



# Saskatchewan

Labour Relations Board

www.sasklabourrelationsboard.com

FORM 2  
[Section 5]

## APPLICATION FOR BARGAINING RIGHTS OR CHANGE IN UNION REPRESENTATION

APPLICATION PURSUANT TO SECTION 6-9 OR 6-10  
OF THE SASKATCHEWAN EMPLOYMENT ACT

1. The \_\_\_\_\_  
*full legal name of union*

applies to the Labour Relations Board for an order determining that the unit of employees described in paragraph 3 of this application is an appropriate unit of employees for the purpose of bargaining collectively, determining that the applicant union represents a majority of the employees in the unit and requiring the employer designated in paragraph 2 of this application to bargain collectively with the applicant union.

2. The name and address and the general nature of the business of the employer concerned are as follows:

Name: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
*no. street city/town province postal code*  
\_\_\_\_\_ *telephone alternate phone number email address*

3. The applicant union submits that the following unit of employees is appropriate for the purpose of bargaining collectively:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(In the space above give a detailed and accurate description of the unit of employees which you consider to be appropriate for the purpose of bargaining collectively. State specifically the occupational classifications that you think should be excluded or included. Example: "All employees of the A.B. Company, except the general manager, office manager, plant superintendent and forepersons." Example of a craft unit: "All carpenters and carpenter apprentices employed by the C.D. Company.")*

4. Is this application being made pursuant to Division 13 of Part VI of *The Saskatchewan Employment Act*?

Yes  No

5. (a) There are approximately \_\_\_\_\_ employees in the unit.

(b) Does the applicant union claim to represent a majority of these employees?

Yes  No

*(At the same time as you submit your application, also submit your membership cards or other evidence of employee support, together with a sample of the cards submitted and a list of the names, occupational classifications, addresses and dates shown on the cards. This material will be treated as strictly confidential, and the cards will be returned to you as soon as the application is disposed of.)*

6. (a) Does any other union or other labour organization, to the knowledge of the undersigned, claim to represent any of the employees in the unit of employees described in paragraph 3 of this application or in any part of the unit?

Yes  No

(b) If yes, list here the name and address of that union or labour organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*no. street city/town province postal code*

*telephone alternate phone number email address*

7. (a) Has the applicant union ever been chartered by a national or international organization?

Yes  No

(b) If yes, what is the name of the national or international organization:

\_\_\_\_\_

(c) Is the applicant union now in good standing with the parent organization?

Yes  No

(d) If not, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_