

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	<input checked="" type="checkbox"/> → Waive 48 hour timeline?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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
Fax	Fax
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 <u>not</u> agreed on an Arbitrator / Adjudicator. Please appoint one.

To be completed by requestor/s:

FOR THE EMPLOYER

FOR THE UNION

 Please Print Name

 Signature or Alternative (check box)

 Date

 Please Print Name

 Signature or Alternative (check box)

 Date

This request should be forwarded to:

**Honourable Jill Balsler, Minister, Department of Labour, Skills and Immigration, c/o CMS Division,
 PO Box 697, Halifax, NS B3J 2T8 / FAX: 902-424-5977 / EMAIL: arbitration@novascotia.ca**