

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.

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							
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