

FORM 15 [Section 16]

JOINT APPLICATION TO AMEND

APPLICATION FOR ORDER UNDER SUBCLAUSE 6-104 (2)(g)(i), OF THE SASKATCHEWAN EMPLOYMENT ACT

L.							
	name of applicant						
of							
	no.	street	city/town	province	postal code		
	telephone		alternate phone number	email ad	ddress		
and							
			name of applicant				
of	no.	street	city/town	province	postal code		
	telephone		alternate phone number	email a	ddress		
para	graph 2.		itions Board for an order amending the		day, month, year		
	in LRB File	No	, and is attached.		, , ,		
3.	The reasons why the applicants submit that the order ought to be amended are as follows:						
	(If necessary,	, provide additional	reasons as an attachment.)				

4.	State here the manner in which the applicants submit the order ought to be amended:					
	(If necessary, provide additional explanation as an attachment.)					
5.	Does this application add to or remove from the bargaining unit any encumbered positions?					
6.	A draft of the order sought from the board must be attached in support of this application.					
of fa	e undersigned, swear (or affirm) that the submissions set forth above are, in so far as they are matters act, true and complete to the best of my knowledge and, in so far as they are matters of opinion, are conably and honestly believed by me.					
SWO	ORN (OR AFFIRMED) BEFORE ME					
	, Saskatchewan,					
this	day of ,					
20_	signature					
Nota	ry Public or Commissioner for Oaths for Saskatchewan					
Му С	ommission Expires:					

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 AFF	FIRMED) BEFORE ME	
at	, Saskatchewan,	
this	day of,	
20		signature
Notary Public or Con	mmissioner for Oaths for Saskatchewan	
My Commission Expi	oires:	
CONTACT INFOR	RMATION AND ADDRESS FOR SERVICE	
	s are not individuals, indicate the name, addr iring or affirming the document.	ess and contact information of the
Name:		
Position Held:		
Address:		
Telephone:		
Email address:		
	and	
Name:		
Position Held:		
Address:		

Email address:

Telephone:

If the applicants	are represented by legal counsel, indicate the name and address for service of the
applicants' lawy	er(s).
Lawyer:	
Representing:	
	indicate the party being represented
Address:	
Telephone:	
Email address:	
	and
Lawyer:	
Representing:	
	indicate the party being represented
Address:	
Telephone:	
Email address:	