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|  | **APPLICATION FOR RECONSIDERATION** | |
| APPLICABLE SECTION OF THECODE: 12(4) |

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| * Persons filing applications to reconsider a Board decision under section 12(4) must use this form. **This form is not required for reconsideration applications involving changes to bargaining or registration certificates.**   Please type or print clearly. Attach extra pages if necessary.   * Individuals filing applications, complaints or references may be identified by name at various stages of the Board’s procedures including in Board decisions, on the Board’s website, and in print and online reporting services that publish the Board’s decisions. An exception to this general practice may be made, at the discretion of the Board, in cases where sensitive personal information will be disclosed. Individuals wishing to have their names masked may apply to the Board by letter setting out the reasons for the request including what sensitive personal information will be disclosed. This request should be made early on in the processing of the application. * For information or assistance in completing this form, refer to the Rules of Procedure and Information Bulletins 2 and 18 or call the Labour Relations Board at (780) 422-5926 (Edmonton) or (403) 297-4334 (Calgary). * Any personal information provided in this form is collected by the Labour Relations Board pursuant to section 4(c) of the *Protection of Privacy Act* (“POPA”) to process the application. Any further personal information received in connection with this application will be collected under that authority. The collection and use of personal information is managed pursuant to POPA. Disclosure of personal information is managed pursuant to POPA and the *Access to Information Act*. Please direct questions on the collection or use of personal information to the Board Officer assigned to your file, or to the Board’s Privacy Coordinator at 640, 10155 102 Street, Edmonton, AB, T5J 4G8, or (780) 422-5926. * Please note that any relevant information provided to the Board must be provided to all affected parties to the application so they know the case to be heard and have an opportunity to respond. |

## APPLICANT INFORMATION *(Person making the application*).

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| Name:  Complete Mailing Address:  Postal Code:  Name of Agent or Counsel (if any):  Address (if different from above):  Postal Code: |  | Residence Telephone:  Business Telephone:  Fax number:  Email address:  Business Telephone No.:  Fax No.:  Email address: |

## INFORMATION ON BOARD DECISION

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| Provide the date and the style of cause for the Board decision you are seeking to have reconsidered:  **The applicant must also attach a copy of the Board decision the applicant is seeking to have reconsidered to the application. The Board decision may be included with this Form or provided as a separate attachment.** |

## AFFECTED PARTIES:

## Provide contact information for any parties to the Board decision you are seeking to have reconsidered, and/or any other parties affected by the reconsideration application.

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| TRADE UNION INFORMATION Legal Name:  Mailing Address:  Postal Code:  Name of Individual(s) acting on behalf of the trade union:  Address:  Postal Code: |  | Local Number:  Telephone Number:  Fax Number:  Email address:  Telephone Number:  Fax Number:  Email address: |

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| **EMPLOYER INFORMATION**  Legal Name:  Mailing Address:  Postal Code:  Common Name (if different from above):  Name of Contact Person (if known):  Address (if different from above):  Postal Code: |  | Business Telephone:  Fax Number:  Email address:  Business Telephone:  Fax Number:  Email address: |

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| **OTHER AFFECTED PARTY/PARTIES:**  Legal Name:  Mailing Address:  Postal Code:  Common Name (if different from above):  Name of Contact Person (if known):  Address (if different from above):  Postal Code: |  | Business Telephone:  Fax Number:  Email address:  Business Telephone:  Fax Number:  Email address: |

**GROUNDS FOR RECONSIDERATION APPLICATION**

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| Check all boxes that apply:   * New evidence that is significant to the issues addressed in the Board’s decision and that was not reasonably available at the hearing. Applicants must provide detailed reasons about why the new evidence was not available at the hearing. * Reconsideration is necessary to correct substantial errors of fact or law (see Information Bulletin #6 for more detailed explanation of this ground of reconsideration). * Accidental slips or mistakes.   **Applicants are required to provide detailed information that explains the basis for each ground of reconsideration checked above. For each ground checked above, this form or the written submissions must identify which paragraph(s) of the decision apply. Applicants may provide a maximum of 5 pages of written submissions with their application.**  **Applicants may not attach any documents other than their written submissions (maximum of 5 pages) and a copy of the Board decision that is the subject of the reconsideration application, with the exception of:**   * new evidence, where that is an applicable ground of reconsideration. * Copies of court decisions or legislation that conflicts with the Board’s decision. * Copies of previous Board decisions that conflict with the decision of the Board that is the subject of the reconsideration application. |

**REMEDIES**

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| • What remedies are you asking the Labour Relations Board to order if the Board grants the reconsideration application? |

I confirm that a copy of this application has been served on all affected parties listed above.

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| **FOR BOARD USE ONLY:**Board File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Checked by Received by Input by |  | Signature of Applicant or Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Signing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |  | **Complete and deliver to:**Labour Relations Board Labour Relations Board#640, 10155 102 Avenue N.W. #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.* |