

Labor Department of Taipei City Government
Application Form of Mediation of Labor-Management Disputes

Application Date : / / / (YYYY/MM/DD)						
Clients	Name / Company name	sex	age	Occupation	Address (Registered mail for mediation information)	Phone number
Labor party(1)						
Labor party(2)	(Provide name list if more than three)					
Deputy of Labor						
Management party (Company name)						
Employer						
Description of Mediation	<p>According to Article 2 of the Regulations for the Mediation of Labor-Management Disputes, and Article 11 of Act for Settlement of Labor-Management Disputes, the notice is as follows :</p> <ol style="list-style-type: none"> 1. The way of mediation : choose either the way of using a Mediator assigned by the local competent authority or organizing a mediation committee to mediate. 2. In case of choosing the way by using a mediator assigned by the local competent authority, the authority may commission a civil organization to designate a mediator to mediate. 3. Choosing the way of using a Mediator assigned by the local competent authority, the applicant can choose the location of mediate as follows, but the competent authority reserves the right of adjustment by situations. 4. We provide the name lists of mediators or commissioned civil organizations for applicant to review at the Information Desk at Labor Department of Taipei City Government, or on the official website. 5. The applicant may request the mediator to state his/her identity and qualification during the mediation. 					
Method <small>(Choose one from the two choices.)</small>	<p>Mediator, assigned by the civil organizations.(choose one)</p> <p>※The requests for wage, overtime pay, severance pay, preliminary announced pay and holidays are recommend to choose the civil organization because it will be faster.</p> <p><input type="checkbox"/> Association of Industrial Relations (11F-1, No. 7, Sec. 1, Dunhua S Rd. About 5 mins walk from the exit 8 of MRT Zhongxiao Dunhua Station or exit 2 of Taipei Arena Station. Tel:02-2578-2881)</p> <p><input type="checkbox"/> Association of Labor Relations (6F, No.28, Sec. 1, Roosevelt Rd. About 3 mins walk from exit 2 of MRT Chiang Kai-Shek Memorial Hall Station.Tel:02-3322-5233)</p> <p><input type="checkbox"/> Mediator, assigned by Labor Department of Taipei City Government(6F, No. 101, Bangka Blvd, Wanhua District, Taipei City, 108. 10 minutes walking distance from MRT Longshan Temple Station exit 2,3 or Wanhua Train Station. Tel: 02 2302-6355)</p>					<p><input type="checkbox"/> Mediation Committee (Choice is suggested if the dispute is between labor union and employer or under the circumstances that the dispute demands the Compensation for Occupational injury.)</p> <p>※6F, No. 101, Bangka Blvd, Wanhua District, Taipei City, 108. 10 minutes walking distance from MRT Longshan Temple Station exit 2,3 or Wanhua Train Station. Tel: 02 2302-6355</p>
<p>※Applicant should confirm that the competent authority have stated items above and choose the method according to Article 11 of the Act for Settlement of Labor-Management Disputes.</p>						
<p>★Applicant Signature : _____</p>						
Date of Dispute : / / / (YYYY/MM/DD)						
Working Location : (Mandatory)		City (County)		District		Rd. (St.)
Summary of Dispute (Facts and details of Events) : (avoid emotional words)						
1・Date of Employment : / / (In the case of a terminated contract, last day of work: / /) <input type="checkbox"/> Currently employed						
2・Agreed Payment NTD/month (Hourly basis: NTD/hour; Piecework basis: NTD/piece)						

3、Position at work:

4、Brief description of the dispute : (If there is no more space, please attach another A4.)

Attached Evidence : No Yes:

Requests : (Multiple selections can be chosen, and then estimate the amount if possible.)

Reinstatement In-Service verification Employment certificate of involuntary separation

Wage Amount :

Overtime pay Amount :

Preliminary Announced Pay Amount :

Severance Pay Amount :

Holidays (national holiday、Annual leave) Amount :

Compensation for Occupational Injury Amount :

If the dispute is related to hazard pay, do you agree to let Taipei City Foreign and Disabled Labor Office provide occupational hazard service? agree disagree _____ Signature

Retirement Payment Amount :

Labor Insurance(under-reporting or unprotected) Amount :

Contribution pension(6%) Amount :

Other Requests :

In order to let employer know the client's claims and requests for bringing related document as reference in the mediation. Do you agree to send a copy of this application to employer? Yes No

Applicant : Signature

Deputy : Signature (Deputy should show the letter of appointment in the mediation.)

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. In the need of litigation, you can apply for legal help at local legal aid foundations.
(Tel for domestic: 02-412-8518; Taipei Branch: 02-2322-5151)
5. Taipei City Government Labor Standard Division Contact : 02-2720-8889 ext.:7015-7016
Fax : 02-2759-6661, Address : 5F, No.1, City Hall Rd., Taipei