



FORM 8
[Section 11]

APPLICATION TO CONDUCT VOTE

APPLICATION FOR ORDER UNDER 6-35
OF THE SASKATCHEWAN EMPLOYMENT ACT

1. _____
name of applicant or name of representative of applicant employees

of _____
no. street city/town province postal code

_____ *telephone alternate phone number email address*

applies to the Labour Relations Board for a vote to be conducted among the employees in the bargaining unit to determine whether a majority of employees voting are in favour of accepting the employer's last offer.

2. If the applicant is an employer or the applicants are employees, the name and address of the union are as follows:

Name: _____

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

_____ *telephone alternate phone number email address*

3. If the applicant is a union or the applicants are employees, the name and address of the employer are as follows:

Name: _____

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

_____ *telephone alternate phone number email address*

4. The facts on which the applicant intends to rely in making this application are as follows:

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

5. The following materials must be attached in support of this application:

- A copy of the certification order
- A copy of the employer's last offer
- A list of the names and addresses of the employees in the bargaining unit as of the date on which the application was filed
- If the applicants are employees, evidence that the employees represent at least 45% of the bargaining unit or 100 employees, whichever is less.

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: _____