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|  | **Saskatchewan** Labour Relations Board | www.sasklabourrelationsboard.com |

FORM 15

[*Section 16*]

**JOINT APPLICATION TO AMEND**

APPLICATION FOR ORDER UNDER SUBCLAUSE 6-104 (2)(g)(i),

OF *THE SASKATCHEWAN EMPLOYMENT ACT*

**1.**

*name of applicant*

of

*no. street city/town province postal code*

*telephone alternate phone number email address*

**and**

*name of applicant*

of

*no. street city/town province postal code*

*telephone alternate phone number email address*

jointly apply to the Labour Relations Board for an order amending the order of the board described in paragraph 2.

**2.** The order applied to be amended was made by the board on / / ,

*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*.)

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**4.** State here the manner in which the applicants submit the order ought to be amended:

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

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

 Yes  No

**6.** A draft of the order sought from the board must be attached in support of this application.

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 |  | *signature* |
| at , Saskatchewan, |
| this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , |
| 20 . |
|  |
| Notary Public or Commissioner for Oaths for Saskatchewan |
| My Commission Expires: |

**and**

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 | |  | *signature* |
| at , Saskatchewan, | |
| this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , | |
| 20 . | |
|  | |
| Notary Public or Commissioner for Oaths for Saskatchewan | |
| My Commission Expires: | |
|  | | | |
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CONTACT INFORMATION AND ADDRESS FOR SERVICE

If the applicants are not individuals, indicate the name, address and contact information of the individual swearing or affirming the document.

Name:

Position Held:

Address:

Telephone:

Email address:

and

Name:

Position Held:

Address:

Telephone:

Email address:

If the applicants are represented by legal counsel, indicate the name and address for service of the

applicants’ lawyer(s).

Lawyer:

Representing:

*indicate the party being represented*

Address:

Telephone:

Email address:

and

Lawyer:

Representing:

*indicate the party being represented*

Address:

Telephone:

Email address: