

PROVINCE OF NEW BRUNSWICK

FILE NO. _____



Industrial Relations Act
(R.S.N.B., c. I-4)

EMPLOYER INTERVENTION, APPLICATION FOR ACCREDITATION,
CONSTRUCTION INDUSTRY
BEFORE THE LABOUR AND EMPLOYMENT BOARD
CONSTRUCTION DIVISION

Between:

-and-

Applicant,

-and-

Respondent,

Intervener.

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(NAME OF EMPLOYER INTERVENER)

intervenes in the above proceeding for accreditation made pursuant to section 44 of the Act on the _____ day of
_____, 20 ____ .

The employer intervener states:

1. (a) Address and telephone number of employer intervener:

(b) Address of employer intervener for service:

(c) Name and telephone number of a person to whom telephone or other inquiries should be addressed:

- *2. The employer intervener is an employer in the construction industry.
- 3. The respondent *is *is not entitled to bargain on behalf of the employees of the employer intervener affected by the application.
- 4. The employer intervener *has *has not employed employees affected by the application within one year prior to the date of the making of the application.
- 5. (a) The intervener states that the number of employees on the payroll for the weekly payroll period immediately preceding the date of the application *is *is not representative of the number of employees affected by this application normally employed by the intervener and (where the number is not representative) states the following reasons:

*(b) The intervener states that the number of employees on the payroll for the weekly payroll period _____ is representative of the number of employees affected by this

(GIVE DATES)

application normally employed by the intervener and proposes that such period be considered by the Board for the following reasons:

6. Submissions, if any, which the employer intervener desires to make at the hearing of this application:

*7. Additional pages annexed or attached:

- (a) Number of pages:
- (b) Paragraph numbers of this form completed on the additional pages:

*8. In addition to the normal service of documents relating to this intervention, the intervener requests that copies be forwarded as follows (name and address):

Dated at _____, this _____ day of _____, 20 _____.

(Signature and office)

(Signature and office)

N.B. This form must be completed and signed in accordance with the provisions made in the Act and under the rules of the Board.

USE THIS FORM IN THE CONSTRUCTION INDUSTRY ONLY.

*Strike out if not applicable

SCHEDULE - H - LIST OF EMPLOYEES - ACCREDITATION

List of employees affected by this application, i.e. on whose behalf ___ is entitled to bargain, working in the ___ geographic area and in the ___ sector, during the weekly payroll period immediately preceding the ___ day of ___, 20 ___ .

INSTRUCTIONS

- (a) Give the location of the job site at which the employees worked and describe the type of project on which the work was being done (e.g. residential, industrial, commercial and institutional, etc.). Then list the employees at work at each site and the occupational classification for each employee.
- (b) Where the intervener, in the answer to paragraph 5(b) of form 50-1810, proposes a different weekly payroll period, schedule H must be completed for the payroll period immediately preceding the date of the application: a separate schedule H may be filed for the payroll period proposed. Where a separate schedule H is filed for the payroll period proposed, the words "proposed by the employer intervener as the applicable period" should be added immediately following the date.

Location of Job Site and Type of Project	Names of Employees at Work at the Job Site	Occupational Classification
1.		
2.		
3.		
4.		
5.		
6.		
7.		
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