

Form F46 Application to vary a modern award

Fair Work Act 2009, ss.157–160

This is an application to the Fair Work Commission to make a modern award or make a determination varying or revoking a modern award, in accordance with Part 2-3 of the [Fair Work Act 2009](#).

The Applicant



These are the details of the person who is making the application.

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Other please specify:		
First name(s)	Stephanie		
Surname	Barridge		
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			

If the Applicant is a company or organisation please also provide the following details

Legal name of business	
Trading name of business	
ABN/ACN	
Contact person	

Does the Applicant need an interpreter?



If the Applicant requires an interpreter (other than a friend or family member) in order to participate in conciliation, a conference or hearing, the Fair Work Commission will provide an interpreter at no cost.

Yes—Specify language

No

Does the Applicant require any special assistance at the hearing or conference (e.g. a hearing loop)?

Yes— Please specify the assistance required

No

Does the Applicant have a representative?



A representative is a person or business who is representing the Applicant. This might be a lawyer, or a representative from a union or employer association. There is no requirement to have a representative.

Yes—Provide representative's details below

No

Applicant's representative



These are the details of the person or business who is representing the Applicant.

Name of person			
Organisation			
Postal address			
Suburb			
State or territory		Postcode	
Phone number		Fax number	
Email address			

1. Coverage

1.1 What is the name of the modern award to which the application relates?



Include the Award ID/ Code No. of the modern award

General Retail Industry Award 2010 MA000004

1.2 What industry is the employer in?

Bridal Retail Sales

2. Application

2.1 What are you seeking?

Specify which of the following you would like the Commission to make:

- a determination varying a modern award
- a modern award
- a determination revoking a modern award

2.2 What are the details of your application?

To amend the The General Retail Industry Award 2010 Part 6 - Leave and Public Holidays, Number 34. To add:

Additional arrangements for full time employees. A full time employee whose rostered day off falls on a public holiday must either;

- Be paid an extra day's pay or
- Be provided with an alternative day off within 28 days or
- Receive an additional day's annual leave

Attach additional pages, if necessary.

2.3 What are the grounds being relied on?

Using numbered paragraphs, specify the grounds on which you are seeking the proposed variations.



You must outline how the proposed variation etc is necessary in order to achieve the modern awards objective as well as any additional requirements set out in the FW Act.

1. Section 134 of the Modern Awards (1.e.) states: the principle of equal remuneration for work of equal or comparable value.

2. The General Retail Industry Award Part 5 Numbers 34.1 and 34.2 do not cover full time employees whose weekly rostered days off fall on public holidays, in contrast

3. The Hospitality Industry General Award Number 37.1 and the Food, Beverage and Tobacco Manufacturing Award Number 37.3 does cover full time employees whose rostered days off fall on public holidays; stating either

- Be paid an extra day's pay or
- Be provided with an alternative day off within 28 days or
- Receive an additional day's annual leave

4. Therefore, when referring back to the objectives of the Modern Awards (1.e.), including this amendment in the General Retail Industry Award would be a fair and reasonable adjustment and in line with the other Awards and statement of "the principle of equal remuneration for work of equal or comparable value".

Attach additional pages, if necessary.

Signature



If you are completing this form electronically and you do not have an electronic signature you can attach, it is sufficient to type your name in the signature field. You must still complete all the fields below.

Signature	
Name	Stephanie Barridge
Date	05/01/2017
Capacity/Position	Retail Bridal Sales Manager



Where this form is not being completed and signed by the Applicant, include the name of the person who is completing the form on their behalf in the **Capacity/Position** section.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS