



Saskatchewan

Labour Relations Board

FORM 5
[Section 8]

RELATED 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 fax

Email Address: _____

applies to the Labour Relations Board regarding the operation and/or activities under common control or direction of associated or related employers.

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

Name: _____

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

Email Address: _____

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

Where more than two respondents may be affected by the application (and are therefore to be treated as one employer) please 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 fax

Email Address: _____

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

Where necessary, please 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, wherein 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. Please describe all material facts that the applicant relies upon in making this request.

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

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

Where necessary, please provide additional details as an attachment.

I, the undersigned, solemnly declare that the submissions set forth above, are, in so far as they are matters of fact, true to the best of my information, knowledge and belief, and, in so far as they are matters of opinion, are reasonably and honestly believed by me.

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

DECLARED before me at _____ ,
_____, this _____
day of _____ , 20 _____



(signature)

Notary Public, Justice of the Peace or Commissioner for
Oaths for Saskatchewan
My Commission Expires:

CONTACT INFORMATION AND ADDRESS FOR SERVICE

If the applicant is an employer or a union, please indicate the name, address and contact information of the individual swearing the document.

Name: _____

Position Held: _____

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

Telephone: _____

Email address : _____

If the applicant is represented by legal counsel, please also indicate the name and address for service of your lawyer.

Lawyer: _____

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

Telephone: _____

Email address: _____