



HUU-AY-AHT TRIBUNAL NOTICE OF APPLICATION **FORM A2**

APPEAL OF ADMINISTRATIVE DECISION

TRIBUNAL ACT (s.17(a)&(b), 20, 26).

APPLICATION # 2015-002

(for registry use only)

NOTES: For appeals of tickets or compliance notices please use Form A1, unless your appeal is based on a challenge to the validity of a law.

If there is not sufficient space on this form for any of the information required, you may attach a schedule and reference it in the space provided.

Where a fee is payable, it must accompany this form. It is the responsibility of the person filing to pay any prescribed fee. Information about any Tribunal fees payable is available on the HUU-AY-AHT website: www.huuayaht.org

The Applicant is responsible for ensuring that the Application is brought within the time limit set out in the applicable legislation. Administrative decisions must be appealed within 60 days, unless otherwise specified.

DECISION APPEALED	Describe the decision you are appealing.
<p>DECISION: The decision of Executive Council with regards to the indefinite suspension of the Executive Director and the restriction on the Executive Director to not access any employer assets including turning over cell phone, computer, office keys, computer, cell phone and other passwords, not communicating with any other staff and not accessing either of the HUU-AY-AHT offices.</p> <p><u>July 28th 2014 Executive Council Meeting, Anacla, House of HUU-AY-AHT,</u> <u>Approximately 6pm</u></p> <p>DATE OF DECISION</p>	
RESPONDENT	Who made the decision you are appealing?
<p><u>HUU-AY-AHT Executive Council</u></p> <p>NAME POSITION</p>	
RELIEF SOUGHT	What outcome are you requesting?
<ol style="list-style-type: none">1) An order of certiorari under 24(c) of the HUU-AY-AHT Tribunal Act.2) An injunction under 24(b) of the HUU-AY-AHT Tribunal Act prohibiting Executive Council from further disciplinary measures against the Executive Director pending an independent investigation commissioned by the Tribunal.3) Other such relief as the Tribunal deems appropriate.	
GROUND(S) FOR APPEAL	Briefly set out the reason(s) why the decision should be changed as requested above. If this is a challenge to the validity of a HUU-AY-AHT law, see <i>Tribunal Act</i> , s. 26
<ol style="list-style-type: none">1) Breach of statute and common-law related to labour relations and human resources.2) Breach of the employment agreement between the Executive Director and the HUU-AY-AHT First Nations.3) Willful, malicious and premediated conduct in contravention of the HUU-AY-AHT Code of Conduct and Conflict of Interest Act.4) Executive Council did not demonstrate consideration of 10(2) of the Government Act.5) The Chief Councillor did not demonstrate how the responsibility of 13(1.i) of the Government Act was met.6) Executive Council did not conduct itself in accordance with 50(1) of the Government Act.7) Executive Council did not consider a Report in accordance with section 56 of the Government Act.8) Executive Council waived report requirements under 56(4) of the Government Act without demonstrating what constituted an emergency or special circumstance warranting the waiver.9) Executive Council waived the report requirements under 56(4) with the stated intention of reviewing material and not with the stated intention of making a decision.10) Executive Council waived the requirement of a written report, and the requirement of a report 4 working days in advance on a manner that relates to the HUU-AY-AHT Code of Conduct and Conflict of Interest Act section 12(3).11) Other reasons to be articulated and enumerated following acceptance of this application to appeal.	




THIS FORM HAS TWO SIDES YOU MUST COMPLETE BOTH

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TRIBUNAL ACT (s.17(a)&(b), 20, 26).

APPLICANT		
Edwards	James, Michael, Charles	
LAST NAME	GIVEN NAME(S)	
5545 Swallow Dr	Port Alberni	V9Y 7H1
MAILING ADDRESS	CITY/TOWN	POSTAL CODE
778-421-2835	n/a	jmcedwards@gmail.com
PHONE	FAX	EMAIL ADDRESS
APPLICANT'S AGENT To be completed only if an agent will be acting on behalf of the Applicant.		
LAST NAME	GIVEN NAME(S)	
MAILING ADDRESS	CITY/TOWN	POSTAL CODE
PHONE	FAX	EMAIL ADDRESS
ADDRESS FOR DELIVERY This will be used to deliver any notices in relation to the Application. Note: the Tribunal's preferred means of communication is through email.		
CHECK ONE: <input checked="" type="checkbox"/> Applicant's Email <input type="checkbox"/> Applicant's Fax <input type="checkbox"/> Applicant's Mailing Address <input type="checkbox"/> Agent's Email <input type="checkbox"/> Agent's Fax <input type="checkbox"/> Agent's Mailing Address <input type="checkbox"/> Use Email or Fax or Address provided in space below:		
Application fee; cheque number 118		
SIGNATURE This notice of application must be signed by the Applicant or Applicant's agent.		
James Edwards		
FIRST AND LAST NAMES OF APPLICANT OR AGENT		
July 31, 2015		
DATE	SIGNATURE 	
For Registry Use Only	Date Received: _____	

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