



NUMBER: TD/

Form 12B - Employer Response to Application for Reinstatement*

Version 1

Applicant: (NAME OF APPLICANT IN MATTER)

AND

Respondent: (NAME OF RESPONDENT IN MATTER)

This is a response to an Application for Reinstatement lodged with the Queensland Industrial Relations Commission under s. 317 of the *Industrial Relations Act 2016*.

1. The Respondent (Employer)

1.1 Contact details

Name of Respondent (Employer)			
Contact person			
Postal address			
Suburb		Postcode	
Phone number		Fax number	
Mobile number			
Email address			

* This Response must be filed with the Industrial Registry and served on the Applicant within 7 days from the date of receipt of the Application for Reinstatement.

1.2 Employer’s representative

Name of person			
Firm			
Street address			
Suburb		Postcode	
Phone number		Fax number	
Email address			

2. The Employee’s employment

2.1 What award/certified agreement/determination was the Employee covered by?

2.2 What date did the Employee commence working with the Employer?

2.3 What position did the Employee hold at the time of dismissal?

2.4 What date was the Employee notified of their dismissal?

2.5 What date did the dismissal take effect?

2.6 What was the Employee’s wage or salary at the time of the dismissal?

2.7 In addition to their salary or wages, was the Employee entitled to any other monetary amount(s) or any non-monetary benefit(s) at the time of the alleged dismissal?

Yes

No

If you answered yes to question 2.7 - Please provide details (for example provision of a vehicle, mobile phone etc.)

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3. Jurisdictional Objections

Does the Employer have any jurisdictional or other objection(s) to the application?

Jurisdictional objections relate to why the Employee is not eligible to make an application to the Commission.

- Yes - Please complete Schedule 3 to this response.
- No

4. The dismissal

4.1 What were the reasons for the dismissal?

Specify the reason(s) for dismissing the Employee. Please complete **Schedule 1** to this response.

4.2 What is the Employer’s response to the Applicant’s contentions?

Specify the Employer’s response to the Applicant’s contentions as to why the dismissal was unfair. Please complete **Schedule 2** to this Response.

5. Conference Details

Parties will be required to attend a Conference prior to the matter being listed for formal hearing. The Respondent is required to indicate any unavailability to attend a conference within 14 days from the day of filing of this Response.

Dates that the Employer is NOT AVAILABLE to attend a Conference. Please provide the reasons for the Respondent’s unavailability on those days and times:

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6. Signature

Signature	
Name	
Capacity/Position	
Date	

SCHEDULE 1 –

Using numbered paragraphs, specify the reason(s) for dismissing the Employee. Please attach any show cause notice, any response to that show cause notice and the letter of termination of employment **ONLY IF** those documents have not been provided by the Applicant in the Application for Reinstatement.

Please add extra pages if required.

SCHEDULE 2 –

Using numbered paragraphs, set out the Employer’s response to the Applicant’s contentions as to why the dismissal was unfair.

[Empty rectangular box for employer response]

Please add extra pages if required.

SCHEDULE 3 –

1. What is the basis for the jurisdictional objection?

- The application is out of time (i.e. lodged more than 21 days after the dismissal took effect)
- The Applicant was not an employee
- The Employee was not dismissed
- The dismissal was a case of genuine redundancy
- The Employee was dismissed during the probationary
- The Employee earned more than the high income threshold (see the Industrial Relations Regulation 2011, Reg 4)
- The Applicant was an apprentice or a trainee
- The Employee was employed as a short term casual employee and the dismissal was not for an invalid reason
- Other

Explain why the Employer objects on these grounds

Please add extra pages if required.