

F.P.S.L.R.E.B. File Number
FOR OFFICE USE ONLY

Form 14

*Section 54
of the Federal Public Sector Labour Relations Regulations*

STATEMENT RESPECTING A STRIKE VOTE

Federal Public Sector Labour Relations Act

1. Bargaining agent information:

Name: _____

Mailing address:

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

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

Name of authorized representative:

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: _____

2. Name of the employer: _____

3. Detailed description of the bargaining unit in which the strike vote was held:

4. Number of employees in the bargaining unit : _____

5. Date on which the strike vote was held:

(dd/mm/yyyy)

6. Date on which the results of the strike vote were announced:

(dd/mm/yyyy)

OATH or SOLEMN AFFIRMATION

I, _____, do swear (*or* solemnly affirm) that the statement is true to the best of my knowledge and that I have been duly authorized to make this statement, and I make this statement, and I take this oath (*or* make this solemn affirmation), conscientiously believing it to be true.

(Signature of authorized representative)

(Office held with the bargaining agent)

Declared before me, _____,

at _____

in the Province of _____

Date: _____

(dd/mm/yyyy)

(Signature)

A Commissioner for taking declarations under oath, etc.

(TO BE SWORN OR SOLEMNLY AFFIRMED BEFORE A COMMISSIONER FOR TAKING A DECLARATION UNDER OATH OR ANY OTHER PERSON AUTHORIZED BY LAW TO ADMINISTER AN OATH OR A SOLEMN AFFIRMATION.)
