ONTARIO LABOUR RELATIONS BOARD

Application for Review

Government Contract Wages Act, 2018

Form A-110

Fields marked with an asterisk (*) are mandatory.


- 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 and the 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

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.

<table>
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<tr>
<th>Applicant</th>
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<tr>
<td>Type *</td>
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<tr>
<td>Organization Name</td>
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<td></td>
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<tr>
<td>First Name</td>
</tr>
<tr>
<td>Full Address (Number, Street, Unit/Apartment, Building Name)</td>
</tr>
<tr>
<td>City/Town</td>
</tr>
<tr>
<td>Telephone Number</td>
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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

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

<table>
<thead>
<tr>
<th>Director of Employment Standards</th>
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<tbody>
<tr>
<td>Employment Practices Branch</td>
</tr>
<tr>
<td>Ministry of Labour, Training and Skills</td>
</tr>
<tr>
<td>Development</td>
</tr>
<tr>
<td>400 University Avenue, 9th Floor</td>
</tr>
<tr>
<td>Toronto, ON M7A 1T7</td>
</tr>
<tr>
<td>EMAIL: <a href="mailto:appforreview.directorofES@ontario.ca">appforreview.directorofES@ontario.ca</a>  FAX: 1-855-251-5025</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Type *</th>
<th>Organization</th>
<th>Individual</th>
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**Organization Name**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Position/Title</th>
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</table>

**Full Address (Number, Street, Unit/Apartment, Building Name)**

**Other Address Details (e.g. PO Box, R.R. #, c/o)**

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Province/State</th>
<th>Country</th>
<th>Postal/Zip Code</th>
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</table>

<table>
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<tr>
<th>Telephone Number</th>
<th>Ext.</th>
<th>Fax Number</th>
<th>Email Address</th>
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</table>

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*

<table>
<thead>
<tr>
<th>Contact Person for</th>
<th>__ All Parties above</th>
<th>__ Party No.(s)</th>
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<tbody>
<tr>
<td>Indicate if this person is a</td>
<td>Lawyer</td>
<td>Paralegal</td>
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</table>

**Organization Name**

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<th>Email Address</th>
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)
Part C  Identification of Order To Be Reviewed

3. Employment Practices Branch File Number (or ES Number): ________________________________

4. I am seeking review of:

☐ Order/Notice Number(s):

List all orders you are seeking to review.

☐ OR

☐ A refusal to issue an Order

5. 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

6. Date of Service of Order/Notice/Letter (as applicable): ________________________________

7. 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.

8. Select from the following:

   (a) 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

   (b) 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.

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

If you require more space, attach a separate document.

10. 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.
11. Attached documents:
Provide a list of the documents you are filing together with this form.

Documents

<table>
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<tr>
<th>IMPORTANT NOTES</th>
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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.

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 cases before it. Information received in written or oral submissions may be used and disclosed for the proper administration of the Board’s legislation and processes. Any relevant information that you provide to the Board must in the normal course be provided to the other parties to the proceeding. The Freedom of Information and Protection of Privacy Act may also address the collection, use and disclosure of personal information. If you have any questions, contact the Solicitors’ Office at the numbers 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. Forms and submissions may be filed with the Board by a variety of methods including the Board’s e-filing system, but not by e-mail. Note that the e-filing system is not encrypted and e-filing is optional. 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. Some summaries and decisions may be found on the Board’s website.
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) *
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, Toronto, ON M7A 1T7

Delivered on ___________________________, at ______________, ☐ a.m. ☐ p.m.

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

, on

The documents were given to ___________________________, 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, Toronto, ON M7A 1T7

, at ______________, a.m. p.m.

The documents were sent by regular mail on ___________________________, 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

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<th>Courier Details</th>
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<td>and I was advised they would be delivered not later than</td>
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Other Details

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