



REQUEST FOR CONCILIATION SERVICES

Pursuant to Section 37 of the *Trade Union Act*,
the Union the Employer
hereby requests the appointment of a Conciliation Officer to assist in
negotiations to conclude a collective agreement between the following parties:

EMPLOYER _____

- and -

UNION _____

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

EMPLOYER Representative:

UNION Representative:

Name & Title	Name & Title
Mailing Address	Mailing Address
Phone	Phone
Fax	Fax
Email	Email

- Approximate number of employees in bargaining unit _____
- Number of meetings held by the parties _____
- Expiry date of agreement _____
- Outstanding issues (incl. but not limited to) _____

FOR THE EMPLOYER

FOR THE UNION

Please Print Name

Please Print Name

Signature

Signature

Date

Date

This request should be forwarded to:

**HON. LENA METLEGE DIAB, MINISTER, DEPARTMENT OF LABOUR AND ADVANCED
EDUCATION - PO BOX 697, HALIFAX, NOVA SCOTIA B3J 2T8 c/o FAX: (902) 424-5977
or EMAIL: conciliation@novascotia.ca**