

Collective Agreement Arbitration Bureau,
Labour Relations Board
Suite 600, Oceanic Plaza
1066 West Hastings Street
Vancouver, BC V6E 3X1

Telephone: (604) 660-1300
Fax: (604) 660-1892

LABOUR RELATIONS CODE-PART 8

REQUEST FOR APPOINTMENT

The undersigned hereby requests the following appointment (check one only) under Part 8 of the *Labour Relations Code*:

- Section 86 - Appointment to constitute an Arbitration Board
 Section 87 - Settlement Officer
 Section 104 - Expedited Arbitrator (note: includes the option of a Settlement Officer)
 Section 105 - Mediator/Arbitrator (note: Requests under Section 105 must be signed by both the employer and the union)

1. EMPLOYER INFORMATION

(a) Name: _____

(b) Address: _____

(c) Name and title of employer's officer, official or agent: _____

(d) Telephone number: ()

Fax number: ()

(e) Name of legal counsel (if engaged): _____

(f) Telephone number: ()

Fax number: ()

(g) Principal business of employer: _____

(h) Location of worksite: _____

2. UNION INFORMATION

(a) Name: _____

(b) Address: _____

(c) Name and title of union's officer, official or agent: _____

(d) Telephone number: ()

Fax number: ()

(e) Name of legal counsel (if engaged): _____

(f) Telephone number: ()

Fax number: ()

3. COLLECTIVE AGREEMENT INFORMATION

(a) Collective agreement currently in force? Yes No

(b) Number of employees in this bargaining unit:

4. GRIEVANCE INFORMATION

Note: A complete copy of the grievance and any relevant correspondence must be submitted with this request.

(a) Grievor's name (if applicable):

(b) Grievance number (if applicable):

(c) Date of Grievance:

(d) Nature of grievance:

(e) State section or sections of the collective agreement which are alleged to be violated:

(f) The steps in the grievance procedure under the collective agreement have been completed: Yes No

(g) The grievance procedure under the collective agreement was exhausted on:

Date:

(h) The time stipulated in or permitted under the collective agreement for referring the grievance to arbitration expires on:

Date:

5. CERTIFICATE OF SERVICE

I certify that a completed copy of this Request for Appointment has been delivered personally, faxed or mailed by certified/registered mail to the other party as follows:

(a) Date of delivery:

(b) How delivered:

6. APPLICANT INFORMATION AND SIGNATURE

Please check one, application made by Employer, Union, or Both (Requests under Section 105)

(a) Name and title of individual(s) making application:

(b) Signature of individual(s) making application:

Dated at _____ this _____ day of _____, 2005.

7. LABOUR RELATIONS BOARD FEES EFFECTIVE JANUARY 5, 2004

Application/complaint must include fee of \$100.00

Method of payment (check one)

Credit card – MASTER CARD VISA Card No: _____

Expiry Date: _____

Signature: _____

- Cheque
- Debit Card
- Charge to pre-approved account

Payment (check one)

- Enclosed
- To be sent with original copy as application/complaint sent by fax
- Charged to pre-approved account

Note: Fee of \$50.00 must accompany reply to application/complaint

Note: Credit card information will be deleted by the Board prior to Distributing this form to the parties.

If this Request for Appointment is faxed to the Bureau it is not necessary to send an original.