

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 7

Section 46

of the Federal Public Sector Labour Relations Regulations

CHOICE OF DISPUTE RESOLUTION PROCESS

Federal Public Sector Labour Relations Act

NOTICE: (1) The original and four copies of this request must be filed with the Board.

1. Bargaining agent inf	ormation:	
Name:		
Mailing address:		
Apartment (if applicable):	Number a	nd street:
City:	Province or Territory:	Postal code:
Name of authorized repres	entative:	
Mailing address (if different from	m above):	
Apartment (if applicable):	Number and street:	
City:	Province or Territory:	Postal code:
Telephone number:		
Fax number:		
Email address:		

2. Employer 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:				
3. Detailed description of the bargaining unit in respect of which the choice is made:				
4. Dispute resolution process chosen for the bargaining unit described in section 3:				
arbitrati	on	conciliation		
Date (dd/mm/yyyy):				
(Signature of authorized repres	entative):			