



NOTICE TO THE HEAD OF COMPLIANCE AND ENFORCEMENT OF A GROUP TERMINATION OF EMPLOYMENT AND REQUEST FOR WAIVER UNDER THE CANADA LABOUR CODE, PART III

On completion, the written notice of a group termination of employment is to be sent to:

Brenda Baxter, Head of Compliance and Enforcement, Place du Portage, Phase II, 165 Hôtel-de-Ville Street, 11th floor, Gatineau, QC, K1A 0J2, with copies to:

- Minister of Employment and Social Development, Place du Portage, Phase IV, 140 Promenade du Portage, Gatineau, QC, K1A 0J9; and
- Canada Employment Insurance Commission, Place du Portage, Phase IV, 140 Promenade du Portage, Gatineau, QC, K1A 0J9.

Notice of Group Termination of Employment

A [group termination of employment](#) is the termination of employment of 50 or more employees working at a single industrial establishment either on the same date or within any four-week period.

When a group termination of employment is planned, a [federally regulated employer](#) is required to provide written notice to the Head of Compliance and Enforcement at least 16 weeks before the terminations of employment are to take effect. An employer is also required to cooperate with the Canada Employment Insurance Commission, provide affected employees with a statement of benefits and establish a Joint Planning Committee.

In addition to the notice to the Head of Compliance and Enforcement, the employer must also give an individual written notice to each employee affected by the termination.

To provide notice of Group Termination, please complete sections A, B, C, E and F.

Request for Waiver

An employer may request a waiver from the Minister of Labour from any or all of the following group termination of employment provisions:

1. to provide and post the 16-week written notice of group termination of employment;
2. to provide statement of benefits to affected employees; or
3. to form a joint planning committee.

To request a waiver, please complete all sections.

Note: If changes to the details of the group termination of employment (e.g., change to the dates to implement the group termination of employment, classification(s) of affected employees, and the affected industrial establishment(s), etc.) a new notice and/or waiver request, if applicable, to the Head of Compliance and Enforcement and/or Minister may be required.

Section A: Employer Information

Legal name of employer

Common name of employer (if different from legal name)

Industry or business type

Mailing Address

Telephone number (999) 999-9999

Contact name

Section B: Notice of Group Termination of Employment**Information on employees affected by the notice**

Location or industrial establishment where the affected employees work	Number of affected employees who are unionized	Number of affected employees who are not unionized	Total affected employees	Occupational classification of affected employees	Date of termination of employment or end of recall period (YYYY-MM-DD)

Note: If more space is needed, please attach a similar table to this form with your submission.**Union Information**

Are some or all affected employees represented by a union(s)?

☐ Yes☐ No

If yes, please provide a copy of the written notice(s) provided to the union(s) informing them of the group termination of employment with your submission.

Are all or some of the affected employees entitled to recall rights under their collective agreement?

☐ Yes☐ No

If yes, what is the duration of the recall rights? _____

Please provide a link to your collective agreement or, if not available, an Inspector may request to review a copy of the agreement.

Note: Where an employee has recall rights and the lay-off exceeds 12 months, the individual notice of termination of employment and severance pay provisions apply.

Name of Union:

Mailing Address:

Telephone number (999) 999-9999

Contact name

Section C: Reason for the group termination of employment

Please provide the reason(s) for the group termination of employment.

- ☐ industry or environmental factors;
- ☐ technological change (include information on the new technology and impact on the workforce);
- ☐ sale or transfer of business (include information on the purchaser and terms of agreement with respect to employees);
- ☐ loss of contract (include information on the tendering process and whether employees will be hired by the new contractor); or
- ☐ other.

Please provide a detailed explanation:

Note: If bankruptcy or receivership is the reason for the group termination of employment, the group termination of employment provisions do not apply and an employer is not required to provide written notice.

Section D: Request for Waiver (only complete if seeking a waiver)

An employer may request a waiver from the Minister of Labour from any or all of the following group termination of employment provisions:

1. to provide and post the 16-week written notice of group termination of employment;
2. to provide statement of benefits to affected employees; or
3. to form a joint planning committee.

In order to be granted a waiver, an employer must demonstrate that applying the group termination of employment provisions would:

- be unduly prejudicial to the interests of affected employees or of the employer;
- be seriously detrimental to the employer's operation; or
- not be necessary, because similar measures exist under a collective agreement or established employee adjustment program.

Section D: Request for Waiver (only complete if seeking a waiver) (cont')**1) Request to waive the requirement to provide and post the 16-week notice**

☐ Yes ☐ No

If yes, why is a waiver required (please check all that apply):

- ☐ unduly prejudicial to the interests of affected employees or of the employer;
- ☐ seriously detrimental to the employer's operation; or
- ☐ because similar measures exist under a collective agreement or established employee adjustment program.

Please provide a detailed explanation:

2) Request to waive the requirement to provide statement of benefits to affected employees

☐ Yes ☐ No

If yes, why is a waiver required (please check all that apply):

- ☐ unduly prejudicial to the interests of affected employees or of the employer;
- ☐ seriously detrimental to the employer's operation; or
- ☐ because similar measures exist under a collective agreement or established employee adjustment program.

Please provide a detailed explanation:

3) Request to waive the requirement to form a joint planning committee

☐ Yes ☐ No

If yes, why is a waiver required (please check all that apply):

- ☐ unduly prejudicial to the interests of affected employees or of the employer;
- ☐ seriously detrimental to the employer's operation; or
- ☐ because similar measures exist under a collective agreement or established employee adjustment program.

Please provide a detailed explanation:

Section E: Additional Ministerial Inquiries where a Request for Waiver is Made

In administering the waiver request of the group termination of employment provisions, the Minister of Labour seeks additional information prior to granting a waiver. Providing this information will assist in the timely investigation of your request.

1) Employer workforce information:

- a) The total number of employer worksites in Canada _____ ;
- b) The provinces in which the employer has operations _____ ; and
- c) The total number of employees in Canada (prior to the group termination of employment) _____ .

2) Impact of the group termination of employment on an employer's [Employment Equity](#) obligations and representation of designated groups.

Note: The *Employment Equity Act* applies to employers with more than 100 employees.

Please identify how the terminations of employment will impact your employment equity plan, representation of designated groups and explain how you will adjust your plan to continue to support employment equity in the workplace.

Section F : Signature

The information in this form is collected under the authority of Division IX, Group Termination of Employment, of the *Canada Labour Code* when there is a requirement to issue a Notice of Group Termination of Employment or request a waiver of some or all of its provisions.

Name _____

Signature

Date (YYYY-MM-DD)