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|  | APPLICATION FOR BOARD CONDUCTED PROPOSAL VOTE | |
| **APPLICABLE SECTIONS** OF THE CODE: 68-70 |

**Effective January 1, 2021, the deadline for filing all materials with the Board will change from 4:30 PM to 4:00 PM.**

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| * Form LRB 02 (November 2020). Please type or print clearly. Attach extra pages if necessary. * A party seeking a Board conducted collective bargaining vote must use this form. * For further information refer to Information Bulletin 15 and the Voting Rules or call the Labour Relations Board at (780) 422-5926   (Edmonton) or (403) 297-4334 (Calgary).   * Any personal information provided herein is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (“FOIP”), for the purpose of processing your application to the Labour Relations Board.  Any further personal information received in written or oral submissions will be collected under that authority.  The collection, use and disclosure of this information is managed pursuant to FOIP.  Any information provided to the Board that is relevant to the application must in the normal course be provided to all affected parties to the application, so all parties know the case to be heard and have an opportunity to respond.  Questions about the collection or use of personal information can be posed to the Board Officer appointed to your file, or the Board’s FOIP Coordinator at 640, 10155 102 Street, Edmonton, AB, T5J 4G8, or (780) 422-5926. | | |
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| Date of Application: | | |
| **APPLICANT INFORMATION (trade union, employer or employers’ organization making the application)** | | |
| Legal Name:  Mailing Address:  Postal Code:  Name of contact person:  Address (if different from above):  Postal Code: |  | Email Address:  Telephone Number:  Fax Number:  Email Address:  Telephone Number:  Fax Number: |
| **RESPONDENT INFORMATION  (trade union, employer or employers’ organization that is the other party to the collective bargaining relationship.)** | | |
| Legal Name:  Mailing Address:  Postal Code:  Name of Contact Person:  Common Name:  (if different from above):  Postal Code: |  | Email Address:  Telephone Number:  Fax Number:  Email Address:  Telephone Number:  Fax Number: |

**TYPE OF PROPOSAL VOTE REQUESTED**

\_\_\_\_\_ Vote on Mediator’s Recommendation

\_\_\_\_\_ Vote on Employer’s Proposal

\_\_\_\_\_ Vote on Trade Union Proposal

Date Proposal tabled or Mediator’s Recommendation Accepted by Applicant

*Attach a certified copy of the proposal or a copy of the recommendation to be voted on.*

**COLLECTIVE AGREEMENT INFORMATION:**

|  |  |
| --- | --- |
| When did the collective agreement expire? |  |
| If no collective agreement exists, when was the date of certification? |  |
| When was the notice to commence collective bargaining served? |  |
| When was the mediator appointed? |  |
| Who was the mediator? |  |
| What was the date of the mediator’s report? |  |
| Has a strike/lockout vote been taken? | \_\_\_\_Yes \_\_\_\_ No |
| If yes, give date: |  |
| Has a strike/lockout notice been served? | \_\_\_\_ Yes \_\_\_\_ No |
| If yes, give date? |  |
| Has a strike/lockout commenced? | \_\_\_\_ Yes \_\_\_\_ No |
| If yes, give date: |  |

##### DESCRIBE THE UNIT OF VOTERS YOU THINK ARE AFFECTED BY THE DISPUTE

How many employees/employers are in this unit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate No.: (if any, if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Attach a proposed voters list (an alphabetic list of voters with their worksites – can be a photocopy or a computer list).

##### WORK SITE INFORMATION

Where do the employees work or are the employers located?

* (Give full address and numbers of persons at each location – attach extra pages if necessary)

1.

2.

3.

4.

5.

6.

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| SUGGESTIONS FOR THE VOTE | | |
| * Although the Board determines the details of the vote, your suggestions are welcome.   Where would you suggest the vote be conducted?  1.  2.  3.  4.  5.  6.  How can the voters best be notified about the vote?  Is an advance poll, electronic ballot, or mail-in ballot being requested?  \_\_\_\_\_Yes \_\_\_\_\_ No  If yes, provide supporting information.  **Reminder:** Have you attached:   1. Voters’ list in order by work site? 2. Your offer or the mediator’s recommendation? | | |
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| **FOR BOARD USE ONLY:**  Board File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Checked by Received by Input by |  | Signature of Applicant:  Print Name:  Position:  Date of Signing: |
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|  |  | **Complete and deliver to:**  Labour Relations Board Labour Relations Board#640, 10155 – 102 Street #308, 1212 31 Avenue, N.E.  Edmonton, AB T5J 4G8 Calgary, AB T2E 7S8  Fax: (780) 422 – 0970    (***Applications can be emailed to the Board at ALRB.EDM@gov.ab.ca*** *The Board does not require original applications.)* |