

Federal
Public
Sector
Labour
Relations and
Employment
Board

Commission des
relations de
travail et de
l'emploi dans le
secteur
public
fédéral

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

FOR OFFICE USE ONLY

Form 2

Section 26
of the Federal Public Sector Labour Relations Regulations

REPLY TO AN APPLICATION FOR CERTIFICATION

Federal Public Sector Labour Relations Act

F.P.S.L.R.E.B. File Number: _____

BETWEEN

(Name of Applicant)

-and-

(Name of Employer)

1. Employer's authorized representative's information:

Name of authorized representative: _____

Mailing address:

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

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

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

E-mail address:

2. Total number of employees in the group of employees in the bargaining unit proposed in the *Application for Certification*: _____

3. Reasons for which the proposed group of employees in the bargaining unit proposed is not appropriate for collective bargaining, if any:

Complete sections 4 to 6 only if the employer is proposing a bargaining unit different from the one proposed in the Application for Certification (Form 1).

4. Detailed description, in both official languages, of the group of employees proposed by the employer as a unit appropriate for collective bargaining:

5. Reasons for which that group is more appropriate for collective bargaining than the one proposed in the *Application for Certification* (Form 1):

6. Total number of employees in the group of employees in the bargaining unit proposed by the employer: _____

Complete section 7 only if an employee organization is currently certified as the bargaining agent for employees in the bargaining unit proposed by the employer in section 4 of this reply.

7. Information of the bargaining agent representing employees in the bargaining unit proposed in section 4 of this reply:

Name:

Mailing address:

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

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

E-mail address:

Description of the bargaining unit that the bargaining agent represents:

Term of the collective agreement:

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

Term of the arbitral award, if any:

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

8. Other matters relevant to the application:

I, the undersigned, duly authorized representative of the employer, hereby file this *Reply to an Application for Certification*.

Date: _____
(dd/mm/yyyy)

(Signature of authorized representative)

(Office held with the employer)
