Form A-1
LABOUR RELATIONS ACT, 1995
APPLICATION FOR CERTIFICATION
BEFORE THE ONTARIO LABOUR RELATIONS BOARD

Between:

CANADIAN UNION OF PUBLIC EMPLOYEES

- and -

UNIVERSITY OF WATERLOO

Applicant,

Responding Party.

PLEASE READ INFORMATION BULLETIN NO. 1 – CERTIFICATION OF TRADE UNIONS BEFORE COMPLETING THIS FORM.

The applicant applies to the Ontario Labour Relations Board for certification of the employees of the responding party in a unit described below.

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

Canadian Union of Public Employees
80 Commerce Valley Drive East
Markham, ON
L3T 0B3
Tel: 905-739-3999
Fax: 905-739-4004
Email: cupeontarioorganizer@cupe.ca

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

Kristy Davidson
Canadian Union of Public Employees
80 Commerce Valley Drive East
Markham, ON
L3T 0B3
Cell: 416-833-1798
Fax: 905-739-4004
Email: k davidson@cupe.ca

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Dave Steele
Barrister & Solicitor
Canadian Union of Public Employees
80 Commerce Valley Drive, East
Markham, Ontario L3T 0B2
(P) (416) 875-1808
(F) (905) 739-4000
(E) dsteele@cupe.ca
Asst: Steven Trevillion (E) strevillion@cupe.ca

(c) E-mail address of representative and assistant (if any):
   □ Counsel: dsteele@cupe.ca   Assistant: strevillion@cupe.ca
   □ Paralegal:   Assistant:
   □ other: bodonnell@cupe.ca   Assistant: cupeontarioorganizer@cupe.ca

[Periods of time referred to in this application, 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.]

(d) Name, address, telephone number, facsimile number and e-mail
address of the responding party and contact person:

Marilyn Thompson
Chief Human Resources Officer
East Campus 1,
200 University Avenue West,
Waterloo, Ontario
N2L 3G1
(P) 519-888-4567 ext. 49272
(E) marilyn.thompson@uwaterloo.ca
(F) 519-746-3242

[Before you file your application with the Board, you must deliver to the responding
party: a copy of your application, a blank response form (A-2, including Schedules A and
B and the Instructions for filing Excel Schedules with the Board, found at Tab 4 of the
Spreadsheet, a blank Confirmation of Posting (A-124), a Notice to Employer of
Application for Certification (Form C-1) with the names of the parties and the date
inserted, a copy of Information Bulletin No. 1 -- Certification of Trade Unions, a copy of
Information Bulletin No. 3 -- Vote Arrangements, a copy of Information Bulletin No. 4 --
Status Disputes in Certification Applications, and a copy of Part III of the Board’s Rules
of Procedure. You must also complete the attached Certificate of Delivery.]

2. Detailed description of the unit of employees of the responding party that the
applicant claims to be appropriate for collective bargaining, including the
municipality or other geographic area affected:

All University of Waterloo Sessional Faculty in the Province of Ontario
engaged in instructing, teaching, lecturing as per an appointment of

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less than one year in duration, save and except Chairs, including Associate Chairs, and persons above the rank of Chair.

3. Number and addresses of locations where affected employees work (Please list):

   #1 200 University Avenue West, Waterloo, Ontario, N2L 3G1

   Note: The University of Waterloo is comprised of over 100 buildings in, including but not limited to, Waterloo, Kitchener, Stratford, and Cambridge. Members of the proposed bargaining unit work in and/or have offices in many University of Waterloo buildings.

4. The number of employees the applicant believes to be in the proposed unit (Please provide a breakdown by location listed in paragraph 3):

   #1 - 297

5. General nature of the responding party's business:

   Post-secondary education institution

6. Does the proposed bargaining unit include guards?

   [ ] Yes
   [X] No

7. Name, address, telephone number, facsimile number and e-mail address of any trade union known to the applicant which claims to represent any employee(s) who may be affected by this application:

8. Membership evidence relating to this application accompanies this application and

   [X] does
   [ ] does not

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represent membership evidence on behalf of 40 percent or more of the employees in the proposed bargaining unit.

[Section 7(13) of the Act provides that the application for certification shall be accompanied by a list of names of union members in the proposed bargaining unit and evidence of their status as union members, but the trade union shall not give this information to the employer.]

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

N/A

Vote Arrangements (Please read Information Bulletin No. 3 - Vote Arrangements before completing this portion of the form.)

10. Do you assert that a vote should take place on the fifth day after the date on which this application is filed with the Board?

[X] Yes
[ ] No

If no, please explain fully. As well, please state the date on which you believe the vote should take place, and explain why:

11. Please list your proposed hours for the vote specifying start and finish times and either a.m. or p.m.:

A 48-hour vote period starting at noon

Please explain the reasons for your proposed vote times (e.g., shift change, employee start times etc.):

As per the OLRB’s Notice to Community dated March 19th, 2020, all representation votes will be held electronically until further notice.

A 48-hour vote period allows sufficient time for all workers to access electronic voting and the OLRB Helpdesk, if necessary.

The Union has confirmed that all employees in the proposed bargaining unit have access to an employer-provided email address which they regularly use in the course of their duties with the employer.

12. Please indicate the location you propose for the poll(s):

Poll #1

Room, or other description of the location: Electronic voting

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Floor:N/A
Address:N/A
City:N/A

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

Poll #1: Kristy Davidson, or designate

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

Kristy Davidson, or designate

15. Please indicate the name of the applicant as you wish it to appear on the Notice in the voting booth (and, in a displacement application, on the ballot):

Canadian Union of Public Employees

DATED December 6, 2022

[Signature for the Applicant]
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ATTACHMENTS

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION WHEN IT IS FILED WITH THE BOARD:

(A) ANY MEMBERSHIP EVIDENCE RELATING TO THIS APPLICATION;

(B) ONE COPY OF A LIST OF EMPLOYEES, IN ALPHABETICAL ORDER, CORRESPONDING WITH THE MEMBERSHIP EVIDENCE FILED; AND

(C) A COMPLETED DECLARATION VERIFYING MEMBERSHIP EVIDENCE (FORM A-4)

NOTE: THE MEMBERSHIP EVIDENCE, LIST OF EMPLOYEES CORRESPONDING WITH THE EVIDENCE, AND THE DECLARATION VERIFYING EVIDENCE ARE NOT TO BE DELIVERED TO THE EMPLOYER OR ANY AFFECTED TRADE UNION.
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CERTIFICATE OF DELIVERY

1. I certify that the following documents were delivered to the employer, as follows:

   ○ a copy of the Application for Certification (Form A-1);
   ○ a blank copy of a Response to Application for Certification (Form A-2) including Schedules A & B (List of Employees);
   ○ a blank Confirmation of Posting (A-124);
   ○ a completed copy of the Notice to Employer of Application for Certification (Form C-1), with the names of the parties and the date inserted;
   ○ a copy of Information Bulletin No. 1 -- Certification of Trade Unions;
   ○ a copy of Information Bulletin No. 3 -- Vote Arrangements;
   ○ a copy of Information Bulletin No. 4 -- Status Disputes in Certification Applications; and
   ○ a copy of Part III of the Board's Rules of Procedures.

Marilyn Thompson
Chief Human Resources Officer      519-746-3242

Name of Organization and name of person to whom documents were delivered

Address or facsimile number to and title which documents were delivered

2. [Complete this section only if you identified an affected trade union in paragraph 7 of the application.]

I certify that the following documents were delivered to the trade union(s) named in paragraph 7 of the application, as follows:

   ○ a completed copy of the Application for Certification (Form A-1);
   ○ a blank copy of an Intervention in Application for Certification (Form A-3);
   ○ a copy of Information Bulletin No. 1 -- Certification of Trade Unions;
   ○ a copy of Information Bulletin No. 3 -- Vote Arrangements;
   ○ a copy of Information Bulletin No. 4 -- Status Disputes in Certification Applications; and

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Name of Organization and name title of person to whom documents were delivered

Address or facsimile number to and which documents were delivered

[Complete either section 3 or section 4 below.]

3. The documents were delivered by [X] facsimile transmission or [ ] email
[ ] or hand delivery on December 6, 2022 at 3:00 PM
(Date) (Time)

4. 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) (Time)

NAME: Breanna O'Donnell

TITLE: Secretary

SIGNATURE: 

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IMPORTANT NOTES

The Board’s forms, Notices, Information Bulletins, Rules of Procedure and Filing Guide may be obtained from its website www.olorb.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.olorb.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 e-filing 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.

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LABOUR RELATIONS ACT, 1995

RESPONSE TO APPLICATION FOR CERTIFICATION

BEFORE THE ONTARIO LABOUR RELATIONS BOARD

Between:

CANADIAN UNION OF PUBLIC EMPLOYEES

Applicant,

- and -

UNIVERSITY OF WATERLOO

Responding Party.

The responding party states in response to the application:

1. (a) Correct name of the responding party:

(b) Address, telephone number, facsimile number and e-mail address of the responding party:

(c) Name, address, telephone number, facsimile number and e-mail address of a contact person for the responding party (Please Note: this individual must be regularly available by phone during the five (5) days leading up to the date set for the vote. Your contact person should be an individual with the authority to enter into agreements on your behalf.):
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(d) E-mail address of representative and assistant (if any):

☐ Counsel: Assistant:

☐ Paralegal: Assistant:

☐ other: Assistant:

[Periods of time referred to in this response, 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. General nature of the responding party's business:

3. [ ] The responding party agrees with the applicant's estimate of the number of individuals in the bargaining unit included in the application for certification.

OR

[ ] The responding party disagrees with the applicant's estimate of the number of individuals in the bargaining unit included in the application for certification and says that there are ________ individuals in that bargaining unit.

4. [ ] The responding party agrees with the description of the bargaining unit included in the application for certification.

OR

[ ] The responding party disagrees with the description of the bargaining unit included in the application for certification and proposes the following bargaining unit description (include the municipality or other geographic area affected):

and says that there are ________ individuals in this bargaining unit.
Form A-2

5. If the responding party disagrees with the description of the bargaining unit included in the application, does the responding party also assert that the description of that unit could not be appropriate?

[ ] Yes
[ ] No

If the answer is yes, please provide full particulars in support of your position:

6. Is the responding party giving notice under section 8.1 of the Act?

[ ] Yes
[ ] No

If the answer is yes, does the responding party agree that ballots cast in the representation vote should be counted?

[ ] Yes
[ ] No

7. If the bargaining unit applied for includes guards, is the responding party objecting under section 14(2) of the Act?

[ ] Yes
[ ] No

If the answer is yes, please provide full particulars of the basis of your objection:

Is the responding party objecting under section 14(3) of the Act?

[ ] Yes
[ ] No

If the answer is yes, please provide full particulars of the basis of your objection:
Form A-2

8. The name, address, telephone number and facsimile number of any trade union that claims to represent any employee(s) who may be affected by this application that was not identified by the applicant in paragraph 7 of the application.

9. The date on which the trade union named in paragraph 8 was certified or voluntarily recognized:

10. Is or was the responding party bound by a collective agreement covering any of the employees in the applicant's proposed bargaining unit?

[ ] Yes
[ ] No

If the answer is yes, state below the date on which it was signed, the effective date and the expiry date, and forward a copy of the agreement to the Board.

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

Vote Arrangements  (Please read Information Bulletin No. 3 - Vote Arrangements before completing this portion of the form.)

12. Should a vote take place on the fifth day after the date on which this application for certification was filed with the Board?

[ ] 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:

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13. Do you agree with the hours of vote proposed in the applicant's Form A-1 at paragraph 11?

[ ] Yes
[ ] No

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

14. Do you agree with the location of the poll(s) proposed in the applicant's Form A-1 at paragraph 12?

[ ] Yes
[ ] No

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

15. 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):

16. Please state the name of the agent you have selected to represent you at the counting of the ballots:

DATED ____________________________

Signature for the Responding Party

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Form A-2

CERTIFICATE OF DELIVERY

1. I certify that a completed copy of the Response to the Application for Certification was delivered to [ ] the applicant and [ ] any affected trade union named in paragraph 7 of the application as follows. In addition, I certify that a copy of the completed Application, Response and related materials was delivered to [ ] any affected trade union named in paragraph 8 of the Response.

Name of Organization and name and title of person to whom documents were delivered

Address or facsimile number to which documents were delivered

Name of Organization and name and title of person to whom documents were delivered

Address or facsimile number to which documents were 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: __________________

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