Labor Affairs Bureau of Taichung City Government

Application Form ~~of~~for Mediation of Labor-Management Disputes

Acceptance Staff:

Application Date: / ~~/~~ / (YYYY/MM//DD)						
~~Clients~~Title	Name/Company ~~n~~Name	Gender~~s~~ ~~ex~~	~~a~~Age	Occupation	Current Address (Registered mail for mediation information)	~~P~~Telephone Number
~~Labor party~~Applicant (1)						
~~Labor party~~Applicant (2)						
~~Deputy of Labor~~Authorized Agent						
~~Management~~ Opposite party (Company name)						
~~Employer~~Person in charge						

Description of Mediation Method	According to Article 2 of the Regulations for the Mediation of Labor-Management Disputes, and Article 11 of the Act for Settlement of Labor-Management Disputes, the applicant please note the following:~~applicants please note the following~~ 1. The applicant may request the mediator to state his/her identity and qualification during the mediation. 2. The ~~A~~application for~~y~~ the mediation of labor-management dispute is free of charge.
Mediation Method	~~The way of m~~**Mediation method:** ***Mediator***, assigned by Labor Affairs Bureau of Taichung City Government (4F., No.99, Sec. 3, Taiwan Blvd., Xitun Dist., Taichung City 407610, Taiwan (R.O.C.). Tel:04-2228-9111 ext.:35100) ※~~Applicant~~Applicants acknowledge the above matters have been addressed by the competent authority~~should confirm that the competent authority have stated items above~~. ★**Applicant Signature: _____**

Date of Dispute: / ~~/~~ / (YYYY/MM/DD)

In order to facilitate the opposite party to understand the claims and requests of the

applicants and to ensure the efficiency of the mediation meeting, the relevant documents that will be provided on the day of the meeting and the following details (except applicant address and telephone number) will be disclosed to the opposite party for reference.~~In order to help the other party understand the opinions and requests of the parties before the meeting, and carry relevant information on the day of the meeting to ensure the efficiency of the mediation meeting, the following information will be known to the other party.~~
Working Location: (~~Mandatory~~Required) City (County) District Rd. (St.)
Summary of Dispute (Facts and details of Events): (avoid emotional words)
1. Date of Employment: / / (In the case of ~~a terminated~~ contract termination, last day of work: / /) ☐Currently employed
2. Agreed Payment: NTD/month (Hourly basis: NTD/hour; Piecework basis: NTD/piece)
3. Position at work:
4. Brief description of the dispute: (If there is no more space, please attach another A4.)
Attached Evidence: ☐No ☐Yes:

Requests: (Multiple selections can be chosen, and ~~then estimate~~ the expected amount is provided if possible.)

☐ Reinstatement ☐~~In-Service verification~~Certificate of Service ☐~~Employment certificate~~Proof of involuntary ~~separation~~leave

☐~~Wage~~ Salary Expected Amount:

☐Overtime payment Expected Amount:

☐~~Preliminary Announced Pay~~Advance Salary Expected Amount:

☐Severance Payment Expected Amount:

☐Holidays (~~n~~National holiday, ~~、~~ Annual leave, etc.) Expected Amount:

☐Compensation for Occupational Injury Expected Amount:

☐Retirement Payment Expected Amount:

☐ Labor Insurance (~~under-reporting or unprotected~~high salary with low insurance or no insurance) Expected Amount:

☐~~Contribution~~Labor ~~p~~Pension Contribution (6%) Expected Amount:

☐Other Requests:

Notes:

1. According to Article 10 of the Act for Settlement of Labor-Management Disputes, the applicant, opposite party, authorized person, and requests for mediation should be clearly filled out~~requests should be filled in clearly by the applicant~~.
2. All attachments should be stapled together.
3. Labor Affairs Bureau of Taichung City Government (Labor Relations Division) Contact: 04-2228-9111 ext.: 35100) Fax: 04-2252-0417, Address: 4F., No.99, Sec. 3, Taiwan Blvd., Xitun Dist., Taichung City 407610, Taiwan (R.O.C.).

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