

**EMPLOYMENT STANDARDS ACT, 2000
APPLICATION FOR REVIEW**

Please complete this form, setting out the facts and reasons supporting your request. Deliver the application and other documents to the other workplace party(ies) and to the Director of Employment Standards. Then file the signed original, as well as the supporting documents, with:

**The Registrar
Ontario Labour Relations Board
505 University Avenue, 2nd Floor
Toronto, Ontario M5G 2P1**

PART I : NATURE OF THE APPLICATION

Please indicate which **Section** of the *Employment Standards Act, 2000* applies to your application for review.

- [] **Section 116(1) (b) or (c)** Are you an **EMPLOYER, TEMPORARY HELP AGENCY or CLIENT OF A TEMPORARY HELP AGENCY** who wishes to object to an Order made by an Employment Standards Officer?

YOUR APPLICATION MUST BE FILED WITH THE BOARD WITHIN **30 CALENDAR DAYS** AFTER THE DAY ON WHICH THE ORDER WAS SERVED. IN THE CASE OF AN ORDER UNDER SECTION 74.14 OR 103, YOU MUST PAY THE FULL AMOUNT ORDERED TO THE DIRECTOR OF EMPLOYMENT STANDARDS (WHO WILL HOLD THE MONEY IN TRUST) OR PROVIDE AN IRREVOCABLE LETTER OF CREDIT ACCEPTABLE TO THE DIRECTOR. IN THE CASE OF AN ORDER UNDER SECTION 74.16, 74.17 OR 104, YOU MUST PAY THE AMOUNT ORDERED OR \$10,000 (WHICHEVER IS LESS) TO THE DIRECTOR OF EMPLOYMENT STANDARDS (WHO WILL HOLD THE MONEY IN TRUST) OR PROVIDE AN IRREVOCABLE LETTER OF CREDIT ACCEPTABLE TO THE DIRECTOR.

Your application will not be processed without a copy of your proof of payment to the Director of Employment Standards.

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- [] **Section 116(2) 116(3)** Are you an **EMPLOYEE** who wishes to object to an Order made by an Employment Standards Officer or to the refusal to issue an Order?

YOUR APPLICATION MUST BE FILED WITH THE BOARD WITHIN **30 CALENDAR DAYS** AFTER THE DAY ON WHICH THE ORDER, LETTER ADVISING OF THE ORDER OR LETTER ADVISING OF THE REFUSAL TO ISSUE AN ORDER IS SERVED OR WITHIN **30 CALENDAR DAYS** AFTER THE DAY ON WHICH A LETTER OF REFUSAL IS DEEMED TO HAVE BEEN SERVED.

- [] **Section 116(1)(a)** Are you a company **DIRECTOR** who wishes to object to an Order made against you personally, as a DIRECTOR, under s. 106 or 107 by an Employment Standards Officer? [PLEASE NOTE: If you are objecting to an Order made against an EMPLOYER, you MUST comply with the directions above under s. 116(1) for "EMPLOYER".]

YOUR APPLICATION MUST BE FILED WITH THE BOARD WITHIN **30 CALENDAR DAYS** AFTER THE DAY ON WHICH THE ORDER WAS SERVED.

- [] **Section 122** Are you a **PERSON AGAINST WHOM A NOTICE OF CONTRAVENTION HAS BEEN ISSUED** who wishes to dispute the Notice?

YOUR APPLICATION MUST BE FILED WITH THE BOARD WITHIN **30 CALENDAR DAYS** AFTER THE DATE OF SERVICE OF THE NOTICE.

PART II: THE APPLICANT(S) (this section is for information about you)

Where there are multiple applicants, please attach a separate sheet providing names, addresses, telephone/fax numbers and e-mail addresses for each applicant.

PLEASE NOTIFY THE ONTARIO LABOUR RELATIONS BOARD IMMEDIATELY OF ANY CHANGE IN YOUR ADDRESS, PHONE OR FAX NUMBERS, OR YOUR E-MAIL ADDRESS. IF YOU FAIL TO NOTIFY THE BOARD OF ANY CHANGES, CORRESPONDENCE SENT TO YOUR LAST KNOWN ADDRESS MAY BE DEEMED TO BE REASONABLE NOTICE TO YOU AND THE APPLICATION MAY PROCEED IN YOUR ABSENCE.

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Name:

Address:

Telephone:

Fax:

E-mail:

Name of Representative (if any):

Address:

Telephone:

Fax:

E-mail address of representative and assistant (if any):

- | | | |
|--------------------------|-------------------|-------------------|
| <input type="checkbox"/> | Counsel: | Assistant: |
| <input type="checkbox"/> | Paralegal: | Assistant: |
| <input type="checkbox"/> | other: | Assistant: |
-

PART III: (this section is for information about the other workplace party(ies))

A. If you are an Employer, Temporary Help Agency or Client of a Temporary Help Agency, provide information on the Employee(s):

(Where there are multiple employees, please attach a separate sheet providing names, addresses, telephone/fax numbers and e-mail addresses for each employee.)

Name:

Address:

Telephone:

Fax:

E-mail address:

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Name of Representative (if any):

Address:

Telephone:

Fax:

E-mail address of representative and assistant (if any):

- Counsel:** **Assistant:**
- Paralegal:** **Assistant:**
- other:** **Assistant:**

B. If you are an Employee, provide information on the Employer(s), Temporary Help Agency or Client of the Temporary Help Agency:

(Where there are multiple employers, please attach a separate sheet providing names, addresses, telephone/fax numbers and e-mail addresses for each employer.)

Name:

Address:

Telephone:

Fax:

E-mail address:

Name of Representative (if any):

Address:

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Telephone:

Fax:

E-mail address of representative and assistant (if any):

- Counsel:** **Assistant:**
- Paralegal:** **Assistant:**
- other:** **Assistant:**

C. If you are a Company Director, provide information on the Employer(s), the Employee(s) and all other Directors.

(Where there are multiple company directors, employers, or employees, please attach a separate sheet providing names, addresses, telephone/fax numbers and e-mail addresses for each director, employer and employee.)

Name:

Address:

Telephone:

Fax:

E-mail address:

Name of Representative (if any):

Address:

Telephone:

Fax:

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E-mail address of representative and assistant (if any):

- | | | |
|--------------------------|-------------------|-------------------|
| <input type="checkbox"/> | Counsel: | Assistant: |
| <input type="checkbox"/> | Paralegal: | Assistant: |
| <input type="checkbox"/> | other: | Assistant: |

PART IV: THE ORDER or NOTICE

Your Application includes (as applicable):

- a copy of the employment standards officer's narrative report
 - a copy of the Order
 - a copy of the letter advising the employee of the Order
 - a copy of the letter advising of the refusal to issue an Order, or
 - a copy of the Notice of Contravention
 - a copy of proof of payment to the Director of Employment Standards
- or an explanation why the relevant document is not included.

ES File Number:

Order/ Notice Number:

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PART V: THE REASONS FOR YOUR APPLICATION

Your application should include a general statement of what you are seeking and why. Include a concise statement of the facts and events upon which you rely to support your position. The question for the Board is whether there has been a breach of the Employment Standards Act, 2000 and if so, what the appropriate order should be.

PLEASE NOTE: The Board does not review the employment standards officer's conduct or procedures in coming to its decision. The Board starts its hearing with a "clean slate" in order to make its determination.

You may attach additional pages if necessary.

TIMELINESS

Your application will not be processed if this section has not been completed.

Date of Service of Order/ Notice or Letter (as applicable):

This application for review is being filed within 30 calendar days after the day on which the Order, Notice, Letter advising of the Order, or Letter advising of the refusal to issue an Order, as the case may be, was served. is not being filed within 30 calendar days after the day on which the Order, Notice, Letter advising of the Order, or Letter advising of the refusal to issue an Order, as the case may be, was served.

If you want the Board to consider this application *even though it has been filed after the 30-day time limit*, you should set out, in detail, all of your reasons why an extension of time should be granted by the Board. You may attach additional pages if necessary.

PROOF OF PAYMENT

Complete this section only if you are an employer, temporary help agency or client of a temporary help agency applying for review under section 116(1) of the Act.

I certify that I have paid the amount owing under the order (or \$10,000, as applicable) to the Director of Employment Standards in trust or provided the Director with an irrevocable letter of credit acceptable to the Director in that amount. A copy of proof of payment is attached.

This application consists of _____ pages in total.

Date _____

Signature

CERTIFICATE OF DELIVERY

You must deliver this application to the Director of Employment Standards and all the other workplace parties, and file your application with the Board within five (5) days of delivering it to them.

1. I certify that the following documents were delivered to [] the Director of Employment Standards, as follows:

- Application for Review (and supporting documents, including full payment of the order, or \$10,000, as applicable, if you are the employer) under the *Employment Standards Act, 2000*

FOR DELIVERY TO THE DIRECTOR OF EMPLOYMENT STANDARDS, PLEASE SEND YOUR COMPLETED APPLICATION AND ATTACHED DOCUMENTS:

BY EMAIL: appforreview.directorofES@ontario.ca

BY TOLL FREE FAX: 1 855 251-5025

BY REGULAR MAIL OR HAND DELIVERY:

Director of Employment Standards
Employment Practice Branch
Ministry of Labour
400 University Avenue, 9th Floor
Toronto, ON
M7A 1T7

2. I certify that the following documents were delivered to the other workplace parties: [] employer(s), [] employee(s), [] temporary help agency, [] client of a temporary help agency, or [] company director(s) as follows (add more pages, as necessary):

- Application for Review (and supporting documents) under the *Employment Standards Act, 2000*;
- Information Bulletin No. 24 – “Application for Review under the Employment Standards Act, 2000”

Name and Title

Address or facsimile number to which documents were delivered

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Name and Title

Address or facsimile number to
which documents were delivered

Name and Title

Address or facsimile number to which
documents were delivered

[Complete either section 3 or section 4 or section 5 below .]

3. These documents were delivered by [] facsimile transmission or
[] hand delivery on _____ at _____ a.m./p.m.
(Date)

4. These documents were sent by [] regular mail on
_____ at _____ a.m./p.m.
(Date)

5. These documents were given to _____ on
(Name of Courier)
_____, and I was advised that they would be delivered
(Date)
not later than _____, at _____ a.m. /p.m.
(Date)

NAME: _____

TITLE: _____

SIGNATURE: _____

IMPORTANT NOTES

FRENCH OR ENGLISH

Si vous communiquez avec la Commission, vous avez le droit de recevoir des services en français et en anglais. Vous pouvez consulter les règles de la Commission, les formulaires et les bulletins d'information sur le site Web de la Commission au www.olrb.gov.on.ca ou composer le 416-326-7500 ou (sans frais) le 1 877 339-3335 pour de plus amples renseignements. Veuillez prendre note que la Commission n'offre pas de services d'interprétation dans les langues autres que le français et l'anglais.

You have the right to communicate with, and receive available services from, the Board in either English or French. You can access the Board's Rules, Forms and Information Bulletins from its website at www.olrb.gov.on.ca or by calling 416-326-7500. Please note that the Board does not provide translation services in languages other than English or French.

CHANGE OF ADDRESS

Please notify the Board immediately of any change in your address, phone or fax numbers, or your e-mail address. If you fail to notify the Board of any changes, correspondence sent to your last known address may be deemed to be reasonable notice to you and the application may proceed in your absence.

EMAIL

If you have provided an e-mail address with your contact information, the Board will in all likelihood communicate with you by e-mail from a generic out-going address. Please be advised that the Board is not yet equipped to receive communications from you by e-mail.

OLRB RULES OF PROCEDURE

The Board's Rules of Procedure describe how an application, response or intervention must be filed, what information must be provided and the time limits that apply. You can obtain a copy of the Rules from the Board's office at 505 University Avenue, 2nd Floor, Toronto, Ontario, M5G 2P1 (Tel: 416-326-7500) or from the Board's website.

ACCESSIBILITY and ACCOMMODATION

In accordance with the *Accessibility for Ontarians with Disabilities Act, 2005*, the Board makes every effort to ensure that its services are provided in a manner that respects the dignity and independence of persons with disabilities. Please tell the Board if you require any accommodation to meet your individual needs.

FREEDOM OF INFORMATION and PROTECTION OF PRIVACY

Personal information is collected on this form under the authority of the Board's governing legislation to assist in the processing of this application. In addition, information received in written or oral submissions may be used

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and disclosed for the proper administration of the Board's legislation and processes. The *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990 F.31 governs the collection, use and disclosure of this information.

Any information that you provide to the Board that is relevant to this application must in the normal course be provided to the other parties to the proceeding.

HEARINGS and DECISIONS

Board hearings are open to the public unless the panel decides that matters involving public security may be disclosed or if it believes that disclosure of financial or personal matters would be damaging to any of the parties. Hearings are not recorded and no transcripts are produced.

The Board issues written decisions, which may include the name and personal information about persons appearing before it. Decisions are available to the public from a variety of sources including the Ontario Workplace Tribunals Library, and over the internet at www.canlii.org, a free legal information data base. Some summaries and decisions may be found on the Board's website under *Highlights* and Recent Decisions of Interest.