

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 9

Section 48

of the Federal Public Sector Labour Relations Regulations

RESPONSE CONCERNING A REQUEST FOR ARBITRATION OR REQUEST FOR ARBITRATION OF ADDITIONAL MATTERS

Federal Public Sector Labour Relations Act

NOTICE: The original and three copies of the response or request must be filed with the Board.

FPSLREB File no.:			
		BETWEEN	
Name of Applicant:			
		-and-	
Name of Respondent :			
1. Information of the parbitration :	party filing its response co	ncerning the request for	
Name:			
Mailing address:			
Apartment (if applicable):	Number and street:		
City:	Province or Territory:	Postal code:	

Email address:		
Name of authorized represe	entative:	
Mailing address (if different fr	om above):	
Apartment (if applicable):	Number ar	nd street:
City:	Province or Territory:	Postal code:
Telephone number:		
Fax number:		
Email address:		
2. Information of the	other party to the dispute:	
Name:		
Mailing address:		
Apartment (if applicable):	Number ar	nd street:
City:	Province or Territory:	Postal code:
Email address:		
		ng the arbitral award to be
Email address:		th

4. Are you requesting the establishment of an arbitration board consisting of three members under subsection 140(1) of the Federal Public Sector Labour Relations Act?		
yes no		
Complete sections 5 and 6 if you are requesting arbitration of additional matters pursuant to subsection 136(5) of the Federal Public Sector Labour Relations Act.		
5. Additional terms or conditions of employment for which arbitration is requested:		
6. Proposals, in both official languages, concerning the arbitral award to be made in respect of the additional terms and conditions of employment:		
I, the undersigned, duly authorized representative of the party replying to the Request for Arbitration and requesting arbitration of additional matters, hereby file this Response Concerning a Request for Arbitration or Request for Arbitration of Additional Matters.		
Date (dd/mm/yyyy):		
(Signature of authorized representative):		
(Office held with the party presenting response concerning the <i>Request for Arbitration</i> or requesting arbitration of additional matters):		