



FORM 11
[Section 14]

UNFAIR LABOUR PRACTICE APPLICATION

APPLICATION FOR ORDER UNDER 6-104
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 determining whether an unfair labour practice (or a contravention of the Act, the regulations or an order or decision of the board) is being and/or has been engaged in by the party described in paragraph 2 of this application (the respondent), and requiring the respondent to refrain from engaging in the unfair labour practice (or contravention).

2. The name and address of the respondent concerned, and, if the respondent is an employer, the general nature of its business, are as follows:

Name: _____ Nature of Business: _____

Address: _____
no. street city/town province postal code

_____ *telephone alternate phone number email address*

3. The applicant alleges that an unfair labour practice (or a contravention of the Act, the regulations or an order or decision of the board) has been and/or is being engaged in by the respondent by reason of the following facts:

(Here state clearly and concisely all relevant facts indicating the exact nature of the practice or contravention complained of. Additional material in the form of exhibits properly marked and attached to this sworn or affirmed application may be included. List attached exhibits here.)

4. The applicant submits that by reason of the facts set out in paragraph 3 the respondent has been or is engaging in an unfair labour practice (or a contravention of the Act, the regulations or an order or decision of the board) within the meaning of section _____ of *The Saskatchewan Employment Act*.

5. In the space provided below, clearly state the outcome or remedy you are seeking from the board.
(If necessary, include any additional details as an attachment.)

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

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: _____