

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

Signature

Title

Work Phone & Cell Phone

Email

Date

For the Union

Signature

Title

Work Phone & Cell Phone

Email

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 / EMAIL: conciliation@novascotia.ca