



FORM 5
[Section 8]

COMMON EMPLOYER APPLICATION

APPLICATION FOR ORDER UNDER SECTION 6-20
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 regarding associated or related businesses, undertakings or other activities that are carried on under common control or direction.

2. The name and address of the respondent are as follows:

Name: _____

Address: _____
no. street city/town province postal code

_____ *telephone alternate phone number email address*

3. The name and address of the second respondent are as follows:

(Where more than 2 respondents may be affected by the application (and are therefore to be treated as a common employer) attach the names and contact information of all associated or related corporations, as well as information regarding how each party is affected by the application.)

Name: _____

Address: _____
no. street city/town province postal code

_____ *telephone alternate phone number email address*

4. Describe the extent to which the businesses, undertakings or other activities identified in the application are carried on under common direction or control. You may include details surrounding the general nature of operations, common facilities, financial control and ownership.

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

5. Has a sale of a business taken place?

Yes No

6. Has a change in the character of the business occurred, so that it has become substantially different from the business of the predecessor employer?

Yes No

7. Has an interchange of employees of one business with those of another business represented by a union taken place?

Yes No

8. Describe all material facts that the applicant relies on in making this request.

(Attach all documents on which you intend to rely, including any certifications, collective agreements and/or letters of understanding.)

9. Describe in detail the request of the applicant, including the outcome you ask the board to order as a result of this application:

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

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: _____