



APPLICATION FORM
TO BE COMPLETED BY BOTH PARTIES

APPLICATION FOR NON-BINDING ARBITRATION

BETWEEN:

The Employer _____

-and-

The Union _____

The parties agree to the following conditions:

1. The Grievance to be discussed will be that of _____

(Enclose a copy of the Grievance Form with replies at all steps)

2. The process is considered an extension of the Grievance procedure and any discussions by the Parties or recommendations of the Panel shall be made without the prejudice to any further proceedings and the Parties agree that the Panelists are not compellable witnesses in any Arbitration hearing.
3. Any recommendation made by the Panel shall not be binding on either Party and either Party shall retain the right to proceed to Arbitration.
4. Any settlement of the Grievance is not precedent setting.
5. Outside Legal Counsel or Consultants will not be utilized.
6. Enclose a Statement of Agreed Facts.

This Application should be forwarded to:

For the Employer

For the Union

Please print name

Please print name

Signature

Signature

Title

Title

Mailing Address

Mailing Address

Telephone

Fax

Telephone

Fax

Date

Date

NON-BINDING ARBITRATION PROGRAM
c/o Labour Services Division
5151 Terminal Road, 7th Floor, P. O. Box 697
Halifax, Nova Scotia B3J 2T8
Phone: (902) 424-2622 / Fax: (902) 424-1744

Reminder: Your application cannot be processed until the Administration Fee has been collected from both parties (**The administration fee is non-refundable.**)