



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 20

(Subparagraph 89(1)(a)(i))

NOTICE OF REFERENCE TO ADJUDICATION OF AN INDIVIDUAL GRIEVANCE

Interpretation or application of a provision of a collective agreement or an arbitral award

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.
- (5) As set out in subsection 209(2) of the *Public Service Labour Relations Act*, an individual grievance relating to the interpretation or application of a provision of a collective agreement or an arbitral award may not be referred to adjudication without obtaining the approval of the bargaining agent of the grievor to represent him or her in the adjudication proceedings.

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*):

Home: (_____) _____

Office: (_____) _____

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

Home: (_____) _____

Office: (_____) _____

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 employer:

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:

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)

I, the undersigned, hereby refer the attached individual grievance to adjudication under section 209 of the *Public Service Labour Relations Act*.

Date: _____
(dd/mm/yyyy)

(Signature of grievor)

Sections 12 to 18 are to be completed by the authorized representative of the grievor's bargaining agent only.

12. Information of the authorized representative of bargaining agent:

Name: _____

Mailing address:

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

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

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

E-mail address: _____

13. Term of the collective agreement or arbitral award relating to the individual grievance:

from _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

14. Provisions of the collective agreement or arbitral award that is the subject of the individual grievance:

Complete section 15 only if an adjudicator is named in the collective agreement.

15. Adjudicator information:

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.

Complete section 16 only if the parties have selected an adjudicator.

16. 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 17 only if you request that a board of adjudication be established.

17. Information of 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: _____

18. Bargaining agent's approval to represent the grievor in the adjudication proceedings:

I, the undersigned, duly authorized representative of the grievor's bargaining agent, hereby state that the bargaining agent is willing to represent the grievor in the adjudication proceedings in relation to the attached individual grievance.

Date: _____
(dd/mm/yyyy)

(Signature of authorized representative of bargaining agent)

(Office held with the bargaining agent)

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.