

FORM 16 [Section 17]

APPLICATION RE EXCLUSION ON RELIGIOUS GROUNDS

APPLICATION FOR ORDER UNDER SECTION 6-8 OF THE SASKATCHEWAN EMPLOYMENT ACT

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	name of applicant								
of	stree		city/town	province	postal code				
110.	31166	: (city/town	province	postur code				
tele	telephone		alternate phone number	email add	email address				
	the Labour in paragrap		l for an order to be excluded fro	m the bargaining unit of	femployees				
2. The a	applicant is	an employee em	nployed by the following employ	ver:					
Name:	nme:		Office He	eld:					
Address:									
	no.	street	city/town	province	postal code				
	telephone		alternate phone number	eı	email address				
General N	lature of Bu	siness:							
3. Empl		e employer are r	represented for the purpose of b	pargaining collectively by	y the following				
Name:									
Address:									
	no.	street	city/town	province	postal code				
	telephone		alternate phone number	eı	email address				

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	(Here set out the description of the bargaining unit applied for by the union or, if certified, attach the certification o
T	ne applicant objects:
(a	to joining or belonging to a union; or
(Ł	to paying dues and assessments to a union;
a	s a matter of conscience based on religious training or belief in the
_	
	name of religion
	ne reasons why the applicant submits that the applicant ought to be excluded from the bargaining nit of employees described in paragraph 4 are as follows:
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- is required to pay to the union with respect to that period:
 - (a) to a charity agreed on by the applicant and the union; or
 - (b) if agreement cannot be reached by the applicant and the union, to a charity designated by the board.

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 (OI	R AFFIRMED) BEFO	ORE ME	_			
at		, Sas	skatchewan,			
this	day of					
20				>	signature	-
Notary Public	or Commissioner for	Oaths for Sa	skatchewan			
My Commission	on Expires:)		
CONTAC	T INFORMATION A	AND ADDI	RESS FOR SERV	ICE		
				ame, address and conta	ect information of the	individual swearin
	ning the documen		mulcate the m	aille, address alld coille	ict illioilliation of the	mulviuuai sweariii
	Name:					
	Position Held:	-				
	Address:	no.	street	city/town	province	postal code
	Telephone:				· 	·
	Email address:					
If the ap lawyer.	plicant is represe	nted by le	gal counsel, al	so indicate the name ar	nd address for service (of the applicant's
	Lawyer:					
	Address:					
		no.	street	city/town	province	postal code
	Telephone:					
	Email address:					