

# Tainan City Government Department of Labor Application Form Consensual Arbitration Application

Application Date :    /    /    /    (YYYY/MM/DD)						Case Officer :	
Party	Clients	Name / Company name	sex	age	Occupation	Address	Phone number
	Labor party(1)						
	Labor party(2)						
	Deputy of Labor						
	(Provide name list if more than three)						
	Manageme nt party (Company name)						
	Employer						
Description of arbitration	<p>According Regulations for Arbitration on Labor-Management Disputes Article 2:</p> <ol style="list-style-type: none"> <li>1. They may choose either the way of using an arbitrator with full authority or an arbitration committee to arbitrate; however, when one party to the dispute applies for a handed-over arbitration, the dispute can only be arbitrated by an arbitration committee.</li> <li>2. They may request the arbitration committee or the arbitrator with full authority to state their identities and qualifications.</li> <li>3. They may request the competent authority to provide the name list of the arbitrators with full authority or members of arbitration committee for them to review.</li> <li>4. In case that after choosing the way of arbitration referred to in Item 1, if the arbitrator with full authority or the members of arbitration committee cannot be appointed within a given period, the competent authority may make the designation on their behalf.</li> <li>5. In case that the parties are in agreement to apply for arbitration, the expenditure required to pay for the expert opinions from the third party or institution(s) if necessary.</li> </ol>					<p>Applicant should confirm that the competent authority have stated items above and choose the method according to Article 26 of the Act for Settlement of Labor-Management Disputes.</p>	

Attach files	Files of Consensual arbitration: <input type="checkbox"/> Papers <input type="checkbox"/> Telex <input type="checkbox"/> Letters <input type="checkbox"/> Others _____
Method	I agree with above contents and choose the method: <input type="checkbox"/> Sole arbitrator                      Applicant Signature : <input type="checkbox"/> Arbitration Commission
Date of Dispute :    /    /    /    (YYYY/MM//DD)	
In the case of a terminated contract, last day of work:    /    /    /    (YYYY/MM//DD)	
Brief description of the dispute :	
Attach evidence name : Evidence 1      Evidence 2      Evidence 3      Evidence 4	
Requests : ( Multiple selections can be chosen, and then estimate the amount if possible. )	
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Wage <input type="checkbox"/> Severance Pay <input type="checkbox"/> Retirement Payment <input type="checkbox"/> Compensation for Occupational Injury <input type="checkbox"/> Other Requests:	
Arbitration contents:	
Applicant :	Signature
Deputy :	Signature
Date:    /    /    (YYYY/MM/DD)	
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. 4. According Act for Settlement of Labor-Management Disputes Article 37, the arbitration award rendered by the arbitration committee for interests dispute is deemed as a contract between the parties to the dispute. If one of the parties is a labor union, the arbitration award is deemed as a collective agreement between the parties. Article 37 of the Act shall apply, mutatis mutandis, to arbitration procedures conducted by an arbitrator with full authority.	

※Meeting place (Choose one from the two choices.) :

Yonghua Civic Center ( 8F., No.6, Sec. 2, Yonghua Rd., Anping Dist., Tainan City 708, Taiwan (R.O.C.)) TEL : (06)298-3073

□Minzhi Civic Center ( 77F., No.36, Minzhi Rd., Xinying Dist., Tainan City 730, Taiwan (R.O.C.) ) TEL :  
(06)632-0310