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

Application Date :	/ /		/	(Y	YYY/MM//DD)	
Clients	Name / Company name	sex	age	Occupation	Address (Registered mail for media information)	ation 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	 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 : 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 (Choose one from the two choices.)						
	★Applicant Si	gnati	are :			
Date of Dispute : / / (YYYY/MM/DD)						

In order to help the other party understand the opinions and requests of the parties before the meeting, and carry relevant information on the day of the meeting to ensure the efficiency of the mediation meeting, the following information will be known to the other party.							
Working Location : (Mandatory)City (County)DistrictRd. (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: / /) □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 disagreeSignature							
□Retirement Payment Amount :							
□Labor Insurance(under-reporting or unprotected) Amount :							
$\Box Contribution pension(6\%) \qquad Amount:$							
□Other Requests : Notes :							
 According to Article 10 of the Act for Settlement of Labor-Management Disputes, requests should be filled in clearly by the applicant. The applicant should sign after confirming the method for mediation. All attachments should be stapled together. 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) 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 							