



Application Form for Expedited Arbitration under Section 55.01 of the Industrial Relations Act

Post-Secondary Education and Training Industrial Relations Branch

6264-02E (06/05)

Grievance #: _____ Date of grievance: _____

Name of employee: _____

Between:

Table with 2 columns: EMPLOYER and UNION. Rows include Name, Address, and Postal Code.

PHYSICAL LOCATION OF WORK SITE:

Blank space for physical location of work site.

Table with 2 columns: CONTACT PERSON FOR EMPLOYER and CONTACT PERSON FOR UNION. Rows include Name, Title, Address, Postal Code, Telephone #, and Fax #.

I _____ certify that:

- 1. The grievance procedure under the collective agreement has been exhausted or thirty (30) days have elapsed...
2. The difference has not yet been referred to the arbitration process...
3. The time stipulated or permitted in the collective agreement for referring the difference to arbitration has not expired; and
4. A copy of this application form has been sent to the other party involved.

Signature of applicant : _____

Print Name of Applicant: _____

Title: _____

Address: _____

Telephone #: _____

Dated at _____ , **this** _____ **day of** _____ , **20** _____ .

Please note that a copy of the grievance in question must be attached to this form.
Application will be processed once all of the above information is received.

For additional information
please call (506) 453-2261.

Please forward this application
by fax at (506) 453-2678

or by mail:
Minister of Post-Secondary Education and Training
P.O. Box 6000
Fredericton, N.B. E3B 5H1