



FORM 1  
[Section 4]

**NOTICE OF APPEAL**

APPLICATION FOR ORDER UNDER SECTION 4-8 OR 4-10  
OF THE SASKATCHEWAN EMPLOYMENT ACT

1. \_\_\_\_\_  
*name of applicant*

of \_\_\_\_\_  
*no. street city/town province postal code*

\_\_\_\_\_ *telephone alternate phone number email address*

applies to the Labour Relations Board for an order appealing the decision of an adjudicator on an appeal or hearing pursuant to Part II, III or V of *The Saskatchewan Employment Act*, particulars of which are set out below.

The applicant is:

(Check the appropriate box.)

- An employee     An employer     A corporate director     Other: \_\_\_\_\_

2. This appeal concerns:  
(Check the appropriate box.)

A decision or hearing pursuant to Part II of the Act – Employment Standards

A decision or hearing pursuant to Part III of the Act – Occupational Health and Safety

A decision or hearing pursuant to Part V of the Act – Radiation Health and Safety

3. The name and address of the respondent are as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

\_\_\_\_\_ *telephone alternate phone number email address*

4. Date of adjudicator's decision: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day, month, year

5. Identify the decision and/or order #(s) being appealed: \_\_\_\_\_

6. In the space provided below, clearly state the error of law in the decision and/or order of the adjudicator that you believe exists.

*(If necessary, provide additional explanation on an attachment.)*

---

---

---

---

---

---

---

---

7. Are you also requesting a stay of the decision/order, pending the result of the hearing?

Yes     No

*(If yes, complete 8 and 9 below.)*

8. Compliance Date noted on the decision/order: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day, month, year

9. If you are requesting a stay, clearly indicate why you believe the decision/order should be suspended pending the results of your appeal.

*(If necessary, provide additional explanation on an attachment.)*

---

---

---

---

---

---

---

---

10. The following items must be attached to this Notice of Appeal:

- A copy of the written decision/order of the adjudicator

I, the undersigned, swear (or affirm) that the submissions set forth above are, in so far as they are matters of fact, true and complete to the best of my knowledge and, in so far as they are matters of opinion, are reasonably and honestly believed by me.

SWORN (OR AFFIRMED) BEFORE ME

at \_\_\_\_\_, Saskatchewan,

this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

\_\_\_\_\_  
Notary Public or Commissioner for Oaths for Saskatchewan

My Commission Expires: \_\_\_\_\_

} \_\_\_\_\_  
*signature*

**NOTICE TO ADJUDICATOR**

You are required by The Saskatchewan Employment (Labour Relations Board) Regulations, 2021 to deliver to the registrar of the Saskatchewan Labour Relations Board at 1600 - 1920 Broad Street, Regina, Saskatchewan, S4P 3V2 the record of appeal in these proceedings.

CONTACT INFORMATION AND ADDRESS FOR SERVICE

If the applicant is not an individual, indicate the name, address and contact information of the individual swearing or affirming the document.

Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

If the applicant is represented by legal counsel, also indicate the name and address for service of the applicant's lawyer.

Lawyer: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_