

To be sent to the address:
THE FINNISH INDUSTRIAL UNION
Legal Unit
PO Box 107
FI - 00531 HELSINKI, FINLAND

**Fill out the application carefully.
An incomplete form delays
the processing of the matter.**

1. INFORMATION CONCERNING THE MEMBER	
Last name and first names of the member	
Identity code	Profession
Postal address	Postal code and city/town
E-mail address	Phone number

2. TRADE UNION
Name and number of the trade union (the information is available on the membership card)

3. CONTACT DETAILS OF THE SHOP STEWARD/LABOUR PROTECTION DELEGATE WHO HAS BEEN HANDLING THE MATTER	
Name	Phone number
E-mail address	There is no shop steward/ labour protection delegate at the workplace

4. INFORMATION CONCERNING THE EMPLOYER	
Official name of the employer	Business ID of the employer
The organisational unit of the employer in which the legal aid applicant has worked	
Address of the operational unit	Postal code and city/town
Name of the employer's representative	Phone number
E-mail address	
Employer association	Not a member of the employer association
The employer is bankrupt	yes no I do not know
Do at least 20 employees work at the company?	yes no
Do at least 30 employees work at the company?	yes no

5. THE UNION TRUSTEE WHO HAS BEEN HANDLING THE MATTER	
Name	Phone number

6. INFORMATION CONCERNING THE EMPLOYMENT	
The information is available on the payslip, employment contract, and employment certificate.	
Start date of the employment	End date of the employment
Termination date of the employment	Dissolution date of the employment
Employment relationship Fixed-term In force until further notice I do not know	Employment contract Oral Written (enclosed)
Regular working hours	Pay Salary € /month Hourly pay € /hour Average hourly pay € /hour
Applicable collective agreement	

Specify the matters for which you apply legal aid in section 7. Then, fill out sections 8 (Termination of employment), 9 (Cooperation negotiations), 10 (Wages due), 11 (Temporary dismissal), and 12 (Occupational accident/disease), if necessary. Also always fill out sections 13–17.

7. WHAT IS LEGAL AID APPLIED FOR?	NOTE! Always fill out sections 13–17.
Unjustified termination of employment (fill out section 8)	
Negligence of obligations related to cooperation negotiations (fill out section 9)	
Wages due (fill out section 10)	
Temporary dismissal (fill out section 11)	
Occupational accident/disease (fill out section 12)	
Other reason, what? _____	

8. TERMINATION OF EMPLOYMENT	
Termination during the trial period	
Termination due to economic and production reasons	
Were cooperation negotiations conducted at the workplace? yes no	
Note! If the application also concerns the negligence of obligations related to cooperation negotiations, also fill out section 9.	

Termination or dissolution of employment due to a person-related reason, what?
Warnings/reprimands have been issued during employment, when and for what reason? Attach copies of these to the application.
Other reason, what? (e.g., the employer's bankruptcy) Describe the matter in more detail in section 15.
Attach the notification of termination of employment to the application.

9. COOPERATION NEGOTIATIONS
How, in your opinion, have the cooperation obligations been neglected? Continue in section 15, if necessary.
Attach the possible cooperation negotiation records, invitation to negotiate, and other documents related to the cooperation negotiations to the application.

10. WAGES DUE						
What kind of wages due does the legal aid application concern?						
<p>Note! A MORE DETAILED BREAKDOWN OF THE WAGES DUE IN RELATION TO THE DISPUTE is to be provided in a separate appendix.</p> <p>The report must specify, as clearly as possible, the NATURE OF THE WAGES DUE (e.g., actual pay, notice period pay, holiday compensation, holiday bonus, public holiday pay, waiting period pay, 50% and 100% overtime compensation, Sunday work increase, fringe benefit, and other possible claims), the ACCURATE DATES on which the related work was been performed or on which the grounds for the claim have been established, the DUE DATES FOR THE CLAIMS and GROUND FOR THE CLAIMS (a section of the collective agreement or legal provision or other grounds), the FORMULAS with which the total sum of the claims has been calculated, and the TOTAL AMOUNT OF THE CLAIMS.</p>						
<table> <tr> <td>Have the claims been attempted to be recovered from the employer?</td> <td>yes</td> <td>no</td> </tr> <tr> <td>Has a pay security application been filed for the claims?</td> <td>yes</td> <td>no</td> </tr> </table>	Have the claims been attempted to be recovered from the employer?	yes	no	Has a pay security application been filed for the claims?	yes	no
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Has a pay security application been filed for the claims?	yes	no				

Has the pay security application been rejected?	yes	no
When has the pay security decision been provided (date)?		
Attach a payslip or other type of report concerning the amount of pay and the hours worked as well as the possible pay security decision to the application.		
NOTE! If wage payment is late, contact the union without delay. The union will instruct you on filling out the pay security application.		

11. TEMPORARY DISMISSAL
The information is available on the temporary dismissal notification.

Temporary dismissal for the time being, starting from _____

Temporary dismissal for a fixed period _____

The temporary dismissal is full time

The temporary dismissal is part time, implementation method:

Date on which the temporary dismissal notification was provided: _____

Shortcomings related to the grounds for temporary dismissal or the temporary dismissal procedure:

12. OCCUPATIONAL ACCIDENT/DISEASE

Attach the following to the legal aid application:
 medical certificates, statements from the authorities and the insurance company, employment and pay information, internal documents related to the accident and occupational disease (e.g., risk assessments and workplace surveys).

13. WITNESSES WHO HAVE PROMISED TO TESTIFY IN COURT
Continue in a separate appendix, if necessary.

Name of the witness	
Postal address	Postal code and city/town

E-mail address	Phone number
What can the witness prove?	
The witness is Colleague Chief shop steward Labour protection delegate Other, who?	

Name of the witness	
Postal address	Postal code and city/town
E-mail address	Phone number
What can the witness prove?	
The witness is Colleague Chief shop steward Labour protection delegate Other, who?	

14. NEGOTIATIONS CONDUCTED IN RELATION TO THE CASE	Negotiation dates
Local negotiations	
Negotiations between the regional trustee and the employer (organised companies in the forest machine industry)	
Negotiations between the associations	

<p>15. SUMMARY</p> <p>The member's own free-form report on the events leading to the dispute with as much detail as possible and in chronological order (the events may be recorded on a separate appendix, if necessary), and a report on the claims under dispute and their amount (in a separate appendix, if necessary).</p> <p>NOTE! The matter cannot be taken up for processing if no report has been submitted.</p>

16. APPENDICES ATTACHED TO THE LEGAL AID APPLICATION (Number the appendices)

Mark the number of the appendix
in the box and on the appendix.

The following must always be submitted:

An unlimited power of attorney in triplicate (enclosed)
(NOTE! Only signature and name in block letters, no date!)

Employment contract (if concluded in writing)

The following are to be submitted, when necessary:

Breakdown of wages due

Notice of termination

Written warnings and reprimand

Temporary dismissal notification

Medical certificate(s)

Negotiation records and memorandums

Payslips produced by the employer

Pay security application

Pay security decision

Police investigation record(s)

Description of the dispute/course of events

Witness statements

Working time record

Statement of the labour protection delegate

Employment certificate

Decision of the insurance company on the compensation issue

Documents related to the cooperation procedure (negotiation proposal,
cooperation negotiation records, etc.)

Other appendices relevant to resolving the issue:

17. DATING AND SIGNING OF THE LEGAL AID APPLICATION

I assert that I have disclosed all relevant matters that have come to my attention and that I have provided the correct information about the incident. The provision of incorrect information may lead to the discontinuation of the processing of the matter.

I authorise the trustee appointed by the Finnish Industrial Union to handle the matter.

I authorise the Finnish Industrial Union to recover the membership fee from the wages due that may be paid to me.

	/ 20
Place	Date

Signature of the member
Name in block letters

UNLIMITED POWER OF ATTORNEY

Issued

Place

On _____ 20____
Date

Signature

Name in block letters

UNLIMITED POWER OF ATTORNEY

Issued

Place

On _____ 20____
Date

Signature

Name in block letters

UNLIMITED POWER OF ATTORNEY

Issued

Place

On _____ 20____
Date

Signature

Name in block letters