



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 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 numbers *(where we can reach you)*:

Home:

Office:

Email 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:

Email 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):