



## MEMORANDUM

**Date:** April 12, 2019

**To:** REGION 2 Stewards

*\*\*\*Preference will be given to those members who are located geographically closer to Guelph. Another course will be offered in the fall for those members who are located closer to the Niagara/Hamilton Regions.*

**Re:** **WEEK-LONG ARBITRATION COURSE**  
**MONDAY May 13 - FRIDAY May 17, 2019**

**THIS WEEK-LONG COURSE WILL BE HELD AT THE**

**Guelph Regional Office**  
**400 Speedvale Ave W Unit A**  
**Guelph, ON N1H 8H3**

**May 13 - 17, 2019 - 9:30am – 5:00pm**

**What you need to do:**

**Complete the applicable Forms and return them to the Owen Sound Regional Office by Monday, April 22, 2019.**

**Fax:** 519-371-4967

**Mail:** OPSEU OWEN SOUND REGIONAL OFFICE  
100-1717 2<sup>ND</sup> Ave East  
Owen Sound ON N4K 5N8

**Email:** [wwilliams@opseu.org](mailto:wwilliams@opseu.org)

# WEEK-LONG ARBITRATION COURSE

## May 13-17, 2019



### The Arbitration Process

**After the grievance procedure has been exhausted, an unresolved grievance can be referred to the last stage to be decided at Arbitration. This Course is intended to inform Local Union activists regarding various elements of the process at an Arbitration Hearing in order to fully appreciate how what occurs during the grievance procedure affects the final outcome.**

**Those selected for this Course will engage in a mixture of lecture-style review as well as role-play exercises. All the basic elements of what happens at a Hearing will be reviewed.**

***This Course is intended for Local Union Officers and Stewards who have taken Grievance Handling courses, and have extensive grievance handling experience up to the final stages of the grievance procedure. Having previously attended at Arbitration Hearings and/or Mediation would be an asset.***

***Participants will be selected by the Education Committee from the applicants.***

#### **NO**

**Fragrances, Nuts & Nut Products,  
Bottled Water, Coca-Cola Products**

Persons attending OPSEU events are to refrain from using perfume, cologne and other fragrances for the comfort of other participants.

Participants are also to refrain from bringing nuts and nut products, bottled water and Coca-Cola products to OPSEU events.

**REGION 2 WEEK-LONG ARBITRATION COURSE**  
**Monday, May 13 – Friday, May 17, 2019**

**Attendance and Advance Form**  
*(Page 1 of 2)*

Name \_\_\_\_\_ Local \_\_\_\_\_

Union # \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Advance: amount required \$ \_\_\_\_\_

Approved by Local Officer: \_\_\_\_\_  
*(Signature required)*

**My Local President or Treasurer is aware of my advance request**

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*\*If you require an advance please fill out the attached Advance Request Form.**

**REGION 2 WEEK-LONG ARBITRATION COURSE  
Monday, May 13 – Friday, May 17, 2019**

**Attendance and Advance Form**  
*(Page 2 of 2)*

**Current position within your Local:**

**Grievance handling experience *(please provide details)*:**

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**Grievance handling courses attended:**

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**OPSEU is committed to achieving equitable participation of designated group members in its education programs. The indication of your designated group status will enable us to assess our progress in reaching this goal.**

- |                                      |   |  |                                |
|--------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Indigenous  | <input type="checkbox"/> Person with a Disability | <input type="checkbox"/> Racialized                  | <input type="checkbox"/> Woman |
| <input type="checkbox"/> Francophone | <input type="checkbox"/> *TBLGIAPQQ2S             | <input type="checkbox"/> Young Worker (under age 35) |                                |

\* Trans, Bisexual, Lesbian, Gay, Intersex, Asexual, Pansexual, Queer, Questioning, Two-Spirited

***LOST WAGES WILL BE COVERED FOR ATTENDANCE AT THIS COURSE  
(See requirements below)***

**UNION LEAVE WITH PAY**

You **MUST** provide your time off information **at least two weeks in advance** for the issuance of a Time-Off letter. (See Time-Off Letter Information Forms below)

**UNION LEAVE WITHOUT PAY (if scheduled to work May 13-17)**

OPSEU requires a letter from your Employer stating that you were off on an unpaid leave, with the scheduled work days/hours and your hourly rate of pay clearly identified. This letter must be attached to your expense claim form.

Please also provide the following information **at least two weeks in advance**:

**Employer Contact and Job Title**  
**Mailing Address**  
**Email Address**  
**Shift Date(s)**

**IMPORTANT NOTE:**

**WAGES AND EXPENSES WILL BE ONLY BE REIMBURSED IF YOU ARE CONFIRMED  
IN THIS COURSE.**

## Time Off Letter Information – BPS

(Please complete each line)	
Member's Name:	
Local #:	
Name of Event and Location:	
Event Details: (i.e. free parking, meals, provided, etc.)	
Start Date & Time of Leave:	
End Date & Time of Leave:	
Employers Name:	
Employers Address:	
Supervisor/HR Name:	
Supervisor/HR Title:	
Supervisor/HR Address:	
Supervisor/HR Email:	

# Time Off Letter Information – OPS

**OPS**

(Please complete each line)	
Member's Name:	
WIN Number:	
Ministry Name:	
Local #:	
Name of Event and Location:	
Event Details: (i.e. free parking, meals provided, etc.)	
Start Date & Time of Leave:	
End Date & Time of Leave:	
Article:	
Position Title:	
Branch:	
Manager's Name:	
Manager's Title:	
Manager's Address: (include Postal Code)	
Manager's Email:	
Employer's Address:	

**REGION 2 WEEK-LONG ARBITRATION COURSE**  
**Monday, May 13 – Friday, May 17, 2019**

**ALLOWABLE EXPENSES FOR THIS WEEK-LONG COURSE**

**MEAL EXPENSES:**

BREAKFAST	\$13	LUNCH	\$19	DINNER	\$29
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**TRAVEL EXPENSES:**

Round Trip mileage at the rate of:	55 cents per kilometer
	60 cents with 1 passenger
	65 cents with 2 passengers
	70 cents with 3 passengers
	75 cents with 4 passengers

**ADVANCE CHEQUES**

Applicants may arrange to receive an advance cheque to cover accommodation, mileage and meal expenses by filling out the Advance Request Form enclosed and **obtaining the approval of a local officer**. **NOTE:** Advances are not provided for lost wages.

**CHILD/FAMILY ATTENDANT CARE**

Members will be reimbursed for family care (child/elder/dependent) at \$10.00 per hour for a maximum of 12 hours, plus the overnight rate of \$40.00, to a maximum of \$160 in a 24 hour period. Overnight rates covers between 12:00 a.m. to 8:00 a.m. Please specify hours claimed for each day.

Members are entitled to reimbursement of reasonable costs of family care (child/elder/dependent) provided by someone other than their partners/spouses as a result of absences from home arising from the conduct of union business. Such allowances are not intended to reimburse members for family care expenses that they would have normally incurred as a result of employment, except where the absence exceeds the normal work day or week.

**Claims must be signed by the service provider and may be verified by Head Office before payment is made.**

**HUMAN RIGHTS ACCOMMODATION REQUEST**

Complete the form enclosed if you require a Human Rights Accommodation to attend this week-long course.

**HOTEL ACCOMMODATION**

Only Members living **60 km or greater** are entitled to hotel accommodation. (Hotel to be announced.)  
Members are reimbursed for the shared cost of hotel accommodation (1/2 the cost of the room + taxes), and are responsible for making their own reservations and paying the full cost of the room at checkout.



# HUMAN RIGHTS ACCOMMODATION REQUEST

**Event Name: R2 Week-long Arbitration Course Event Date: MAY 13 – MAY 17, 2019**

**NOTE: This form is to be completed only if you are requesting an accommodation in accordance with the Ontario Human Rights Code. Sufficient information must be provided to prove the need for the accommodation and to show a link to a code-related ground. If necessary, an Equity Unit Officer will contact you to obtain further information.**

Member Name: \_\_\_\_\_ Local #: \_\_\_\_\_

Phone # for contact: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

How do you prefer to be contacted? Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Do you have an existing human rights accommodation approved by the Equity Unit? (i.e. you have submitted a request form before)? **(Check one.)**
  - a) YES; and I need the **same** human rights accommodation as previously approved \_\_\_\_\_
  - b) YES; but I require **changes** to my previously approved human rights accommodation \_\_\_\_\_
  - c) NO, I have **never** been approved for an accommodation \_\_\_\_\_

**NOTE: If you checked (a) above, you do not need to complete the rest of the form but the form still needs to be submitted. If you checked (b) or (c), please finish the form.**

2. Please check **ALL** the Code-related grounds related to your request:

Disability (including food allergy) \_\_\_\_\_ Family status \_\_\_\_\_  
 Sex/gender (including pregnancy) \_\_\_\_\_ Creed or religion \_\_\_\_\_

Other (please specify) \_\_\_\_\_

3. Why do you require a human rights accommodation (i.e. what are your restrictions or limitations)? Please be as detailed as possible.

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**NOTE: All information is kept confidential except where necessary to arrange the accommodation or to process expense claims.**

## HUMAN RIGHTS ACCOMMODATION REQUEST

4. Do you need this human rights accommodation for this event only or for all future union events?  
(Check one.)

For this event only \_\_\_\_\_

For all future union events \_\_\_\_\_

5. What type of human rights accommodation or additional arrangements do you require to allow you to participate fully in union-related activities? (e.g. assistance during emergency evacuation, material in alternate formats, interpreters, arrangements /expenses beyond those provided at the event or through OPSEU policy). Please be as detailed as possible.

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6. Please provide any additional information that may assist us in reviewing your request. (Attach any relevant documents)

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE FORWARD COMPLETED FORMS TO Wendy Williams BY FAX AT 519-371-4967 or BY E-MAIL to [wwilliams@opseu.org](mailto:wwilliams@opseu.org) NO LATER THAN **April 22, 2019**. Alternatively, this form may be sent directly to the Equity Unit at 416-448-7419 or via e-mail to [equity@opseu.org](mailto:equity@opseu.org).**

**NOTE:** All information is kept confidential except where necessary to arrange the accommodation or to process expense claims.