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

FORM 17

[*Section 18*]

**REFERENCE OF DISPUTE**

REFERENCE OF DISPUTE TO LABOUR RELATIONS BOARD

PURSUANT TO SECTION 6-110 OF *THE SASKATCHEWAN EMPLOYMENT ACT*

**1.** An agreement, dated , to refer a dispute or category of disputes to the Labour Relations Board for hearing and determination pursuant to section 6-110 of *The Saskatchewan Employment Act* has been entered into between:

(a) Name of union:

Address:

*no. street city/town province postal code*

*telephone alternate phone number email address*

and

(b) Name of employer:

Address:

*no. street city/town province postal code*

*telephone alternate phone number email address*

A true copy of the agreement is annexed and marked Exhibit “A”.

The party, , refers the dispute to the board.

**2.** The essential facts of the dispute that is referred to the board are as follows:

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

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**3.** The party making this reference makes the following submission with respect to the dispute:

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

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**4.** What is the question the parties ask the board to determine?

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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.

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| SWORN (OR AFFIRMED) BEFORE ME | | | |  | *signature* |
| at , Saskatchewan, | | | |
| this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , | | | |
| 20 . | | | |
|  | | | |
| Notary Public or Commissioner for Oaths for Saskatchewan | | | |
| My Commission Expires: | | | |
|  | | | |  |  |
| 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: |  | | | |