



Saskatchewan

Labour Relations Board

www.sasklabourrelationsboard.com

FORM 12
[Section 15]

APPLICATION FOR INTERIM RELIEF

APPLICATION FOR ORDER UNDER CLAUSE 6-103 (2)(d)
OF THE SASKATCHEWAN EMPLOYMENT ACT

TAKE NOTICE that an application will be made to the Labour Relations Board as follows:

At the Labour Relations Board Hearing Room at:

- Room 1600 - 1920 Broad St., Regina, Saskatchewan;
- Room 1072 - 122, 3rd Ave. N, Saskatoon, Saskatchewan; or
- Other _____ (as directed by the board)

Date: _____ Time: _____

(The date must be given to you by the Board Registrar of the Labour Relations Board. When calling the board and offering a specific date, ensure you have at least 3 business days for service of your application for interim relief.)

or as soon after that as a representative can be heard, for the party set out in paragraph 1, for the relief described in paragraph 3, affecting the party set out in paragraph 2.

1. _____
(name of applicant)

of _____
no. street city/town province postal code

_____ telephone alternate phone number email address

requests an Order for Interim Relief, as detailed in paragraph 3.

2. 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

3. The applicant applies to the board for the following interim relief:

(If necessary, provide additional explanation as an attachment.)

4. The applicant relies on the following grounds:

(If necessary, provide additional explanation as an attachment.)

(State the serious issue to be decided and the harm that the applicant believes could result.)

5. Pursuant to this application, the applicant is seeking interim relief in the proceedings in LRB File No. _____ pending before the board.

6. A copy of the requested Draft Interim Order (Form 13) must be attached in support of this application.

AND FURTHER TAKE NOTICE that in support of this application will be read this application with proof of service, the original application in this matter filed with the Labour Relations Board, affidavit evidence to be filed and served before the hearing of this application and any further and other materials that the board may allow.

DATED this _____ day of _____ 20 _____

applicant's 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: _____