

4. [I apply for directions as to the conduct of this application in relation to the following matters:

- (a) [nature of hearing];
- (b) [place and time of hearing]; and

5. Further, I _____ of _____

(name of applicant)

(address),

[make oath and say] [*or: solemnly and sincerely affirm and declare*] as follows –

[(a) [I] [The employee] [am/was] [is/was] a [trainee] or [apprentice]].

[(b) [I] [The employee] [am not /was not] [is not /was not] a [trainee] or [apprentice]].

[(c) [I] [The employee] [am/was][is/was] under an order under section 140 of the Act fixing remuneration and conditions applying to vocational placement].

[(d) Neither I nor to the best of my knowledge and belief, has any other person eligible to make an application under section 476(2) of the Act in relation to [myself][the employee] made an application under section 379 or 396 of the Act for the same matter.

[(e) The respondent being an employer within the meaning of the *Industrial Relations Act 2016* employed [me] _____ at _____

or: employee's full name)

(place where employee was employed)

as a _____

(applicant or employee's occupation)

and [I] [the employee] did the

following work:

(set out nature of work undertaken)

[(f) [I] [The employee] was employed under the _____

(name of industrial instrument or other basis for claims

eg order fixing remuneration and conditions for students for vocational placement, other contract of service)

[(g) I state that wages (*wages includes salary*) payable to [me] _____

(or: full name of employee)

for work performed remain unpaid by the respondent in the sum to \$ _____]

[(h) I state that wages payable to [me] _____ for [annual leave] and/or

(or: full name of employee)

[pro rata annual leave] remain unpaid by the respondent in the sum of \$ _____]

[(i) I state that an amount payable to [me] _____ for tool allowance

(or: full name of employee)

etc under section 137 remains unpaid by the respondent in the sum of \$ _____]

[(j) I state that contributions payable for [me] _____ to the

(or: full name of employee)

(full name and address of approved superannuation fund)

remain unpaid by the respondent in the sum of \$ _____]

[(k) I state that remuneration lost by [me] _____ because the

(or: full name of employee)

respondent contravened section 371(2) of the Act and which remains unpaid by the respondent is the sum of \$ _____]

[(l) I state that remuneration lost by [me] _____ because the

(or: full name of employee)

respondent contravened an order mentioned in section 140 of the Act and which remains unpaid is the sum of \$ _____]

[(m) I state that the amount payable to [me] _____ by the respondent

(or: full name of employee)

and which remains unpaid for wages in lieu of notice to dismiss under section 124 of the Act is the sum of \$ _____]

[(n) I state that the amount payable to [me] _____

(or: full name of employee)

by the respondent and which remains unpaid for wages for severance or other separation benefits under section 326 of the Act is the sum of \$ _____]

- [(o) I state that the amount payable to [me] _____
(or: full name of employee)
by the respondent and which remains unpaid for _____
(insert any other amounts being claimed
and basis for claim)
is the sum of \$ _____]
- (p) full particulars of these amounts are set out in Schedule 1 attached.
- (q) (State an other matters here).

All the facts and circumstances deposed to in this my affidavit are within my own knowledge and belief, except for the facts and circumstances deposed to from information only, and my means of knowledge and sources of information appear on the face of this my affidavit.

(if the affidavit extends over more than 1 page, at the foot of the first and every other page except the last:)

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[Signed
(deponent to sign)]

[Taken by
(person before whom affidavit is sworn)]

(At the end of the body of the affidavit:)

(Signature)
Deponent

[SWORN][AFFIRMED] by the deponent at _____ on _____
(place) (day, month and year)
before me

(Signature)
[Justice of the peace][commissioner for declarations][lawyer]

TO RESPONDENT(S):

TAKE NOTICE that if you wish to oppose this application or to argue that any different decision should be made, you must attend before the commission in person or, if appropriate, by your agent at the time on the date and at the place fixed by the registrar or the clerk of the magistrates court and you will be heard. If you do not attend as required a decision may be given against you in terms of the decision sought and costs, where appropriate, without further reference to you. (See R.66, Hearing in respondent's absence).

Schedule 1 Particulars of amounts payable

(Schedule 1 must state details of the amounts payable in itemised form showing the dates the amounts claimed became payable, how each calculation was made and the total amount claimed, R.76).

(FOR EXAMPLE SEE BELOW).

[(1) Wages payable for period from _____ to _____ .
(start date and end date of claim inclusive)
Wages and allowances: \$
Overtime: \$
(Other)
Total: \$
[Less amount paid] [Nil paid]: \$

Amount unpaid: \$

(2) Wages payable (annual leave) for period from _____ to _____ .
(start date and end date of claim inclusive)
_____ weeks at the weekly rate of \$
(no of weeks) *(weekly rate of pay)*
plus *(if applicable)* 17.5% loading: \$

AND

Pro rata annual leave for the period from _____ to _____ .
(start date and end date of claim inclusive)
being 1/12 of ordinary earnings of \$
(total ordinary earnings)
plus *(if applicable)* 17.5% loading: \$
[Less amount paid] [Nil paid]: \$

Amount unpaid \$

(3) Wages payable for _____ weeks in lieu of notice of
(no of weeks)
dismissal from employment not given on
_____ *(date of termination)*
at weekly rate of \$ Total: \$
(weekly rate of pay)
Date of birth _____ employed from _____ to _____
(of employee) *(length of employment)*
[Less amount paid] [Nil paid]: \$

Amount unpaid: \$

(4) *(Where an employer has decided to dismiss 15 or more employees, sections 89 & 90)*
Wages payable for _____ severance allowance
(no of weeks)
[or other separation benefits] in respect of continuous service of
_____ *(no of years)*
years at weekly rate of \$: \$
(weekly rate of pay)
[Less amount paid] [Nil paid]: \$

Amount unpaid \$

(5) *(Set out other claims as the case may be).....*

TOTAL AMOUNT PAYABLE: \$ 1

(Last page)

PARTICULARS OF THE APPLICANT

Name:

Position, title, office: *(if applicable)*

Organisation, corporation, association, department: *(if applicable)*

Residential or business address:

Applicant's address for service:

Applicant's phone number or contact phone number:

Applicant's fax number: *(if any)*

Applicant's e-mail address: *(if any)*

[IF APPLICANT HAS AN AGENT *(An appointment of agent form must accompany this application, R 13(1)(l))*

Applicant's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]

PARTICULARS OF THE RESPONDENT *(the following information must be provided, R.76(h)).*

Name:

Position or title: *(if applicable)*

Corporation, association, firm *(other): (if applicable)*

Residential or business address:

Respondent's address for service:

Respondent's phone or contact phone number:

Respondent's fax number: *(if any)*

Respondent's e-mail address: *(if any):*

[IF RESPONDENT HAS AN AGENT

Respondent's agent's name:

and corporation or business name:

Agent's business address:

Address for service:

Phone:

Fax:

E-mail address: *(if any)*]