CMS Conciliation and Mediation Services

NOVA SCOTIA

Arbitration / Adjudication Request Form

Pursuant to the:

- Civil Service Collective Bargaining Act ☐
- Highway Workers Collective Bargaining Act ☐
- Teachers Collective Bargaining Act ☐
- Trade Union Act Part I S.42 ☐ S.46 ☐ S.52 ☐
- Trade Union Act Part II S.107 ☐ → ***Waive 48 hour timeline?*** **Yes** ☐ **No** ☐

the Employer ☐ **the Union** ☐ **Jointly** ***(both the Employer and the Union)*** ☐

requests the appointment of an Arbitrator / Adjudicator to assist the following parties:

CONTACT INFORMATION *(Please provide for* ***both*** *parties)*

Employer	*Union*
Employer Representative - Name & Title	*Union Representative - Name & Title*
Mailing Address	*Mailing Address*
Phone	*Phone*
Email	*Email*

- ***Grievance Number/s (if applicable)***
  (please attach a copy of the grievance form/s) _____

Option 1: *Parties agree on and nominate the following Arbitrator / Adjudicator* _____

Option 2: *Parties have* ***not*** *agreed on an Arbitrator / Adjudicator. Please appoint one.* ☐

To be completed by requestor/s:

FOR THE EMPLOYER	***FOR THE UNION***
_____ ***Please Print Name***	_____ ***Please Print Name***
☐ _____ ***Signature or Alternative (check box)***	☐ _____ ***Signature or Alternative (check box)***
_____ ***Date***	_____ ***Date***

This request should be forwarded to:

Honourable Nolan Young, Minister, Department of Labour, Skills and Immigration, c/o CMS Division, PO Box 697, Halifax, NS B3J 2T8 / EMAIL: arbitration@novascotia.ca