which the individual grievance is referred to adjudication:
 - 209(1)(b) Disciplinary action resulting in termination, demotion, suspension or financial

penalty.

209(1)(c)(i) Demotion or termination of an employee in the core public administration

under paragraph 12(1)(d) of the Financial Administration Act for

unsatisfactory performance or under paragraph 12(1)(e) of that Act for any other reason that does not relate to a breach of discipline or misconduct.

209(1)(c)(ii) Deployment of an employee in the core public administration under the

Public Service Employment Act without the employee's consent where

consent is required.

209(1)(*d*) Demotion or termination of an employee of a separate agency designated

under subsection 209(3) of the *Federal Public Sector Labour Relations Act* for any reason that does not relate to a breach of discipline or misconduct.

Complete section 14 only if an adjudicator is named in the collective agreement.

14. Adjudicator informa	tion:		
Name:	uon.		
Mailing address: Apartment (if applicable):	Numb	er and street:	
City:	Province or Territory:	Postal code:	
Telephone number: Fax number: Email address:			
Complete section 15 only if the pa	rties have selected an adjudica	tor.	
15. Adjudicator informa	tion:		
Name:			
Mailing address: Apartment (if applicable):	Numb	er and street:	
City:	Province or Territory:	Postal code:	
Telephone number: Fax number: Email address:			
Complete section 16 only if you re	quest that a board of adjudicat	tion be established.	

Name:		
Mailing address:		
Apartment (if applicable):	Number a	nd street:
City:	Province or Territory:	Postal code:
Telephone number:		
-ax number:		
Email address: 17. Do you agree to pai Mediation is a volunta party, the mediator, fa	rticipate in mediation? ry, confidential process in acilitates communication b to reach a mutually accep	etween the parties with a
Email address: 17. Do you agree to part Mediation is a volunta party, the mediator, faview to assisting them dispute.	ry, confidential process in	etween the parties with a
Email address: 17. Do you agree to pai Mediation is a volunta party, the mediator, faview to assisting them	ry, confidential process in acilitates communication b	etween the parties with a
Email address: 17. Do you agree to part Mediation is a volunta party, the mediator, faview to assisting them dispute. yes no	ry, confidential process in acilitates communication be to reach a mutually accep	etween the parties with a table outcome to the
Email address: 17. Do you agree to paid Mediation is a volunta party, the mediator, faview to assisting them dispute. yes no the undersigned, (duly author)	ry, confidential process in acilitates communication be to reach a mutually accep	etween the parties with a table outcome to the