



MANITOBA LABOUR BOARD
 Suite 500, 5th Floor – 175 Hargrave Street, Winnipeg, Manitoba, Canada R3C 3R8
 T 204 945-2089 F 204 945-1296
www.manitoba.ca/labour/labbrd
MLBRegistrar@gov.mb.ca

FORM C: Employer's Return Upon Application for Certification
 (To be filed not later than Two (2) days from date of receipt.)

THE LABOUR RELATIONS ACT

EMPLOYER: _____

Employer Contact Name: _____

EMAIL: _____

ADDRESS: _____

If employees are employed by employer other than that listed in application for certification, specify below:

EMPLOYER: _____

ADDRESS: _____

NAME OF APPLICANT UNION: _____

Note: Figures entered in this return should include only the employees in the unit specified in the application for certification.

1. Number of employees in your employment on the date of application (see Form II): _____
 The Employer is to file a list of employees (nominal roll) in his employ on the date when the application was filed. Any regular employees not on the list must be reported with explanation for reasons for omission.
2. Number of employees terminated from bargaining unit on, or after, the date of application: _____
3. Number of employees who the Employer claims should be excluded from the bargaining unit: _____
 (Attach list showing names, positions, and brief statement of duties of each such employee.) see *Rule 8(11)*.
4. Number of employees deemed to be "professional employees" pursuant to the *Act*: _____
 (Attach list showing name and classification of each such employee.) see section 1 and 39(3) of the *Act*.
5. If the Employer has been dealing with a union or organization in connection with any of the employees listed in item 1, give particulars including names and addresses of the officers where known; and what groups are covered: _____

Include copy of the current (or latest) collective agreement with such organization.

Signature

Date

LISTS AS REQUESTED in Nos. 1, 3, 4, above MUST BE ATTACHED together with a properly COMPLETED FORM A.