**File No.** \_\_\_\_\_\_\_\_\_\_\_\_

LABOUR RELATIONS ACT, 1995

**INTERVENTION IN APPLICATION FOR TERMINATION OF**

**BARGAINING RIGHTS** **UNDER SECTION 63 OF THE ACT**

BEFORE THE ONTARIO LABOUR RELATIONS BOARD

**Between:**

**Applicant,**

‑ and ‑

**Responding Party**

**(Trade Union).**

**PLEASE** **READ** **INFORMATION** **BULLETIN** **NO.** **2** **‑** **TERMINATION** **OF** **BARGAINING** **RIGHTS** **UNDER** **SECTION** **63** **OF** **THE** **LABOUR** **RELATIONS** **ACT** **BEFORE** **YOU** **COMPLETE** **THIS** **FORM.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_intervenes**

 **(Name of Intervenor)**

**in this proceeding and states in response to the application:**

1. (a) Names, address, telephone number, facsimile number and e-mail address of the intervenor:

 (b) Name, address, telephone number, facsimile number and e-mail address of a contact person for the intervenor (Please Note: this individual **must** be regularly available by telephone during the five (5) days leading up to the date set for the vote. Your contact person should be a person with the authority to enter into agreements on your behalf.):

 (c) E-mail address of representative and assistant (if any):

 **□ Counsel: Assistant:**

 **□ Paralegal: Assistant:**

 **□ other: Assistant**:

**[Periods of time referred to in this intervention, in other Board forms and notices, and in the Board's Rules of Procedure do not include weekends, statutory holidays, or any other day that the Board is closed.]**

2. The intervenor is the employer of the employees in the bargaining unit to which this application relates:

 [ ] Yes

 [ ] No

 If the answer is no, please state the nature of the intervenor's interest in the application:

3. In support of its intervention, the intervenor relies on the following material facts:

 (Include **all** of the material facts on which you rely including the circumstances, what happened, where and when it happened, and the names of any persons said to have acted improperly. Please note that you will not be allowed to present evidence or make any representations about any material fact that was not set out in the intervention and filed promptly in the way required by the Board's Rules of Procedure, except with the permission of the Board.)

4. Detailed description of the unit of employees for which the responding party is the bargaining agent, including the municipality or other geographic area affected:

5. Has the application been made within one of the time periods provided for in the Act for the making of such applications?

 [ ] Yes

 [ ] No

 If the answer is no, explain why not:

6. Does the intervenor agree with the applicant's statement in paragraph 6 of the application regarding the number of employees in the bargaining unit on the date the application was made?

 [ ] Yes

 [ ] No

 If the answer is no, please state the number of employees on the date the application was made (and provide a breakdown by location):

7. Other relevant statements (attach additional pages if necessary):

**Vote Arrangements** (Please read Information Bulletin No. 3 ‑‑ Vote Arrangements before competing this portion of the form).

8. Do you agree with the date of the vote proposed in the applicant's Form A-6 at paragraph 8?

 [ ] Yes

 [ ] No

 If the answer is no, please explain fully and state the date(s) on which you believe the vote should take place and the reasons why:

9. Do you agree with the hours of vote proposed in the applicant's Form A-6 at paragraph 9?

 [ ] Yes

 [ ] No

 If the answer is no, please explain fully and state your suggested hours (specifying start and finish times and either a.m. or p.m.), and the reasons for them:

10. Do you agree with the location of the poll(s) proposed in the applicant's Form A-6 at paragraph 10?

 [ ] Yes

 [ ] No

 If the answer is no, please explain fully and state your suggested location of the poll(s), and the reasons for them:

11. Please state the name of the Scrutineer you have selected to represent you at each poll:

 **Poll #1:**

 **Poll #2** **(only if multiple locations are necessary):**

12. Please state the name of the Agent you have selected to represent you at the counting of the ballots:

**DATED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature for the Intervenor**

 **CERTIFICATE OF DELIVERY**

1. I certify that:

 [ ] a completed copy of the Intervention in Application for Termination of Bargaining Rights under Section 63 of the Act (Form A-8), including Schedule C;

 **OR**

 [ ] a completed copy of the Schedule C;

 was delivered to [ ] the applicant and to [ ] the union as follows:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Organization and name Address or facsimile number and title of person to whom to which documents were

 documents were delivered delivered

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Organization and name Address or facsimile number and title of person to whom to which documents were

 documents were delivered delivered

**[Complete either section 2 or section 3 below.]**

2. The documents were delivered by [   ] facsimile transmission or [   ]

 hand delivery on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_ a.m./p.m.

 (Date)

3. The documents were given to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on

 (Name of Courier)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I was advised that they would be delivered

 (Date)

not later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_ a.m./p.m.

 (Date)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTES**

The Board’s forms, Notices, Information Bulletins, Rules of Procedure and Filing Guide may be obtained from its website [www.olrb.gov.on.ca](http://www.olrb.gov.on.ca/) or by calling 416-326-7500 or toll-free at 1-877-339-3335.

**FRENCH OR ENGLISH**

Vous avez le droit de communiquer et recevoir des services en français et en anglais. La Commission n’offre pas de services d’interprétation dans les langues autres que le français et l’anglais.

You have the right to communicate and receive services in either English or French. The Board does not provide translation services in languages other than English or French.

**CHANGE OF CONTACT INFORMATION**

Notify the Board immediately of any change in your contact information. If you fail to do so, correspondence sent to your last known address (including email) may be deemed to be reasonable notice to you and the case may proceed in your absence.

**ACCESSIBILITY AND ACCOMMODATION**

The Board is committed to providing an inclusive and accessible environment in which all members of the public have equitable access to our services. We will aim to meet our obligations under the *Accessibility for Ontarians with Disabilities Act* in a timely manner. Please advise the Board if you require any accommodation to meet your individual needs. The Board’s Accessibility Policy can be found on its website.

**COLLECTION AND DISCLOSURE OF INFORMATION AND DOCUMENTS**

Any relevant information that you provide to the Board must in the normal course be provided to the other parties to the proceeding. Personal information collected on this form and in written or oral submissions may be used and disclosed for the proper administration of the Board’s governing legislation and case processing. In addition, the *Tribunal Adjudicative Records Act, 2019* requires that the Board make adjudicative records (which include applications filed and a listing of such applications) available to the public. The Board has the power to make part or all of an adjudicative record confidential. The *Freedom of Information and Protection of Privacy Act* may also address the treatment of personal information. More information is available on the Board’s website [www.olrb.gov.on.ca](http://www.olrb.gov.on.ca/). If you have any questions concerning the collection of information or disclosure of adjudicative records, contact the Solicitors’ Office at the number listed above or in writing to the OLRB, 505 University Ave., 2nd floor, Toronto, ON M5G 2P1.

**E-FILING AND E-MAIL**

The Rules of Procedure and Filing Guide set out the permitted methods of filing. **In the event of emergencies or other circumstances, the Board may post a Notice to Community on its website, which will prevail over the Rules of Procedure and Filing Guide. You should check the Board’s website prior to filing.** Note that the efiling system is not encrypted. Contact the Client Services Coordinator at the numbers listed above if you have questions regarding e-filing or other filing methods. If you provide an e-mail address with your contact information, the Board will in most cases communicate with you by e-mail from an out-going only generic account. Incoming emails are not permitted.

**HEARINGS AND DECISIONS**

Hearings are open to the public unless the Board decides that matters involving public security may be disclosed or if it believes that disclosure of financial or personal matters would be damaging to any of the parties. Hearings are not recorded and no transcripts are produced.

The Board issues written decisions, which may include the name and personal information about persons appearing before it. Decisions are available to the public from a variety of sources including the Ontario Workplace Tribunals Library and [www.canlii.org](file:///%5C%5CETCPTOVSPIFS004.CIHS.AD.GOV.ON.CA%5CMOL%5CAgencies%20Boards%20Commissions%5COntario%20Labour%20Relations%20Board%5CMOCHA%5CTemplates%20-%20Document%20Generator%5CCommon%5Cwww.canlii.org). Some summaries and decisions may be found on the Board’s website.