

# Form 12A – Employer response to application for reinstatement

*Industrial Relations Act 2016, sections 989*



## Information

- Use this form for responding to an application for reinstatement.
- Please read this form carefully. Please complete all relevant sections. Information that is missing or non-compliant with the relevant section of an Act or the Rules may result in the rejection of your form.

**PLEASE NOTE:** this response must be filed with the Industrial Registry and served on the applicant within 14 days of receipt of the reinstatement application.

Practice Direction 3 of 2021 - ELECTRONIC FILING AND HARD COPIES OF DOCUMENTS. Documents which are longer than 30 pages in length must be supplied to the Industrial Registry in hard copy before it will be accepted for filing.

For further information please contact the Industrial Registry on 1300 592 987 or via email at [qirc.registry@qirc.qld.gov.au](mailto:qirc.registry@qirc.qld.gov.au)

<b>Applicant:</b>	

v

<b>Respondent:</b>	

**PLEASE NOTE:** If there are more than two parties to this application, please complete a **Form 1 – Parties list** and file it with this form.

## Application

This is a response to an application for reinstatement lodged with the Queensland Industrial Relations Commission pursuant to section 317 of the *Industrial Relations Act 2016*.

### 1. Respondent (employer)

#### 1.1 Contact details

<b>Name of respondent (employer):</b>			
<b>Name of contact person:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

## 2. Employer's representative

<b>Organisation:</b>			
<b>Name of contact person:</b>			
<b>Postal address:</b>			
	Suburb/Town		Postcode
<b>Phone number:</b>		<b>Fax number:</b>	
<b>Mobile number:</b>			
<b>Email address:</b>			

## 3. The employee's employment

<b>3.1 What award/certified agreement/determination was the employee covered by?</b>			
<b>3.2 What date did the employee commence working with the employer?</b>	/	/	
<b>3.3 What position did the employee hold at the time of dismissal?</b>			
<b>3.4 What date was the employee notified of their dismissal?</b>	/	/	
<b>3.5 What date did the dismissal take effect?</b>	/	/	
<b>3.6 What was the employee's wage or salary at the time of the dismissal?</b>			
<b>3.7 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 dismissal?</b>	Yes	No	If you answered yes to question 3.7 - Please provide details (for example provision of a vehicle, mobile phone etc.)

#### 4. 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 reasons for objection below.

No

##### 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 period

The employee earned more than the high income threshold under the *Fair Work Act 2009 (Cwlth)*, section 333

The applicant was an apprentice or a trainee

The employee was employed as a short term casual employee

Other

Explain why the employer objects on these grounds

*1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)*

## 5. The dismissal

### 5.1 What were the reasons for the dismissal?

Specify the reason(s) for dismissing the employee.

*3000 character limit. (Note: If more than 3000 characters are required please attach a schedule)*

### 5.2 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.

*1000 character limit. (Note: If more than 1000 characters are required please attach a schedule)*

**6. Signature of person completing this form**

<b>Signature:</b>	
<b>Name in full (please print):</b>	
<b>Capacity/Position:</b>	
<b>Date:</b>	/ /