



FORM 9
[Section 12]

TECHNOLOGICAL CHANGE OR ORGANIZATIONAL CHANGE APPLICATION

APPLICATION FOR ORDER UNDER SECTION 6-55
OF THE SASKATCHEWAN EMPLOYMENT ACT

1. _____
name of applicant union

of _____
no. street city/town province postal code

_____ *telephone* _____ *alternate phone number* _____ *email address*

applies to the Labour Relations Board for an order determining whether the respondent employer has failed to comply with section 6-54 of *The Saskatchewan Employment Act*.

2. The name and address of the respondent employer 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 the following technological change or organizational change was implemented by the employer on:

_____/_____/_____
day/month/year

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

4. The applicant alleges that the employer has failed to comply with section 6-54 of the Act by reason of the following facts:

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

(Here state clearly and concisely all relevant facts indicating the exact nature and date(s) of the practice or contravention complained of. Additional material in the form of exhibits properly marked and attached to this sworn or affirmed application may be included. List attached exhibits here.)

5. (a) There are approximately _____ employees in the bargaining unit.
(b) Out of these employees, approximately _____ employees are affected by the technological change or organizational change.

6. In the space provided below, clearly state the outcome or remedy you are seeking from the board.

(If necessary, include any 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: _____