

Labour Board

Appeal Form (under the *Labour Standards Code*)

Complete and return within 10 **business** days
of receipt of a Labour Standards Decision

Section A: Employee Information

Full Name			
Address		Town/City	Postal Code
Home Telephone No.	Other Telephone No.	Fax No. (if available)	E-mail

Section B: Employer or Recruiter Information

Business Name/Employer's Name/Recruiter Name		Contact Name (<i>if applicable</i>)/Position	
Address		Town/City	Postal Code
Home Telephone No.	Other Telephone No.	Fax No. (if available)	E-mail

I am the ☐ employee ☐ employer ☐ recruiter

Section C: Type of Appeal

I am appealing: (Check the appropriate box)

- ☐ An Order of the Director of Labour Standards, ordering monies paid
Include the following with your appeal:
- You **must** include a certified cheque, money order or bank draft payable to the Labour Board in the amount of the Director's Order or \$2,000, whichever is less **[OR]** A bond in the amount of the Director's Order
 - A copy of the Director's Order
 - Any other documents relating to your appeal
- ☐ An Order of the Director of Labour Standards, where there is no order for monies to be paid
Include the following with your appeal:
- A copy of the Director's Order
 - Any other documents relating to your appeal
- ☐ An Order of the Director of Labour Standards, dismissing my complaint
Include the following with your appeal:
- A copy of the Director's Order
 - Any other documents relating to your complaint
- ☐ A decision from the Labour Standards Division, not to proceed with my complaint
- Include a copy of the Director's Order with your complaint
- ☐ One month has elapsed since I made my initial complaint and no decision has been made.

Nature of Complaint:		
<input type="checkbox"/> Vacation Pay	<input type="checkbox"/> Protection of Pay	<input type="checkbox"/> Compassionate Care Leave
<input type="checkbox"/> Pregnancy/Parental Leave	<input type="checkbox"/> Holidays with Pay	<input type="checkbox"/> Minimum Wage
<input type="checkbox"/> Termination of Employment	<input type="checkbox"/> Bereavement and Court Leave	<input type="checkbox"/> Recruitment Fees
<input type="checkbox"/> Other _____		

Date of alleged violation of the *Labour Standards Code* ____ / ____ / ____
 dd mm yy

Date the complaint was filed with the Labour Standards Division ____ / ____ / ____
 dd mm yy

Date you received Director's Order or decision of the Labour Standards Division ____ / ____ / ____
 dd mm yy

Describe your reasons for appealing (*Use additional pages if necessary*)

Payment/Security: If you are appealing a Director's Order requiring you to make payment, you must attach a certified cheque, money order or bank draft payable to the Labour Board for the full amount of the Order or \$2000, whichever is less, or security in the form of a bond in the full amount of the Order payable to the Board. The requirement to provide payment or security is set out in Section 84(1) of the *Labour Standards Code*. The FULL amount of the payment or security **MUST** accompany your application in order for the appeal to be processed by the Board. **AN APPLICATION WHICH IS NOT ACCOMPANIED BY THE FULL AMOUNT OF THE REQUIRED FUNDS OR SECURITY MAY BE DISMISSED BY THE BOARD WITHOUT A HEARING INTO THE MERITS OF THE CASE, AND WITHOUT FURTHER NOTICE TO YOU.**

Upon receipt, the payment or security will be held in trust pending a decision on your appeal.

I certify that all information provided is true and correct to the best of my knowledge.

_____, of _____,
signature city/town

_____ this _____ day of _____, 20 _____.
province day month

Last revised: April 13 '17