Form P60

Response (Unfair dismissal)

|  |  |
| --- | --- |
| **Case Number** |  |

### About this form

* This is a response to an application alleging unfair dismissal under s106 of the *Fair Work Act 1994*.
* In this form, “employer” means the person/organisation identified as the employer by the applicant. If you dispute that there was a relevant contract of employment and/or that there was a dismissal, you are still required to complete and return the form and to attend proceedings before SAET.
* You must return this form to SAET within 14 days of receiving this form and serve a copy on all parties

### Details of the Case and Parties Names

|  |  |
| --- | --- |
| Applicant Employee |  |
| Respondent Employer |  |

### Details of the Respondent

|  |  |
| --- | --- |
| Organisation | *(If corporate entity include full name/trading name if applicable)* |
| Trading address or registered office |  |
| Address Street 1 |  |
|  Street 2 |  |
| Suburb |  | State |  |
| Postcode |  | Country |  |
| Employer’s contact person | [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Other (specify): |
| First name  |  | Last name |  |
| Email |  |
| Telephone  |  | Mobile |  |
| Mailing address (if different from above |  |
| Were you the employer at the time of dismissal? | □ Yes□ No (you will still have to appear before SAET)If **No**, the employer’s name and address and phone are:Phone:  |
| How many employees do you employ |  |
| Is an interpreter required? | [ ]  No [ ]  Yes, language/dialect: |
| Is anyone representing you? | [ ]  No [ ]  Yes. Please specify below |

### Representative detail (if required)

|  |  |
| --- | --- |
| Organisation |  |
| Contact First name  |  | Last name |  |
| Email |  |
| Telephone  |  | Mobile |  |
| Address Street 1 |  |
|  Street 2 |  |
| Suburb |  | State |  |
| Postcode |  | Country |  |

### Employment of the applicant

|  |  |
| --- | --- |
| Type of work performed |  |
| Place of work of applicant |  |
| Date when applicant first worked for employer |  / /□ Not applicable |
| Date termination took effect |  / /□ Not applicable |
| Was written notice given or a separation certificate | □ No□ Yes (*please attach if not already supplied by the applicant).* |

### Categories of Employment

|  |  |
| --- | --- |
| Award and Agreement covering employment *(if known)* |  |
| Probationary employment | [ ]  No [ ]  Yes |
| Type of employment *(mark all relevant boxes)* | □ Full-time□ Part-time□ Casual□ Apprenticeship or traineeship□ Contract of employment for a specified period or task.□ None of the above. *(Please provide details below)* |

### Response to applicant’s claims and remedy sought

|  |  |
| --- | --- |
| Brief summary of reasons for the termination*(include any response as to why the applicant said the dismissal was harsh, unjust or unreasonable)**(If you dispute there was a relevant contract of employment please detail why here)* |  |
| Are there any other issues, including jurisdictional matters, you wish to raise at the conference concerning this application? |  |

# Declaration

I declare that all the facts in this response are correct to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
|  | □ Employer □ Representative |
| Date |  |

# LODGING YOUR COMPLETED FORM

The person lodging this form must send a copy to all other party/ies.

|  |  |
| --- | --- |
| Name of person lodging |  |
| Signature |  |
| Date |  |

Please lodge this form, together with any accompanying documents, with the South Australian Employment Tribunal:

Email: saet@sa.gov.au
Post: PO Box 3636, Rundle Mall, SA, 5000
In person: Level 6, Riverside Centre, North Terrace, Adelaide, 5000

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| --- |
| **PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS** |