

## SCHEDULE

The forms contained in this Schedule may be adapted as far as the circumstances of each case may require.

*(Rule 3(1))*

# FORM A

## ORIGINATING APPLICATION

### TURKS AND CAICOS ISLANDS LABOUR TRIBUNAL PROVIDENCIALES/GRAND TURK

In the matter of the Employment Ordinance

\_\_\_\_\_

APPLICANT

VS.

\_\_\_\_\_

RESPONDENT

To: The Secretary of Labour Tribunal  
Office of the Labour Tribunal  
  
Butterfield Square, Downtown, Providenciales  
  
(Address)

1. I hereby apply to the Labour Tribunal pursuant to section 93(2) of the Employment Ordinance 2004 for a decision on a dispute between myself and the respondent(s) mentioned herein.

2. Miss. / Mr. / Mrs.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

3. If a representative has agreed to act for you in this case, give his/her name and address below. Please note that further communication will be sent to your representative and not to you.

Name and address of Representative: \_\_\_\_\_

\_\_\_\_\_

Tele phone No: \_\_\_\_\_

4. (a) Name of Respondent(s) in block capitals (i.e. the employer, person or Body against whom a decision is sought)

\_\_\_\_\_

Telephone No: \_\_\_\_\_

(b) Respondent's relationship to you for the purpose of the application (e.g. Employer, trade union, employment agency, etc). \_\_\_\_\_

5. Place of employment to which this application relates, or place where the act complained about. \_\_\_\_\_

6. My occupation or position held/applied for or other relationship to the respondent named above is (e.g. user of a service supplied in relation to employment).

7 (a) Date employment began: \_\_\_\_\_

(b) Date employment ended: \_\_\_\_\_

8. (c) Basic wages / salary: \_\_\_\_\_

(d) Normal basic wages weekly hours of work: \_\_\_\_\_

9. Other remuneration or benefits: \_\_\_\_\_

10. Please explain the grounds for your application below. It will be helpful to Tribunal if you can give some details of the reason for your dismissal. You will be further able to amplify them at the hearing.

\_\_\_\_\_

11. If you wish to state what in your opinion was or the reason for your dismissal, please do so here.

\_\_\_\_\_

---

12. If the Labour Tribunal decides that you were unfairly dismissed, please state which of the following you would prefer: reinstatement-to carry on working in your old job as before; re-engagement-to start another job, or a new contract with your old employer; or compensation-to get award of money.

\_\_\_\_\_

Date this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_

Signed: \_\_\_\_\_

(Applicant)

For Official Use Only

Date received at OLT	

