ONTARIO LABOUR RELATIONS BOARD

Application for Review

*Government Contract Wages Act, 2018* Form A-110

Fields marked with an asterisk (\*) are mandatory.

* Review Information Bulletin No. 24 – “Applications for Review under the *Employment Standards Act, 2000”* (with necessary modification for the *Government Contract Wages Act, 2018),* the Filing Guide and the Board’s Rules of Procedure on acceptable methods of delivery before completing this form to avoid any delay in processing.
* All forms, Notices, Information Bulletins, the Filing Guide and the Rules of Procedure may be obtained from the Board’s website (<http://www.olrb.gov.on.ca>).
* You must **deliver** the application and other documents to the **Director of Employment Standards** andthe other workplace party(ies), before filing it with the Ontario Labour Relations Board.
* File the application with:

Ontario Labour Relations Board

  505 University Ave, 2nd Floor

Toronto, ON

M5G 2P1

* This form may be filed electronically by attaching it to Form A-108 (Electronic Submissions Form).

Part A Who is Applying for Review?

Select at least one of the following: \*

I am an EMPLOYEE who objects to and seeks review of an Employment Standards Officer’s Order or refusal to issue an Order.

I am an EMPLOYER or TEMPORARY HELP AGENCY or CLIENT OF A TEMPORARY HELP AGENCY who objects to and

seeks review of an Employment Standards Officer’s Order.

This form will NOT be processed unless you certify, in Part E below, that payment has been made to the Director of Employment Standards (who will hold the money in trust until the matter is determined by the Board) or an irrevocable letter of credit has been provided to the Director of Employment Standards.

I am a DIRECTOR of an employer corporation who objects to and seeks review of an Employment Standards Officer's Order made against me personally.

Applying for a review of an Order against a Director will NOT be processed as an application for review of an Order against an Employer. If you are also applying for review of an Order against an Employer, you must also select that option and certify

that payment has been made to the Director of Employment Standards.

I am a PERSON who objects to and seeks review of a Notice of Contravention issued against me.

Part B Contact Information

# Instructions

* Provide contact information for the parties identified below. If you wish to add additional parties, attach a separate page.
* If a party is an organization, provide the name and contact information of an individual who will be able to respond on behalf of that organization.

1 (a). Party Applying for Review

You must notify the Ontario Labour Relations Board immediately of any change in your address, phone number, fax number or email address. If you fail to notify the Board of any changes, correspondence sent to your last known address or email address may be deemed to be reasonable notice to you and the application may proceed in your absence.

# Applicant

Type \*

Organization

Individual

Organization Name

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

1 (b). Representative/Contact Person for the Party Filing the Application for Review

|  |  |
| --- | --- |
| Contact  |  |
| Contact Person for |  | All Parties above |  | Party No.(s) |
| Indicate if this person is a |  | Lawyer |  | Paralegal |
| Organization Name |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

2 Responding Party – Director of Employment Standards

Note: The Director of Employment Standards is a party to every application for review and you must deliver the application to the Director.

Director of Employment Standards Employment Practices Branch Ministry of Labour, Training and Skills Development

400 University Avenue, 9th Floor Toronto, ON M7A 1T7

 EMAIL: appforreview.directorofES@ontario.ca FAX: 1-855-251-5025

3(a). Other Workplace Party/Parties

If you are an EMPLOYEE, provide contact information for the employer(s), temporary help agency or client of the temporary help agency.

If you are an EMPLOYER or TEMPORARY HELP AGENCY or CLIENT OF A TEMPORARY HELP AGENCY, provide contact information for each affected employee/claimant.

If you are a DIRECTOR of an employer corporation, provide contact information for each employer, affected employee/claimant and all of the other directors.

Type \*

Organization

Individual

Organization Name

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

3 (b). Representative/Contact Person for the Other Workplace Party/Parties, if known

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Person for |  | All Parties above |  | Party No.(s) |
| Indicate if this person is a |  | Lawyer |  | Paralegal |
| Organization Name |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Position/Title |
| Full Address (Number, Street, Unit/Apartment, Building Name) | Other Address Details (e.g. PO Box, R.R. #, c/o) |
| City/Town | Province/State | Country | Postal/Zip Code |
| Telephone Number Ext. | Fax Number | Email Address |

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

Part C Identification of Order To Be Reviewed

1. Employment Practices Branch File Number (or ES Number):
2. I am seeking review of:

Order/Notice Number(s):

List all orders you are seeking to review.

OR

A refusal to issue an Order

1. I am attaching the following documents with this application:

(check all that apply)

A copy of the Employment Standards Officer’s Reasons for Decision

A copy of the Order(s)

A copy of the Employment Standards Officer’s letter advising the employee of the Order

A copy of the Employment Standards Officer’s letter advising of the refusal to issue an Order

A copy of the Notice(s) of Contravention

A copy of proof of payment to the Director of Employment Standards

If there are relevant documents listed above that you are not attaching, provide an explanation as to why the documents are not attached:

Part D Timeliness

1. Date of Service of Order/Notice/Letter (as applicable):
2. This application for review:

is 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 or was deemed to have been served.

If your application is being filed after the 30 calendar day time limit, state all of your reasons why an extension of time should be granted by the Board: \*

If you require more space, attach a separate document.

Part E Proof of Payment

Complete this section only if you are an EMPLOYER or TEMPORARY HELP AGENCY or CLIENT OF A TEMPORARY HELP AGENCY applying for review.

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

1. Select from the following:
	1. If you are applying to review an Order to Pay (s. 18(2) of the *Government Contract Wages Act, 2018):*

I certify that I have paid the full amount owing under the Order 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.

AND/OR

* 1. If you are applying to review an Order for Compensation and/or Reinstatement (s. 18(3) of the *Government Contract Wages Act, 2018* ):

I certify that I have paid the amount owing under the Order or $10,000 (whichever is less) 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.

Part F Remedy Requested and Material Facts

Note: The Board does not review the conduct of and/or investigation by the Employment Standards Officer in coming to its decision. The Board starts its hearing with a “clean slate” in order to make its determination.

1. What remedies are you asking the Ontario Labour Relations Board to order?

If you require more space, attach a separate document.

1. In support of this request, what material facts are you relying on?

Include a detailed statement of the facts and events upon which you rely to support your position. If you require more space, attach a separate document.

1. Attached documents:

Provide a list of the documents you are filing together with this form.

Documents

IMPORTANT NOTES

# The Board’s forms, Notices, Information Bulletins, Rules of Procedure and Filing Guide may be obtained from its website [http://www.olrb.gov.on.ca](http://www.olrb.gov.on.ca/) or by calling 416-326-7500 or toll-free at 1-877-339-3335.

FRENCH OR ENGLISH

Vous avez le droit de communiquer et recevoir des services en français et en anglais. 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 and receive services in either English or French. The Board does not provide translation services in languages other than English or French.

CHANGE OF CONTACT INFORMATION

Notify the Board immediately of any change in your contact information. If you fail to do so, correspondence sent to your last known address (including email) may be deemed to be reasonable notice to you and the case may proceed in your absence.

ACCESSIBILITY AND ACCOMMODATION

The Board is committed to providing an inclusive and accessible environment in which all members of the public have equitable access to our services. We will aim to meet our obligations under the Accessibility for Ontarians with Disabilities Act in a timely manner. Please advise the Board if you require any accommodation to meet your individual needs. The Board’s Accessibility Policy can be found on its website.

COLLECTION AND DISCLOSURE OF INFORMATION AND DOCUMENTS

Any relevant information that you provide to the Board must in the normal course be provided to the other parties to

the proceeding. Personal information collected on this form and in written or oral submissions may be used and

disclosed for the proper administration of the Board’s governing legislation and case processing. In addition, the

*Tribunal Adjudicative Records Act, 2019* requires that the Board make adjudicative records (which include applications

filed and a listing of such applications) available to the public. The Board has the power to make part or all of an

adjudicative record confidential. The *Freedom of Information and Protection of Privacy Act* may also address the

treatment of personal information. More information is available on the Board’s website www.olrb.gov.on.ca. If you

have any questions concerning the collection of information or disclosure of adjudicative records, contact the Solicitors’

Office at the number listed above or in writing to the OLRB, 505 University Ave., 2nd floor, Toronto, ON M5G 2P1.

E-FILING AND E-MAIL

The Rules of Procedure and Filing Guide set out the permitted methods of filing. **In the event of emergencies or**

**other circumstances, the Board may post a Notice to Community on its website, which will prevail over the**

**Rules of Procedure and Filing Guide. You should check the Board’s website prior to filing.** Note that the efiling

system is not encrypted. Contact the Client Services Coordinator at the numbers listed above if you have questions

regarding e-filing or other filing methods. If you provide an e-mail address with your contact information, the Board

will in most cases communicate with you by e-mail from an out-going only generic account. Incoming emails are not

permitted.

HEARINGS AND DECISIONS

Hearings are open to the public unless the Board 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 [www.canlii.org.](http://www.canlii.org/) Some summaries and decisions may be found on the Board’s website.

Documents to be Delivered

Before filing your Application for Review with the Board, you must deliver it, including all documents you are filing with the form, to each party named in Part B of this application and to the Director of Employment Standards.

Delivery may be made to the Director of Employment Standards by one of the following methods:

REGULAR MAIL OR HAND DELIVERY:

Director of Employment Standards Employment Practices Branch Ministry of Labour, Training and Skills Development

400 University Avenue, 9th Floor Toronto, ON M7A 1T7

EMAIL: appforreview.directorofES@ontario.ca

OR FAX: 1-855-251-5025

Note to each party listed in Part B of this application: The documents listed above should have been delivered to you by the Applicant.

Once the above-listed documents have been delivered to the other parties, you have five days to complete the following Certificate of Delivery and file the completed form and attachments with the Board.

I have reviewed this form to confirm it is complete \*

Date (yyyy/mm/dd) \*

Certificate of Delivery

# I, ,

Name \*

,

Title

# certify that the documents identified above were delivered to each of the parties as set out below:

Note: You must complete delivery information for each party separately.

Delivered To

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*

**Director of Employment Standards**

Address, Email Address or fax number to which the documents were delivered \*

**Address:** Director of Employment Standards

 Employment Practices Branch

Ministry of Labour, Training and Skills Development

400 University Avenue, 9th Floor Toronto, ON M7A 1T7

 **Email:** appforreview.directorofES@ontario.ca

 **Fax:** 1-855-251-5025

Method of delivery \*

|  |  |  |
| --- | --- | --- |
| Hand Delivered Courier Fax Regular Mail |  Email |  |
| Hand Delivery Details: **400 University Avenue, 9th Floor ,** Delivered on | **Toronto,**  | **ON M7A 1T7**, at **:** |  | a.m. |  | p.m. |
| Courier Details: **400 University Avenue, 9th Floor ,**The documents were given to | **Toronto,** |  **ON M7A 1T7** | on |  |  |  |
| and I was advised they would be delivered not later than |  | , at : |  | a.m. |  | p.m. |
| Fax Details: **1-855-251-5025**The documents were delivered by fax on |  | , at : |  | a.m. |  | p.m. |
| Regular Mail Details **400 University Avenue, 9th Floor ,**The documents were sent by regular mail on | **Toronto,** | **ON M7A 1T7**, at **:** |  | a.m. |  | p.m. |
| Email: **appforreview.directorofES@ontario.ca**The documents were sent by e-mail on |  |  , at : |  | a.m. |  | p.m. |

Delivered To

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*

Address or fax number to which the documents were delivered \*

Method of delivery \*

|  |  |  |
| --- | --- | --- |
| Hand Delivered Courier Fax Regular Mail | Other |  |
| Hand Delivery DetailsDelivered on |  | , at : |  | a.m. |  | p.m. |
| Courier DetailsThe documents were given to |  |  | on |  |  |  |
| and I was advised they would be delivered not later than |  | , at : |  | a.m. |  | p.m. |
| Fax DetailsThe documents were delivered by fax on |  | , at : |  | a.m. |  | p.m. |
| Regular Mail DetailsThe documents were sent by regular mail on |  | , at : |  | a.m. |  | p.m. |

Other Details

Please provide details as to whom, when and how the documents were delivered.