

Employer No: ER186-103

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Head Office No: H Office: Richmond  
Employer: DHX MEDIA (VANCOUVER PROD) LTD.  
Operating Name:  
Mailing Address: 2285 CLARK DR  
VANCOUVER, BC Canada  
V5N 3G8  
Phone: (604) 484-0266  
Fax:  
Cell:  
Email:

Received Date	Asgn No	Asgn Officer Type	Stat	Closed Date	Resl Typ
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\*\*\* CLOSED ASSIGNMENT EMPLOYEES ONLY \*\*\*

2016/10/06 s.22		CO Barichello, Danny		CLSD 2016/10/13	44
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s.22

ER# \_\_\_\_\_

Complainant's name \_\_\_\_\_

ER contact name \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Email: \_\_\_\_\_

METHOD CODE				PERSON CODE	
P	In Person	TT	Telephone Call to	ER	Employer
LT	Letter to	TF	Telephone Call from	A	Accountant:
LF	Letter from	TMT	Telephone Message to	ER L	Lawyer:
FT	Fax to	TMF	Telephone Message from	O	Other:
FF	Fax from	EMT	Email Message to	C	Complainant
		EMF	Email Message from	AD	Advocate:
				C's L	Lawyer
				O	Other:

C~Mediation: In person \_\_\_\_\_ By phone \_\_\_\_\_ 9:30 a.m. or 1:00 p.m. Week of \_\_\_\_\_

## CONTACTS MADE

NOTES BY #980 D. Barichello

Date	Method	Person	Notes
11	TT	C	C NOT TERMINATED YET - DUE
			s.22
			s.22
			WILL FIND MORE INFO FROM SUPER
12	TT	C	I TOLD C THAT NO COMPENSATION
			IS STILL PAYING BENEFIT
			ER GAVE IN WRITING THAT
			s.22 IS STILL EMPLOYED BUT
			WILL HAVE NO JOB TO RETURN
			TO - I TOLD C s.22 C CAN
			FILE COMP WHEN TERMINATION
			OCCURS W/O NOTICE OR COMPENSATION
13	EMT	C	SEE EMAIL - CASE - WITHDRAWN

**Barichello, Dan LBR:EX**

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**From:** Barichello, Dan LBR:EX  
**Sent:** Thursday, October 13, 2016 2:51 PM  
**To:** s.22  
**Subject:** Employment Standards  
  
**Importance:** High

Hello <sup>s.22</sup>. This email confirms our telephone conversation today in which you withdrew your complaint based on the information I provided you.  
The file is now closed.  
If they contravene the Act by terminating you without written working notice or compensation in lieu of notice or a combination of the two, you may file a complaint then.  
Thank you.

**Danny Barichello**  
**Delegate of the Director of Employment Standards**  
**Phone: 604-713-0403**  
**Fax: 604-713-0450**  
**Email: [dan.barichello@gov.bc.ca](mailto:dan.barichello@gov.bc.ca)**

**Employment Standards Branch**  
**250 - 4600 Jacombs Road**  
**Richmond, BC V6V 3B1**



OFFICE	
ESI DATE	
ER No.	186-103
ASSIGN No.	s.22
EE No.	
DATE ASSIGN	
OFFICER	

Office Copy

Date of complaint submission:  
October 06, 2016

**Confirmation # 6271059AND**

I have been advised by the Employment Standards Branch not to use the self-help kit for the following reason.

s.22

<b>Employer Information</b>		
Name of Employer: DHX Meida		
Mailing Address of employer: 2285 Clark Dr	City/town, Province, Country: Vancouver, BC, Canada	Postal Code: V5N 3G8
Telephone Number: 604-484-0266	Fax Number:	Type of business: Animation
Email Address:		
Name of supervisor: s.22	Name and home phone number of owner: ( )	
<i>Address of place where you worked if different from above</i>		
Street Address:	City/town, Province, Country:	Postal Code:
Is your employer bankrupt or in receivership? No		
Employers' bank:	Employers bank branch:	
Is your employer still in business? Yes	When did your employer go out of business?	

<b>Information About You</b>			
Your Last Name: s.22	Your first or given name:	Middle Initial(s):	
Mailing (street) Address: s.22	City/town, Province, Country:	Postal Code:	
Your home phone number:	Cellular or Alternate Number: s.22		
Email Address: s.22			
Are you under the age of 19? s.22			

Are you covered by a collective agreement (union contract):

s.22

Union's Name:

Union Rep's Name:

Union Rep's Phone Number:

Your work history with this employer

Your job title: s.22	Date you started work for this employer: s.22	Last day you worked for this employer: s.22
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Your rate of pay: s.22	Employment status: s.22
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How often are you paid?  
s.22

Are your hours of work regular? s.22	Hours worked per day:	Number of days worked per week: s.22	Total Hours per week: s.22
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Do you have a record of the hours worked for this employer:  
s.22

Work history continued. What do you believe you are owed?

	From date	To date	Estimated amounts
<input type="checkbox"/> Regular wages			\$0
<input type="checkbox"/> Overtime			\$0
<input type="checkbox"/> Annual vacation pay			\$0
<input type="checkbox"/> Statutory holiday pay			\$0
<input type="checkbox"/> Deductions from wage	Specify:		\$0
<input type="checkbox"/> NSF Cheques			\$0
<input type="checkbox"/> Pregnancy/Parental or other leave			\$0
<input checked="" type="checkbox"/> Compensation for length of service (termination pay)			s.22
<input checked="" type="checkbox"/> Other	Specify: Vacation accrued		
Estimated Total you are owed:			

Details of your complaint

s.22

Do you consent to your contact information being disclosed to your Employer?

s.22

Page 06 to/à Page 11

Withheld pursuant to/removed as

s.3