



Public
Service
Labour
Relations
Board

Commission des
relations de
travail dans la
fonction
publique

P.S.L.R.B. File Number

FOR OFFICE USE ONLY

Form 21
(Subparagraph 89(1)(a)(ii))

**NOTICE OF REFERENCE TO ADJUDICATION OF AN INDIVIDUAL
GRIEVANCE**

Termination, demotion, suspension, financial penalty or deployment

Public Service Labour Relations Act

- NOTICE: (1) The original and one copy of this notice must be filed with the Executive Director of the Board.
- (2) Two copies of the original individual grievance must be attached.
- (3) It is your responsibility to inform the Board of any changes to your mailing address or telephone numbers.
- (4) The party to an individual grievance who raises an issue involving the interpretation or application of the *Canadian Human Rights Act* within the context of a request for arbitration of the individual grievance must give notice of the issue with the Canadian Human Rights Commission by using Form 24.

1. Grievor information:

Mr. Mrs. Miss Ms.

Last or family name *(print in block letters)*: _____

First name *(print in block letters)*: _____ Middle name(s) *(print in block letters)*: _____

Mailing address:

Apartment *(if applicable)*: _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone numbers *(where we can reach you)*:

Fax numbers *(where we can reach you)*:

Home: (_____) _____ Home: (_____) _____

Office: (_____) _____ Office: (_____) _____

E-mail address: _____

Name of authorized representative *(if applicable)*: _____

Mailing address *(if different from above)*:

Apartment *(if applicable)*: _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone number: (_____) _____ Fax number: (_____) _____

E-mail address: _____

Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.

2. Name of the deputy head:

3. Place of work (for example, city or municipality):

4. Department, branch or division:

5. Section or unit:

6. Position title:

7. Classification:

8. Name of the bargaining agent (if applicable):

9. Date on which the individual grievance was presented at the first level of the individual grievance process:

_____ (dd/mm/yyyy)

10. Date on which the individual grievance was presented at the final level of the individual grievance process:

_____ (dd/mm/yyyy)

11. Date on which the employer provided its decision at the final level of the individual grievance process (if applicable):

_____ (dd/mm/yyyy)

12. Provision of the *Public Service Labour Relations Act* under which the individual grievance is referred to adjudication:

- 209(1)(b) Disciplinary action resulting in termination, demotion, suspension or financial penalty.
- 209(1)(c)(i) Demotion or termination of an employee in the core public administration under paragraph 12(1)(d) of the *Financial Administration Act* for unsatisfactory performance or under paragraph 12(1)(e) of the Act for any reason that does not relate to a breach of discipline or misconduct.
- 209(1)(c)(ii) Deployment of an employee in the core public administration under the *Public Service Employment Act* without the employee's consent where consent is required.
- 209(1)(d) Demotion or termination of an employee of a separate agency designated under subsection 209(3) of the *Public Service Labour Relations Act* for any reason that does not relate to a breach of discipline or misconduct.
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Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.

Complete section 13 only if an adjudicator is named in the collective agreement.

13. Adjudicator information:

Name: _____

Mailing address:

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone number: (____) _____ Fax number: (____) _____

E-mail address: _____

Complete section 14 only if the parties have selected an adjudicator.

14. Adjudicator information:

Name: _____

Mailing address:

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone number: (____) _____ Fax number: (____) _____

E-mail address: _____

Complete section 15 only if you request that a board of adjudication be established.

15. Information on the person nominated as a member of the board of adjudication

Name: _____

Mailing address:

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone number: (____) _____ Fax number: (____) _____

E-mail address: _____

Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.

I, the undersigned, (duly authorized representative of the grievor,) hereby file this
Notice of Reference to Adjudication of an Individual Grievance.

Date: _____
(dd/mm/yyyy)

(Signature of grievor or authorized representative)

Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.