

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

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*The Labour Relations Act*

**Employer:**

Name:

Contact name:

Address (Street, City, Postal Code):

Email:

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

**Additional employer:**

Name:

Contact name:

Address (Street, City, Postal Code):

Email:

**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):  
(Attach list marked "nominal roll" of employees 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:

**ATTACH:** (.pdf electronic format preferred)

Form A

Excluded employee information

Interested party information

Nominal Roll

Professional employee information

Current or latest collective agreement(s)

Date

Signature