

Conciliation Services Request Form

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
Email	Email

- Approximate number of employees in bargaining unit
- Expiry date of agreement
- Number of meetings held by the parties
- Date of the first bargaining meeting of the parties
- Date of the last bargaining meeting of the parties

Required Attachments



1. A copy of the current, signed, Collective Agreement must be filed with this application.
 - a. If this is for a First Collective Agreement, please attach a copy of the certification.
2. A list of all outstanding issues, including the most recent positions/proposals of both Employer and Union, on each item. See template on page 2.

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 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: conciliation@novascotia.ca

Summary of Outstanding Items and Current Positions for Conciliation

Article Number/Title	Current Union Position	Current Employer Position
<p><i>Example:</i> Article 21 – Leaves of Absence</p>	<p>21.1 – 3 additional days 21.3 b – Move Spouse’s family to immediate family</p>	<p>21.1 – 1 additional day 21.3b – Move Spouse’s parents to immediate family 21.5 – Approval subject to operational requirements</p>