



THE LABOUR COURT

REFERRAL UNDER SECTION 20(1) OF THE INDUSTRIAL RELATIONS ACT, 1969.

1. NAME AND ADDRESS OF WORKER: PHONE NO:	
2. NAME AND ADDRESS OF UNION OR REPRESENTATIVE: (If any) PHONE NO:	
3. NAME AND ADDRESS OF EMPLOYER: PHONE NO:	
4. LENGTH OF SERVICE WITH ABOVE EMPLOYER:	
5. BRIEF SUMMARY OF REFERRAL.	
6. REDRESS SOUGHT:	

I agree to be bound by the recommendation of the Labour Court.

Signed: _____ Date: _____

(Referrals will not be processed by the Court unless an undertaking is given to agree to be bound by the recommendation of the Labour Court.)

Please send this form to the Labour Court at the address overleaf.

Please send this form to:

**Programming Section,
The Labour Court,
Lansdowne House,
Lansdowne Road,
Ballsbridge,
Dublin.**

Telephone: (01) 6136666

Lo-Call: (0818) 613 666

