**Labor Affairs Bureau of Taichung City Government**

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

**Acceptance Staff:**

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| Application Date: / / (YYYY/MM//DD) | | | | | | | |
| Title | Name or  Company Name | Gender | Age | Occupation | Current Address  (Registered mail for mediation information) | | Telephone Number |
| Applicant |  |  |  |  |  | |  |
| Status: (This information is only for the administrative authority to process and use within the necessary scope of performing its statutory duties. Unless with written consent from the individual, the administrative authority may not provide this information to enterprises or employers.)  □Labor (□New immigrant, nationality:\_\_\_\_\_\_\_\_ □Foreign worker, nationality:\_\_\_\_\_\_\_  □Work-study students □Persons who financially support families alone  □Senior or Mid-Aged Persons □People with Disabilities  □Persons with working capacity but from medium or low-income families  □Labor union member)  □Employer | | | | | | |
| Authorized Agent |  |  |  |  |  | |  |
| Opposite party  (Company name) |  |  |  |  |  | |  |
| Person in charge |  |  |  |  |  | |  |
| Description of Mediation Method | According to Article 2 of the Regulations for the Mediation of Labor-Management Disputes, the notice is as follows:   1. The applicant may choose either the way of using a Mediator assigned by the local competent authority or organizing a mediation committee to mediate. 2. In case of choosing the way by using a mediator assigned by the local competent authority, the authority may commission a civil organization to designate a mediator to mediate. 3. The applicant may request the local competent authority to provide the list of mediators and the list of commissioned civil organizations for its perusal. It is recommended to select mediators from the aforementioned list. 4. The applicant may request the mediator to state his/her identity and qualification during the mediation. 5. Mediation is completely free of charge. If any fees are requested, please report it to the competent authority. 6. If the case is complex and legal assistance is required during mediation, the applicant may request the local competent authority to evaluate the necessity of appointing a lawyer to assist in the mediation. | | | | | | |
| Mediation Method  (Choose one from the two choices) | □Mediation committee  □Mediator; I agree to have a mediator appointed by a civil organization. | | | | | | |
| ※The applicant confirms that the competent authority has explained the matters listed and has chosen the mediation method in accordance with Article 11 of the Act for Settlement of Labor-Management Disputes.  ※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.  ※The applicant agrees that the application form (except relevant attachments) will be disclosed to the opposite party and the mediator for reference.  **★Applicant’s Declaration Signature:** | | | | | | |
| Date of Dispute: | | | | | | Total Number of Disputing Workers: | |
| Duration of Employment Contract:  □Resigned/terminated:  Start Date: / / & Last Working Day: / /  □Currently employed: Start Date: / / | | | | | | Agreed Payment: NTD/month  (Hourly basis: NTD/hour;  Piecework basis: NTD/piece) | |
| Position at work: | |
| Working Location (Required):  □Same address with opposite party  □Different address: City District Rd. (St.) | | | | | | | |
| Course of the Labor Dispute: (Please provide a brief description)  (Please describe the dispute situation as clearly as possible, avoiding emotional language, to help the mediator/commissioner understand the case. If more space is needed, please use A4-sized paper and attach it herewith.)  Special case types:  □Occupational Accident □Workplace Bullying □Sexual Harassment □Gender Discrimination  □Employment Discrimination □None | | | | | | | |
| Requests: (Multiple selections can be chosen, and the expected amount is provided if possible.)  □Labor Contract Reinstatement □Work Position Reinstatement  □Salary, Expected Amount:  □Overtime payment, Expected Amount:  □Advance Salary, Expected Amount:  □Holidays (National holiday, Annual leave, etc.), Expected Amount:  □Severance Payment, Expected Amount:  □Certificate of Service □Proof of involuntary leave  □Retirement Payment, Expected Amount:  □Labor Pension Contribution (6%), Expected Amount:  □Compensation for Occupational Injury-Medical expenses, Expected Amount:  □Compensation for Occupational Injury-Original salary, Expected Amount:  □Compensation for Occupational Injury-Disability compensation, Expected Amount:  □Compensation for Occupational Injury-Death compensation, Expected Amount:  □Compensation for Occupational Injury-Funeral expenses, Expected Amount:  □Labor Insurance (high salary with low insurance or no insurance), Expected Amount:  □Other Requests: | | | | | | | |
| Attached Evidence: □No □Yes:  □Employment contract □Work rules or other internal regulations □Payroll details  □Attendance records (such as Line or email records) □Labor insurance data □Labor pension contribution data  □Relevant information indicating intention of employment termination, such as conversation records, emails, employer letters, etc.  □Severance notice □Agreement on the settlement of years of service  □Employee choice form for the old and new labor pension systems  □Information of approved occupational accident or disability benefits from the Bureau of Labor Insurance  □Labor inspection report □Medical certificate □Job description before and after the occupational accident  □Proof of medical expenses □Other: \_\_\_\_\_\_\_\_\_ | | | | | | | |
| Applicant: Signature:  Written by: Signature: Date: / / | | | | | | | |
| Notes:   1. According to Article 10 of the Act for Settlement of Labor-Management Disputes, requests should be filled in clearly by the applicant 2. The applicant should sign after confirming the method for mediation. 3. All attachments should be stapled together. | | | | | | | |