



FORM 14  
[Section 16]

**APPLICATION TO AMEND**

APPLICATION FOR ORDER UNDER CLAUSE 6-104(2)(f), (g) OR (h) 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 amending the order or decision of the board described in paragraph 3.

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 order or decision applied to be amended was made by the board on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_,  
*day, month, year*

in LRB File No. \_\_\_\_\_, and is attached.

4. The reasons why the applicant submits that the order or decision ought to be amended are as follows:

*(If necessary, include additional reasons as an attachment.)*

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5. State here the manner in which the applicant submits the order or decision ought to be amended:

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6. Does this application add to or remove from the bargaining unit any encumbered positions?

Yes  No

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: \_\_\_\_\_

\_\_\_\_\_

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