

**Form 1**  
***Employment Standards Act, 2000***

**Notice of Termination of Employment under  
Subsection 58 (2) of  
The *Employment Standards Act, 2000***

This form, when completed, should be sent to the Director of Employment Standards, Ministry of Labour, 9<sup>th</sup> floor, 400 University Avenue, Toronto, Ontario M7A 1T7. Fax (416) 326-7061, Monday to Friday, between the hours of 9:00 a.m. and 5:00 p.m.

Please note that the completed Form 1 must be received at the above address before the notice of termination to employees can commence.

A copy of this Form 1 must be posted in the workplace.

Where the employer decides to pay termination pay rather than providing written notice of termination, the employer is still required to provide the Director of Employment Standards with the completed Form 1.

The Ministry may, after filing by the employer, request supplementary information relating to the questions in the Form and/or to the responses given to the questions in the Form.

The Ministry of Labour will supply the Ministry of Training, Colleges and Universities with information from Form 1 for the purposes of providing a range of programs and services to help workers make a rapid and effective transition to new employment.



Form 1

Notice of Termination of Employment under Subsection 58 (2) of Employment Standards Act, 2000

1. Name of Employer (Company)	2. Employer's Mailing Address
-------------------------------	-------------------------------

3. Location(s) where termination of employment will occur:

<p>4. Total workforce at each location who are paid:</p> <p>1. Hourly _____</p> <p>2. Salaried _____</p> <p>3. Other _____</p>	<p>5. Number of employees at each location whose employment will be terminated and anticipated dates:</p> <table border="1"> <thead> <tr> <th></th> <th colspan="3">Date Terminations Effective</th> </tr> <tr> <th></th> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>1. Hourly _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Salaried _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. Other _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Date Terminations Effective				Day	Month	Year	1. Hourly _____	_____	_____	_____	2. Salaried _____	_____	_____	_____	3. Other _____	_____	_____	_____
	Date Terminations Effective																				
	Day	Month	Year																		
1. Hourly _____	_____	_____	_____																		
2. Salaried _____	_____	_____	_____																		
3. Other _____	_____	_____	_____																		

6. Name(s) of the trade union local , if any, representing employees whose employment is being terminated.

7. What are the economic circumstances surrounding the terminations?

8. Has the employer implemented or discussed with employees (or their agent) any alternatives to termination? Please describe alternatives to termination implemented or discussed.

Alternatives Implemented:

  

Alternatives Discussed:

9. Has the employer implemented or proposed any adjustment measures with employees (or their agent)?

Name of Employer's Official (Please Print)	Title	
Signature	Telephone Number (Incl. Area Code)	Date