

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

Form 4

Sections 28 and 40
of the Federal Public Sector Labour Relations Regulations

STATEMENT OF OPPOSITION

Federal Public Sector Labour Relations Act

1. Employee information or of every employee in the group, as the case may be:

(If 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.)

Last name (*print in block letters*): _____

First name (*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 number (*where we can reach you*):

Home: (____) _____

Office: (____) _____

E-mail address:

Name of authorized representative (if applicable):

Mailing address:

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

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

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

E-mail address:

2. This constitutes a statement of opposition to the (*please choose one of the following*):

Application for certification made by

(state name of employee organization that made the application for certification) in

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

Application for a revocation of certification made by

(state names of employee, employee organization or employer that made the application for revocation) in F.P.S.L.R.E.B. File Number: _____

3. Reason for opposition:

Each employee listed in section 1 must sign below.

I (we), the undersigned, hereby file this *Statement of Opposition*.

(Signature)

(dd/mm/yyyy)