



**Application form for
Expedited Arbitration under
Section 55.01 of the
Industrial Relations Act
6264-02E (06/17)**

**Post-Secondary Education,
Training & Labour
Industrial Relations Branch**

Grievance #
Date of grievance:
Name of employee:

Between:

Employer: _____ _____	Union: _____ _____
Address: _____ _____	Address: _____ _____
Postal Code: _____	Postal Code: _____

Physical location of work site: _____

CONTACT PERSON FOR EMPLOYER	CONTACT PERSON FOR UNION
Name: _____	Name: _____
Title: _____	Title: _____
Address: (if different from above) _____ _____	Address: (if different from above) _____ _____
Postal Code: _____	Postal Code: _____
Email : _____	Email : _____
Telephone #: _____	Telephone #: _____
Fax #:: _____	Fax #: _____

I _____ certify that:

1. The grievance procedure under the collective agreement has been exhausted or thirty (30) days have elapsed from the time at which the grievance was first brought to the attention of the other party;
2. The difference has not yet been referred to the arbitration process by the applicant under their collective agreement;
3. The time stipulated or permitted in the collective agreement for referring the difference to arbitration has **not** expired; and
4. A copy of this application form has been sent to the other party involved.

Signature of Applicant : _____
Print Name of Applicant: _____
Title: _____
Address: _____

Telephone # : _____

Dated at _____, **this** _____ **day of** _____, **20** _____.

Please note that a copy of the grievance in question must be attached to this form. Application will be processed once all of the above information is received.

For additional information please call (506) 453-2261.

Please forward this application by fax at (506) 453-2678 or by mail:

Minister of Post-Secondary Education, Training and Labour
470 York Street
P.O. Box 6000
Fredericton, N.B. E3B 5H1