

FORM A

6264-03E (01/02)



PROVINCE OF NEW BRUNSWICK

INDUSTRIAL RELATIONS ACT

(R.S.N.B., Chapter I-4)

REQUEST FOR APPOINTMENT OF CONCILIATION OFFICER

In the Matter of a Dispute between:

Employer,

- and -

Trade Union.

The undersigned requests the Minister of Post-Secondary Education and Training to appoint a Conciliation Officer to confer with the parties in an endeavour to effect a collective agreement.

In support of the said request, the undersigned states as follows:

- NOTE:**
- (1) If one or more employers or trade unions are involved in the request the names and addresses of all must be listed and the form amended accordingly.
 - (2) If a council of trade union or an employers' organization is involved the names and addresses of the unions and of their official representatives, and the names and addresses of the individual employers must be given and the list must be appended to this form.

1. (a) address of employer:

- (b) address of employer for service: (incl. postal code)

- (c) address of trade union:

- (d) address of trade union for service: (incl. postal code)

(PLACE CHECK MARK IN APPROPRIATE SQUARE)

2. (1) Notice has been given under section 32 of the *Industrial Relations Act* after certification of the above-mentioned trade union on the _____ day of _____, 20__.

- OR -

- (2) The above-mentioned employer has agreed to recognize the above-mentioned trade union under subsection 36(6) of the *Industrial Relations Act* and the parties have met and bargained under the said agreement.

ONE ORIGINAL SIGNED COPY of the agreement to recognize is submitted with this request.

- OR -

- (3) Notice has been given under section 33 of the *Industrial Relations Act* to bargain for the renewal of the collective agreement between or binding upon the parties that bears date the day of _____, 20__.

A copy of the agreement containing the pertinent dates and the names of the signatories is submitted with this request.

- OR -

- (4) This is a second request for conciliation made under subsection 36(9) of the *Industrial Relations Act*.

3. Number of employees in the bargaining unit: _____

4. (1) Date of written notice of desire to bargain with a view to making a collective agreement:

(2) Name of party (employer or trade union) by whom notice given:

5. (1) Number of meetings held between the representatives of the parties in an effort to conclude a collective agreement and dates when meetings were held:

Names, addresses and telephone numbers of persons who have met and bargained on behalf of each party:

Matters upon which agreement has been reached:

Statement of difficulties which have been encountered. (Outline the matters upon which the parties cannot agree and describe briefly the stand taken by each party.):

- OR -

(2) If no meetings were held - efforts made by the employer or trade union to arrange for a meeting of the parties with a view to commence bargaining for a collective agreement:

6. Any other pertinent information:

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

Official Position:

.....
(signature)

employer
For the
trade union

Address: (incl. postal code)

Telephone No.:

**STATEMENT CERTIFYING THAT REQUEST FOR
CONCILIATION OFFICER HAS BEEN SENT
TO ALL PARTIES**

NOTE: You must send a copy of this application form duly completed to the other party or parties involved by registered mail. This copy must be an exact duplicate in every respect of the document sent to the Minister of Post-Secondary Education and Training. Failure to send such a copy may result in denial of the request. Be sure to complete every section of the form fully, and file one copy with the Minister.

CERTIFICATE OF SERVICE

I CERTIFY THAT A COPY OF THIS REQUEST HAS BEEN SENT BY REGISTERED MAIL TO ALL PARTIES INVOLVED AS FOLLOWS ON THE _____ DAY OF _____, 20__.

(insert names and addresses of all parties to whom it was sent)

.....
(signature)

NOTICE

EVERY PARTY WHO RECEIVES A COPY OF THIS REQUEST MUST, WITHIN 5 CALENDAR DAYS FROM THE DATE SHOWN IN THE CERTIFICATE OF SERVICE (EXCLUSIVE OF SUNDAYS AND HOLIDAYS), ADVISE THE MINISTER OF POST-SECONDARY EDUCATION & TRAINING IN WRITING OF ANY OBJECTION HE MAY HAVE TO THE GRANTING OF THE REQUEST, GIVING DETAILS, AND A COPY OF THE OBJECTION SHALL BE SENT TO THE PARTY MAKING THE REQUEST.

AT THE EXPIRY OF THE PERIOD OF TIME MENTIONED, THE MINISTER OF POST-SECONDARY EDUCATION AND TRAINING WILL DEAL WITH THE REQUEST BASED ON THE MATERIAL THEN BEFORE HIM.

NOTE: All Communications concerning this application should be addressed to:

Director
Industrial Relations Branch
Department of Post-Secondary Education and Training
P.O. Box 6000
Fredericton, N.B.
E3B 5H1