**Collective Application Roster and Letter of Appointment**

**for Labor Dispute Mediation**

Labor\_\_\_\_\_\_\_\_\_\_\_, with others in a total­ of \_\_\_\_(number) had labor dispute with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Therefore, we hereby apply for the mediation of labor dispute and appoint \_\_\_\_\_\_\_\_\_\_\_\_ as the deputy, who is in charge of every coordinating actions and has the right to approving mediation conditions, withdrawing, aborting, and receiving disputed items.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |  |  |
| Gender |  |  |  |  |  |  |  |
| Birth Date(yy/mm/dd) |  |  |  |  |  |  |  |
| Affairs of Application Mediation and amounts |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |
| Phone Number |  |  |  |  |  |  |  |
| First and Last Working Date (yy/mm/dd) |  |  |  |  |  |  |  |
| Signature |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |  |  |
| Gender |  |  |  |  |  |  |  |
| Birth Date(yy/mm/dd) |  |  |  |  |  |  |  |
| Affairs of Application Mediation and amounts |  |  |  |  |  |  |  |
| Address |  |  |  |  |  |  |  |
| Phone Number |  |  |  |  |  |  |  |
| First and Last Working Date (yy/mm/dd) |  |  |  |  |  |  |  |
| Signature |  |  |  |  |  |  |  |