**Waiver of Representation**

Postdoctoral members do not have to be alone when attending a fact-finding meeting with the Employer, where responses may result in discipline. An employee has the right to representation in investigatory or pre-disciplinary meetings. The Labour Relations Code Section 153(1) Fair Representation, states the following:

***No trade union, Employer or person acting on behalf of a trade union shall deny an employee or former employee who is or was in the bargaining unit the right to be fairly represented by the trade union with respect to the employees or former employees' rights under the collective agreement.***

If you have a reasonable belief that your responses may result in disciplinary action, you have the right to union representation during the meeting. Your union representative is:

**Kim Smith**

**Executive Director/ Labour Relations Officer**

**Email: labourrelations.pdac@gmail.com.**

As a PDAC member, if you choose not to have union representation, you may forfeit your right to representation by providing a signature to acknowledge the statement below.

I acknowledge that I was advised of the right to have union representation present and the opportunity to attend this meeting. I hereby waive my right to union representation during a meeting on

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer/ PI/ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this form does not waive my right to be a part of a union or the obligation to pay dues. At any time, I may secure representation for future meetings and that this is a waiver for this occasion only. My signature below indicates that I have decided against having a union representative attend with me.

***EMPLOYEE***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature Date

***EMPLOYER***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Signature Date

I (Employer /PI/ Supervisor name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that this waiver must be presented and signed at each meeting following the employee being advised of their rights to union representation. A copy of this confidential form will be provided to the union.