

FORM T1-A

EMPLOYMENT APPEALS TRIBUNAL

Please read the notes supplied then complete this form in **BLOCK CAPITALS**. Please sign and date

FOR OFFICIAL USE ONLY
Case No/s:

1. NOTICE OF CLAIM TO EMPLOYMENT APPEALS TRIBUNAL (Please tick appropriate box or boxes: See II (1) of Notes)

(i) Redundancy Payments Acts 1967 to 2007	<input type="checkbox"/>
(ii) Minimum Notice and Terms of Employment Acts 1973 to 2005	<input type="checkbox"/>
(iii) Unfair Dismissals Acts 1977 to 2007	<input type="checkbox"/>
(iv) Organisation of Working Time Act 1997	<input type="checkbox"/>

2. NAME AND ADDRESS OF PERSON MAKING CLAIM 5. PLEASE ENTER THE FOLLOWING DATES

First Name:

Surname:

Address:

.....

.....

Phone No:

Email Address

Occupation: Sex.....

P.P.S. No:

	Day	Month	Year
Date of Birth			
Employment began			
Dismissal notice received			
Employment ended			

3. EMPLOYER'S FULL LEGAL NAME AND ADDRESS (Please see Note 3)

Name:

Address:

.....

.....

Phone No:

Registered (PAYE) No:

Is this a Limited Company? Please indicate
 Yes No

4. WILL YOU HAVE A REPRESENTATIVE AT HEARING? (Trade Union Official, Solicitor, etc.) (Please see Note 4)

Yes No
 If yes, please complete

Name:

Address:

.....

.....

Phone No:

6. NORMAL WEEKLY PAY €

Basic Weekly Pay	
Regular Bonus or Allowances	
Average Weekly Overtime	
Any other payments including payments in kind – specify	
Weekly Total Gross	
Net	

7. CLAIM UNDER REDUNDANCY PAYMENT ACTS

Has your employer issued you with a Redundancy Certificate? Yes No

Have you applied to your employer for a redundancy payment? Yes No

Have you applied to the Department of Enterprise, Trade and Innovation for a redundancy payment? Yes No

If yes, please attach copy of decision

8. TOWN OF EMPLOYMENT OR NEAREST TOWN

(Please enter below the nearest town to your employment)

.....

PLEASE ADVISE THE TRIBUNAL SECRETARIAT OF ANY CHANGE OF ADDRESS.

9. CLAIM UNDER UNFAIR DISMISSALS ACTS

IMPORTANT

THE TRIBUNAL CANNOT HEAR YOUR CLAIM UNDER THE UNFAIR DISMISSALS ACTS UNLESS THERE IS AN OBJECTION TO A RIGHTS COMMISSIONER HEARING IT. (See Notes)

Please Insert "Yes" or "No" in each box below

Do you object?

Has your employer objected

If you do not object, you may wish to send this application directly to the Rights Commissioners Service, Labour Relations Commission, Tom Johnson House, Haddington Road, Dublin 4.

**10. THE REASONS FOR MY CLAIM ARE:
(you can attach additional sheets of information if necessary)**

11. REMEDY SOUGHT (IF APPLICABLE): (Please see Note 11)

IMPORTANT NOTE: INCOMPLETE FORMS WILL BE RETURNED AND MAY DELAY THE PROCESSING OF YOUR APPEAL

**12. DECISIONS OF THE TRIBUNAL MAY BE PLACED ON THE TRIBUNAL'S WEBSITE
(Please refer to point (18) of Notes)**

SIGNED: _____

DATE: _____

Please note that where the Tribunal processes a claim for hearing, all correspondence (*forms, letter, enclosures etc.*) received in this office will be copied to, and exchanged between, the parties to the claim.

PLEASE ADVISE THE TRIBUNAL SECRETARIAT (01-6313006) IF YOU REQUIRE ANY SPECIAL FACILITIES WHEN ATTENDING A TRIBUNAL HEARING.

NOTICE OF CLAIM TO EMPLOYMENT APPEALS TRIBUNAL UNDER:

- (i) REDUNDANCY PAYMENTS ACTS 1967 TO 2007 AND/OR
- (ii) MINIMUM NOTICE AND TERMS OF EMPLOYMENT ACTS 1973 TO 2005 AND/OR
- (iii) UNFAIR DISMISSALS ACTS 1977 TO 2007 AND
- (iv) ORGANISATION OF WORKING TIME ACT 1997

Notes for Persons Making Application

THIS FORM IS TO BE USED BY PERSONS WHO WISH TO MAKE A CLAIM TO THE EMPLOYMENT APPEALS TRIBUNAL UNDER ONE OR MORE OF THE ABOVE ACTS

PART A – TIME LIMITS

I. TIME LIMITS FOR PERSONS BRINGING A CLAIM TO THE TRIBUNAL

A. REDUNDANCY PAYMENTS ACTS:

- (i) A claim for a redundancy lump sum payment must be
 - (a) made to the employer
 - or
 - (b) referred to the Employment Appeals Tribunalwithin 52 weeks from
 - (i) date of dismissal or
 - (ii) date of ending of contract of employment.(Section 24 of the 1967 Act, as amended by Section 12 of the 1971 Act)
- (ii) In certain cases and for good cause the Tribunal may allow claims made within 104 weeks. (Section 24 of the 1967 Act as amended by Section 12 of the 1971 Act and Section 13 of the 1979 Act).

B. UNFAIR DISMISSALS ACTS:

- (i) **Claims** must be lodged to the Tribunal **within 6 months** of date of dismissal. This time-limit may be extended to 12 months in cases where exceptional circumstances have prevented the lodgement of the claim within the normal time-limit of 6 months.

(Section 8 of the Unfair Dismissals Act, 1977 as amended by Section 7(2)(b) of the 1993 Act).
- (ii) **Appeals** against a recommendation of a Rights Commissioner must be brought **within 6 weeks** of the date the recommendation is communicated to you. (Section 9(2) of the 1977 Act). For this purpose, use Form T1B to make your application to the Tribunal.

PART B - NOTES

If you wish to have a claim under the Unfair Dismissals Acts heard by the Employment Appeals Tribunal, **either party must first object to the claim being heard by a Rights Commissioner and must so state on the form.**

(1) Box 1 - TICK APPROPRIATE BOX OR BOXES:

- Tick box or boxes representing the act or acts under which you are claiming protection.
- If you are bringing a claim under any of the acts mentioned at boxes (i) - (iii) you may also bring a claim under the **Organisation of Working Time Act, 1997 for holiday entitlements due**. In this case, please tick box (iv) and the relevant Act or Acts under which you wish to make a claim.

If you believe you are entitled to payment in lieu of notice remember to tick box (ii). **If unsure, please tick all boxes.**

(2) Box 2 - NAME AND ADDRESS OF PERSON MAKING CLAIM:

If you change your address after lodging this form, be sure to notify the Secretary, Employment Appeals Tribunal, Davitt House, 65A Adelaide Road, Dublin 2 as this may affect the processing and hearing of your appeal. In order to enhance the processing of applications we will use email, where applicable, to all parties at any stage in the processing of an appeal.

(3) Box 3 - EMPLOYER'S FULL LEGAL NAME AND ADDRESS:

It is important that the person making the claim states the correct name of the employer. **Any Order made by the Tribunal may not be enforceable if incorrect information is given.** For assistance, please consult your P45 or where appropriate, the Companies Registration Office (01-8045200 or email info@cro.ie). The employer's Registered (PAYE) No. may be obtained from your P45, P60 and Tax Certificate P.6CL.

(4) Box 4 – NAME AND ADDRESS OF REPRESENTATIVE OF PERSON MAKING THIS CLAIM:

It is not necessary to have representation before the Tribunal. However, if you have arranged for a representative, such as a Trade Union Official, Solicitor etc. to attend on your behalf at the Tribunal, notification of the hearing of your claim will be sent to that person as well as to yourself.

(5) Box 5 - DATES:

Complete all dates

(6) Box 6 - NORMAL WEEKLY PAY:

Basic Weekly Pay:

This means the basic pay before any deductions are made.

Average Weekly Overtime.

In redundancy cases this is normally pay for the average weekly overtime worked during the six months preceding the last three months of employment. In notice and unfair dismissal cases, overtime may be disregarded unless it is a normal feature of work. If it is a normal feature of work inasmuch as you are normally expected to work it, overtime pay is included in your normal weekly pay and overtime is included in normal weekly working hours.

Payments in Kind.

These would include the value of meals or board, health insurance, use of company house or car etc.

(7) Box 7 – Appeals under Redundancy Payments Acts.

If you are submitting a claim under the Redundancy Payments Acts, 1967 to 2007, please indicate if your employer has issued you with a Redundancy Certificate and if you have applied to the Department of Enterprise, Trade and Innovation for your redundancy payment. Please attached copy of the Department's decision.

(8) Box 8 – In this box please give the name of the town where you worked or the nearest town to this.

(9) Box 9 – The Tribunal cannot hear your claim under the Unfair Dismissals Acts unless there is an objection by either party to the claim being heard by a Rights Commissioner.

(10) Box 10 - REASON FOR APPLICATION:

Please give a brief outline of your case in space provided. If you wish to provide further details, please attach any separate sheets to the form.

(11) Box 11 - REMEDY SOUGHT:

Please state what remedy you are seeking. If you are claiming unfair dismissal, you can express a preference for reinstatement, re-engagement or compensation. You can change your mind at a later stage. The Tribunal will take your preference into account but will not be bound by it.

(12) ACKNOWLEDGEMENT OF APPLICATION:

If you do not get an acknowledgement of your application within a reasonable time you should contact the Secretary to the Tribunal by letter, telephone or email (details below).

(13) HEARING OF CLAIM:

Once you have received an acknowledgement, your case will be listed for hearing as soon as possible at the nearest town to your place of employment. You will get at least 2 weeks notice of a date for hearing.

(14) ADJOURNMENTS:

Adjournments may be granted only in **exceptional circumstances**. Otherwise, a case is expected to proceed at the time and place notified to the parties. When applications for adjournments are made, they may be made to any sitting Division of the Tribunal at any venue.

The following conditions should at least be met when applying for an adjournment. However, the existence of any one or all of these conditions should not be considered a guarantee for obtaining an adjournment.

- Good cause should be shown as adjournments are only granted for very grave reasons.
- The application should be made at the earliest opportunity after receipt of the notice of hearing, save where the Tribunal for just cause dispenses with this requirement.
- The application should be made by a party or his representative appearing in person.
- Proof of consent from the other party or their representative may be required. The application can be made without consent but the Tribunal may require proof that consent was at least sought.

(15) WITHDRAWAL OF APPLICATIONS:

If you are seeking to withdraw your application, the Secretary to the Tribunal should be notified in writing as soon as possible.

(16) COSTS:

Frivolous or vexatious applications may lead to an award of costs against the applicant.

(17) INFORMATION:

For general information regarding employment rights please contact the National Employment Rights Authority (NERA) at Lo call No: 1890 80 80 90 or submit your query using their eform, which is located in the 'Contact Us' section of their website www.employmentrights.ie

(18) DATA PROTECTION

The Employment Appeals Tribunal holds data on all applications received. Data Protection is the safeguarding of the privacy rights of individuals in relation to the processing of personal data. The Data Protection Acts 1988 and 2003 confer rights on individuals as well as responsibilities on those persons processing personal data. Personal data, as covered by the Data Protection Acts, relates to the information on individuals and or sole traders only.

The Employment Appeals Tribunal provides copies of its decisions on its website. The decisions do not include the names of the parties (the name/s of the employee/s or the employer/s). The Data Protection Commissioner's web-site www.dataprotection.ie offers an explanation of the rights and responsibilities under the Data Protection Acts and information is also available from the Data Protection Commissioner's Office at Canal House, Station Road, Portarlington, Co. Laois; telephone number (057) 8684800.

(19) USE OF INTERPRETERS

The Tribunal does not provide a language interpreter service. However, if you feel that an interpreter is essential to the hearing of the claim, you can make an application before a sitting Division of the Tribunal. **Please Note: An application must be made at least two weeks in advance of the hearing date.**

NOTE

Please Detach Form from Notes and send to;

**Secretary
Employment Appeals Tribunal
Davitt House
65A Adelaide Road
Dublin 2**

**Telephone: (01) 631 3006
1890 220222 Lo-Call service from outside (01) area
Website: www.eatribunal.ie
Email: eat@deti.ie**