CMS | Conciliation and Mediation Services

NOVA SCOTIA

Dispute Resolution & Program Request Form

Employer's Name and Address

Union's Name and Address

A.   The parties request services for (check appropriate box and complete Section C):

- Essential Services Agreement Mediation
- Facilitated Labour-Management Discussion
- First Agreement Orientation
- Grievance Mediation (please complete Section B and C as well)
- Outreach
- Other (please specify):

Workshop (please select):

- Collective Agreement Fundamentals
- Conflict Management and Resolution
- Labour-Management Committee Best Practices
- Relationship Development for Workplace Leaders
- Workplace Civility
- Workplace Communications Fundamentals

B.   Grievance Mediation Name/Number:

The Parties agree to waive, extend or suspend all time provisions contained in the Grievance Procedure in the Collective Agreement, with respect to the last step referring to Arbitration.

Any discussions by the Parties or recommendations of the Mediator shall be made without the prejudice to any further proceedings, and the Parties agree that the Mediator is not a compellable witness in any Arbitration hearing.

Any recommendation made by the Mediator shall not be binding on either Party and either Party shall retain the right to proceed to Arbitration failing a satisfactory resolution to the grievance through Mediation, within

days after the Grievance Mediation process is concluded. The parties understand the Mediation meetings are not hearings and therefore are not formal.

Any settlement of this Grievance is not precedent setting. The Grievor will be advised by one or both of the Parties of the date and place of this Grievance Mediation, and will be invited to attend.

C. Contact Information

For the Employer	For the Union
Signature	Signature
Title	Title
Work Phone & Cell Phone	Work Phone & Cell Phone
Email	Email
Date	Date

How did you hear about this service? (Check all that apply.)

- CMS one-pager
- CMS outreach (email / phone / meeting)
- CMS presentation
- CMS staff person
- CMS website
- Word of mouth
- Other (please specify):

This request should be forwarded to:

CMS Division, Department of Labour, Skills and Immigration
PO Box 697, Halifax, NS B3J 2T8 / FAX: 902-424-5977 / EMAIL: conciliation@novascotia.ca