



PO Box 202
 1601 Lower Water Street
 3rd Floor
 Halifax, Nova Scotia
 B3J 2M4

Nova Scotia

Appeal Form

(Under the *Labour Standards Code*)

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

The Appellant applies to the Labour Board to appeal the Labour Standards decisions.

SECTION A – EMPLOYEE CONTACT INFORMATION

We need to know how to reach the individuals involved in this Appeal. Fill out as much of this section as possible. It is your responsibility to update the Board if there are changes in your contact information.

Full Name		
Address		Town/City
Postal Code	Telephone No.	Cell No.
Fax No	Email	

SECTION B – EMPLOYER CONTACT INFORMATION

Business Name/Employer's Name/Recruiter Name		
Contact Name (<i>if applicable</i>)/Position		
Address		Town/City
Postal Code	Telephone No.	Cell No.
Fax No.	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.

SECTION D – ADDITIONAL INFORMATION RELATING TO YOUR APPEAL

Nature of Complaint:

Vacation Pay Protection of Pay Compassionate Care Leave

Pregnancy/Parental Leave Holidays with Pay Minimum Wage

Termination of Employment Bereavement and Court Leave Recruitment Fees

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 year

Submit to:

Labour Board
1601 Lower Water Street, 3rd Floor
PO Box 202
Halifax, NS B3J 2M4

For More Information call 902-424-6730 or Toll-free 1-877-424-6730

The Board will accept an appeal by fax or by email, only where there is no requirement to include a security payment

Fax: 902-424-1744
Email : labourboard@novascotia.ca