



Labour Court Appeals Form

Appeals must be presented to The Labour Court within 42 days of the date of decision.

* denotes mandatory

Please see guidance notes on page 14 of this document for information on completing this form.

SECTION 1 – Appellant’s Details

Is the respondent your past or present Employee, Employer or Other?			
Title:	Mr/Mrs/Miss/Ms	Surname:*	
Firstname(s):*			
OR if a Company, enter the following details (see also Section 3)			
Company name:*			
Trading name:			
Contact Name:*			
Applicants may be made by a party to the original decision. Please refer to the decision/recommendation for party names.			
Address:			
Eircode			
Contact No:*		Email:	
Will you have a Representative?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
By providing representative details below you are agreeing that all related correspondence to this application will only go to the named representative below, i.e. a copy will not be issued to the Applicant.			
Representative First Name:		Representative Surname:	
Name/Organisation:*			
Representative Address:			



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Contact No:*		Email:	
Eircode:			
Do you require special facilities	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Please provide details. A member of staff may be in contact to discuss your requirements.			

SECTION 2 – Respondent’s Details

Is the respondent your past or present Employee, Employer or Other			
Title:	Mr/Mrs/Miss/Ms	Surname:*	
Firstname(s):*			
OR if a Company, enter the following details (see also Section 3)			
Company name:*			
Trading name:			
Contact Name*			
Applicants may be made by a party to the original decision. Please refer to the decision/ recommendation for party names.			
Address:			
Eircode:			
Contact No:*		Email:	
Will you have a Representative?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
By providing representative details below you are agreeing that all related correspondence to this application will only go to the named representative below, i.e. a copy will not be issued to the Applicant.			
Representative First Name:		Representative Surname:	



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Name/Organisation:*				
Representative Address:				
Contact No:*		Email:		
Eircode				
Do you require special facilities	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please provide details. A member of staff may be in contact to discuss your requirements.				

SECTION 3 – Additional Company Information (if Appellant or Respondent is a Company)

Registered (PAYE) No.				
Is this a Limited Company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is the Company in Receivership or Liquidation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<i>If YES, please state</i>				
Liquidator/ Receiver Name:				
Liquidator/ Receiver Address:				
Eircode				
Contact No:		Email:		



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SECTION 4 – Appeal Details

I wish to appeal a decision of a Workplace Relations Commission Adjudicator Officer or other employment rights adjudicative body or officer.

Please refer to the decision/recommendation/notice/dismissal issued for the relevant legislation under which you wish to bring this appeal.*:

Option	Appeal Details	Please Tick	Go To Section
1	Adoptive Leave Act 1995 and 2005		5
2	Appeal of Compliance Notice served by a Workplace Relations Commission Inspector		6
3	Carer's Leave Act 2001		5
4	Central Bank (Supervision and Enforcement) Act 2013		5
5	Charities Act 2009		5
6	Chemicals Act 2008 and 2010		5
7	Competition Act 2002 and 2014		5
8	Consumer Protection Act 2007 and 2014		5
9	Criminal Justice Act 2011		5
10	Dismissal of Complaint/Dispute by Workplace Relations Commission Officer		7
11	Employees (Provision of Information and Consultation) Act 2006		5
12	Employment Equality Act 1998 to 2011		8
13	Employment Permits Act 2006		5
14	European Communities (Protection of Employment) Regulations 2000		5
15	European Communities (European Cooperative Society) (Employee Involvement) Regulations 2007		5
16	European Communities (European Public Limited – Liability Company) (Employee Involvement) Regulations 2006		5
17	European Communities (Occurrence Reporting in Civil Aviation) Regulations 2007		5
18	European Communities (Organisation of Working Time) (Mobile Staff in Civil Aviation) Regulations 2006		5
19	European Communities (Protection of Employees on Transfer of Undertakings) Regulations 2003 (S.I. No. 131 of 2003)		5
20	European Communities (Road Transport) (Organisation of Working Time of Persons Performing Mobile Road Transport Activities) Regulations 2012		5
21	European Communities (Working Conditions of Mobile Workers engaged in Interoperable Cross-Border Services in the Railway Sector) Regulations 2009		5
22	Further Education and Training Act 2013		5



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23	Health Act 2004		5
24	Industrial Relations (Miscellaneous Provisions) Act 2004		5
25	Industrial Relations Act 1969		5
26	Inland Fisheries Act 2010		5
27	Maternity Protection Act 1994 and 2004		5
28	Minimum Notice and Terms of Employment Act 1973 to 2005		5
29	Minister's Decision under the Protection of Employees (Employer's Insolvency Acts) 1984 to 2012		9
30	Minister's Decision under the Redundancy Payments Acts 1967 to 2007		9
31	National Asset Management Agency Act 2009		5
32	National Minimum Wage Act 2000		5
33	Non-Discrimination or Substantive Notice		10
34	Organisation of Working Time Act 1997		5
35	Parental Leave Act 1998 and 2006		5
36	Payment of Wages Act 1991		11
37	Pensions Act 1990		5
38	Prevention of Corruption (Amendment) Act 2001		5
39	Property Services (Regulation) Act 2011		5
40	Protected Disclosures Act 2014		5
41	Protection of Employees (Fixed-Term Work) Act 2003		5
42	Protection of Employees (Part-Time Work) Act 2001		5
43	Protection of Employees (Temporary Agency Work) Act 2012		5
44	Protection of Employment Act 1977		5
45	Protection of Young Persons (Employment) Act 1996		5
46	Protections for Persons Reporting Child Abuse Act 1998		5
47	Safety, Health and Welfare at Work Act 2005		5
48	Terms of Employment (Information) Act 1994 to 2012		5
49	Transnational Information and Consultation of Employees Act 1966		5
50	Unfair Dismissals Acts 1977 to 2007		12



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Are the matters currently under this appeal subject to legal proceedings? Y / N

Where appropriate please provide summary details on these proceedings and any supporting documentation i.e. Copy of Pleadings (300 word limit)

SECTION 5

Decision / Recommendation Ref. No:*		Date of Decision/ Recommendation:*	
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You must enclose a copy of the Decision/Recommendation with this Appeals Form.

Reasons for Appeal

Brief Summary of Reasons for Appeal (300 word limit)



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SECTION 6 Appeal of Compliance Notice Served by a Workplace Relations Commission Inspector

Compliance Notice Ref No:*		Date Compliance Notice served*	
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You must enclose a copy of the Compliance Notice with this Appeals Form.

Reasons for Appeal

Brief summary of the Reasons for Appeal under the following headings:

- a. The basis on which the compliance notice is opposed
- b. The evidence that will be adduced in advancing the appeal
- c. The number of witnesses (if any) that the employer/appellant proposes to call in support of the appeal.
- d. An outline of the evidence that the proposed witnesses are expected to give

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SECTION 7 Appeal of Dismissal of complaint/dispute by a Workplace Relations Commission Officer

Dismissal Ref No:*		Date of Dismissal*	
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You must enclose a copy of the Dismissal with this Appeals Form.

On what grounds was your complaint dismissed:

<i>Without Substance</i>	<input type="checkbox"/>	<i>Without Foundation</i>	<input type="checkbox"/>	<i>Lack of Pursuit</i>	<input type="checkbox"/>
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Reasons for Appeal

Brief Summary of Reasons for Appeal (300 word limit)



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SECTION 8 Employment Equality Act 1998

Decision Ref. No:		Date of Decision:	
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You must enclose a copy of the Decision with this Appeals Form.

Discriminatory grounds (please select from list below, as appropriate, by placing a tick opposite the selected item(s)):

Age	<input type="checkbox"/>	Family Status	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race, Colour, Ethnic or National Origin	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Religious Belief	<input type="checkbox"/>	Membership of the Travelling Community	<input type="checkbox"/>
Victimisation (Please tick if appropriate) <input type="checkbox"/>					

Reasons for Appeal

Brief Summary of Reasons for Appeal (300 word limit)



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SECTION 9 Minister's Decision under the Protection of Employees (Employer's Insolvency Acts) 1984 to 2012 and under the Redundancy Payments Acts 1967 to 2007

You must enclose a copy of the Decision with this Appeals Form.

Employee Details:

Date informed of Minister's Decision:	
Occupation/Job Description:	
PPS No:	
Date of Birth:	
Date of Termination of Employment:	
Town of Employment or nearest Town:	

Type of Appeal (please tick):

Arrears of Wages:	<input type="checkbox"/>
Arrears of Holiday Pay:	<input type="checkbox"/>
Arrears of Sick Pay:	<input type="checkbox"/>
Pension Contributions:	<input type="checkbox"/>
Redundancy Payment:	<input type="checkbox"/>

Please enter the following Pay details (if applicable):

	€		€
Basic Weekly Pay:		Regular Bonus or Allowances:	
Average Weekly Overtime:		Any Other Payments (including Benefit in Kind – please specify details below)	
Details of other payments:			
Weekly Total – Gross		Weekly Total – Net	



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Period over which Claim arose:

Period 1	Date From:		Date To:	
Period 2	Date From:		Date To:	
Period 3	Date From:		Date To:	

Reasons for Appeal

Brief Summary of Reasons for Appeal (300 word limit)



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SECTION 10 Non-Discrimination Notice or a Substantive Notice

Substantive Notice	<input type="checkbox"/>	Non-Discrimination Notice	<input type="checkbox"/>
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You must enclose a copy of the Notice with this Appeals Form.

Reference No. of Notice:*		Date on which Notice was served:*	
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Extent of Appeal

Please state below whether you are appealing the entire Notice or part(s) of the Notice, specifying which part(s):

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Reasons for Appeal

Brief Summary of Reasons for Appeal (300 word limit)

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SECTION 11 Payment of Wages Act 1991

Please note that an appeal under Payment of Wages Act 1991 cannot be progressed unless it is lodged within 42 days and a copy of the notice to the other party concerned within the same period.

Please note that you may be required to produce proof of copy of appeal to party concerned.

Has a copy of the notice of appeal been served to the opposite party	
Date of Lodgement with other concerned party:	

Determination No:*		Date of Determination:*	
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You must enclose a copy of the Determination with this Appeals Form.

Please enter the following Pay details (if applicable):			
Date Employment Began:		Date Employment Ended:	
	€		€
Basic Weekly Pay:		Regular Bonus or Allowances:	
Average Weekly Overtime:		Any Other Payments (including Benefit in Kind – please specify details below)	
Details of other payments:			
Weekly Total – Gross		Weekly Total – Net	

Reasons for Appeal
Brief Summary of Reasons for Appeal (300 word limit)



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GUIDANCE NOTES FOR COMPLETION OF APPEALS FORM

Appeals **must be** presented to The Labour Court **within 42 days** of the date of decision. The date of the Decision of the Adjudication Officer will count as day one of the 42 days.

* denotes mandatory

When should you use this form?

This form should be used when making an appeal/s to the Labour Court in relation to

- a Decision of a Workplace Relations Commission Adjudication Officer or other employment adjudication body or officer
- a Non-Discrimination Notice issued by the Equality Authority
- a Substantive Notice issued by the Equality Authority
- a Dismissal of a Complaint/Dispute by a Workplace Relations Commission Adjudicator Officer other employment rights adjudication body or office
- a Compliance Notice served by a Workplace Relations Commission Inspector.

A COPY OF THE DECISION / DETERMINATION / RECOMMENDATION MUST ACCOMPANY THIS FORM.

Circumstances in which a fee is payable

If you wish to make an appeal but have failed to appear at a first instance hearing of the Workplace Relations Commission you will have to pay a fee of €300 when lodging your appeal. If the Labour Court determines that you had good cause for failing to attend the first instance hearing the fee will be refunded.

How will I pay the Fee?

Payment of the fee of €300 must be made by Electronic Fund Transfer (EFT). The bank details are set out below:

Name of Account:	Danske EFT Receipts Public Bank Account
Address:	Danske Bank International House 3 Harbourmaster Place IFSC Dublin 1
Account Number:	IBAN IE24 DABA 9519 9030 0104 13 BIC DABAIE2D
Reference no.	Labour Court Appeal Fee

Confirmation that the fee has been paid should be provided with your appeal application

How to make an appeal/s?

This form should be completed and then printed down and signed prior to submission. You may also save a copy for your own record. The completed form should be sent to:

*The Labour Court,
Lansdowne House,
Lansdowne Road,
Dublin 4,
D04 A3A8*



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When should this Form not be used?

This Form should **NOT** be used when:

- Making a complaint to the Workplace Relations Commission in relation to alleged contravention of employment, equality, equal status and certain industrial relations legislation.
- Seeking the enforcement of a decision or determination made under employment, equality and certain industrial relations legislation.
- Making an appeal in relation to a decision made on a complaint presented under The Equal Status Acts 2000 – 2004 (such appeals should be made to the Circuit Court)
- Making an appeal in relation to a determination of the Employment Appeals Tribunal on a complaint presented under the Unfair Dismissals Act 1977 to 2007 before 1st October (such appeals should be made to the Circuit Court.)

What will happen to my Appeal?

Once this appeal has been registered by the Labour Court you will receive an acknowledgement of your appeal. A Case Reference Number will be noted on the acknowledgement, and is to be used in all subsequent correspondence or communications. The Respondent to the appeal will be notified of the appeal and given a copy of the completed Appeal Form.

Following the acknowledgement of your appeal:

- A Hearing date will be set.
- A Hearing will take place.
- A Labour Court Determination will be issued to the parties.

Where can I get more Information on my rights and the legislation involved?

More information on the Appeals Process can be found on www.workplacerelations.ie, or by telephoning the information line on 1890 80 80 90.

All Decisions of the Labour Court are published on www.workplacerelations.ie