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

 FORM 20

 [*Section 22*]

**PROVISIONAL EMPLOYEE DETERMINATION**

APPLICATION FOR ORDER PURSUANT TO CLAUSE 6-104(2)(i) AND SECTION 6-105

OF *THE SASKATCHEWAN EMPLOYMENT ACT*

**1.**

 *name of applicant*

 of

 *no. street city/town province postal code*

 *telephone alternate phone number email address*

applies to the Labour Relations Board for a provisional Order determining the appropriate bargaining unit for the

position of .

**2.** The name and address of the respondent concerned, and, if the respondent is an employer, the general nature of its business, are as follows:

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

**3.** The applicant alleges that the position of should properly be:

 within the scope of in LRB File No. ; or

(*union*)

 excluded from the bargaining unit;

by reason of the following facts:

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

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**4.** The names of all unions that represent employees of the employer in the workplace of the disputed position are as follows:

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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.

|  |  |  |
| --- | --- | --- |
| 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: |   |