

LRA Form 7.18A
Application to Certify Bargaining Council Award and Writ of Execution

WHAT IS THE PURPOSE OF THIS FORM?

This part of the form requests the Registrar of the Labour Court to issue a writ of execution against the Respondent's property. Once the Registrar has issued this form, it must be delivered to the Sheriff of the Court in the district in which the respondent is situated.

WHO FILLS IN THIS FORM?

A party seeking to attach the property of the respondent must complete part 3 if the Director of the CCMA has certified an award in terms of Section 143 of the LRA.

If the party is a legal person, such as a trade union, employer's organisation or a company, a duly authorised representative must complete the form.

WHERE MUST THIS FORM BE TAKEN?

The registrar of the Labour Court must issue this form.

(See overleaf for details)

**PART 4
WRIT OF EXECUTION**

To the Sheriff/or his Deputy:

for the district of

You are hereby directed to:

(a) attach and take into possession the movable goods of
.....
the above-mentioned respondent of.....
.....
(address);

and

- (b) to realize by public auction of those goods:
 - (i) the sum ofawarded to the applicant in the above matter in terms of an arbitration award ('the award') dated.....and certified by Director of the CCMA on (date).....;
 - (ii) interest on the amount specified in paragraph (i) at the rate of percent annually calculated in accordance with section 143(2) of the Labour Relations Act from the date of the award;
 - (iii) the sum offor the taxed costs awarded to the applicant in terms of the award;
 - (iv) all costs incurred in executing this warrant;
- (c) to pay to the applicant or the applicant's attorney the amounts due to the applicant;
- (d) to return this writ to the applicant or the applicant's attorney together with a return of service stating what you have done in execution of this writ.


DATED at this.....
day of 20.....

.....
REGISTRAR OF THE LABOUR COURT

APPLICANT

ADDRESS:.....

CONTACT DETAILS:.....

Please turn over 

**LABOUR COURTS
CONTACT DETAILS****GAUTENG**

86 Juta Street
Arbour Square
Braamfontein 2001

PRIVATE BAG X 52 BRAAMFONTEIN 2017

Tel: 011 403 4893
Fax: 011 403 9327

WESTERN CAPE

Twinell House (1st Floor)
113 Loop Street Vlaeberg
Cape Town

P O BOX 15502 VLAEBERG 8018

Tel: 021 4249035/7
Fax: 021 4249059

KWA ZULU NATAL

ICL House (4th Floor)
480 Smith Street
Durban
4000

PRIVATE BAG X 54370 DURBAN 4000

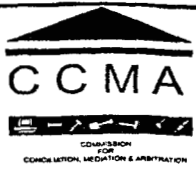

Tel: 031 3010111/04
Fax: 031 3010145

PORT ELIZABETH

Auto & General Towers
190 Govan Mbeki Avenue
Port Elizabeth
4000

PRIVATE BAG X 6004 P ELIZABETH 4000

Tel: 041 5864923 / 4/1
Fax: 041 5859860

<p style="text-align: center;">LRA Form 7.19 Section 188A Labour Relations Act, 1995</p>	<h2 style="margin: 0;">REQUEST FOR PRE-DISMISSAL ARBITRATION</h2>	
<p style="text-align: center;">Read This First</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>WHO FILLS IN THIS FORM?</p> <p>An employer requesting a pre-dismissal arbitration.</p> <p>WHERE DOES THIS FORM GO?</p> <p>To the Registrar, Provincial Office of the CCMA. Please refer to the last page for details.</p> <p style="text-align: center; margin-top: 20px;">CONSENT</p> <p>A pre-dismissal arbitration may only be conducted with the consent of the employee, or where an employee earning more than R 89 499 per annum has consented to the holding of the pre-dismissal arbitration in a contract of employment.</p>	<p>1. DETAILS OF EMPLOYER REQUESTING PRE-DISMISSAL ARBITRATION</p> <p>Name :</p> <p>Postal Address:</p> <p>Contact Person:</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... E-mail:.....</p> <p>2. REQUEST DETAILS</p> <p>The conduct of a pre-dismissal arbitration against</p> <p style="text-align: center;">(Name of Employee)</p> <p>for misconduct / incapacity.</p> <p>Full name of employee :</p> <p>Postal address:</p> <p>Tel:..... Fax:.....</p> <p>Cell:..... E-mail:.....</p> <p>3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY</p> <p>Attach a copy of the charges to this form</p> <p>4. CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBITRATION</p> <p>I</p> <p style="text-align: center;">(Name of Employee)</p> <p>confirm that I have been advised of the allegations against me; and</p> <p>(a) I consent to the process; or</p> <p>(b) I earn more than R89 499 per annum and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.</p> <p style="text-align: center; margin-top: 20px;"> </p> <p style="text-align: center; margin-top: 5px;"> EMPLOYEES SIGNATURE WITNESS </p>	
<p>Please turn over →</p>		

<p style="text-align: center;">FEES PAYABLE</p> <p>Proof of payment of the prescribed fee must accompany this form.</p> <p>Payment may only be made by:</p> <ul style="list-style-type: none"> ▪ Bank guaranteed cheque; ▪ Direct electronic payment into the CCMA's bank account. <p style="text-align: center;">OTHER INSTRUCTIONS</p> <p>A copy of this form has been served on the other party.</p> <p>Proof that a copy of this form has been served on the other party must be supplied by attaching:</p> <ul style="list-style-type: none"> ▪ A copy of a registered slip from the Post Office; ▪ A copy of a signed receipt if hand delivered; ▪ A signed statement confirming service by the person delivering the form; ▪ A copy of a fax confirmation slip; or ▪ Any other satisfactory proof of service. <p>Tick the correct box <input checked="" type="checkbox"/></p>	<p>5. PAYMENT OF FEES:</p> <p>Proof of payment of the prescribed fee of R3 420 (R3 000 plus VAT) is attached.</p> <p>6. PLACE OF HEARING</p> <p>Please select where you would like the pre-dismissal arbitration hearing to take place:</p> <p><input type="checkbox"/> CCMA Office</p> <p><input type="checkbox"/> Employer Premises</p> <p>If you select employer premises, please provide address of employer premises</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>7. SERVICES</p> <p>(a) Interpretation Services</p> <p>Do you require an interpreter at the conciliation pre-dismissal arbitration?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please indicate for what language:</p> <p><input type="checkbox"/> Afrikaans <input type="checkbox"/> IsiNdebele <input type="checkbox"/> IsiZulu <input type="checkbox"/> isiXhosa</p> <p><input type="checkbox"/> Sepedi <input type="checkbox"/> Sesotho <input type="checkbox"/> Setswana <input type="checkbox"/> siSwati</p> <p><input type="checkbox"/> Tshivenda <input type="checkbox"/> Xitsonga <input type="checkbox"/> Other (please indicate).....</p> <p>(b) Other</p> <p>Briefly outline any special features / additional information the CCMA needs to note:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>8. CONFIRMATION OF ABOVE DETAILS:</p> <p>Form submitted by (name):.....</p> <p>Signature:.....</p> <p>Position:</p> <p>Date:</p> <p>Place:</p> <p style="text-align: right;">Please turn over →</p>
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**PROVINCIAL
OFFICES OF THE CCMA****CCMA MPUMALANGA**

Foschini Centre
Eadie Street
Private Bag X7290, WITBANK, 1035
Tel: (013) 656-2800
Fax: (013) 656-2885/6
Email: WTB@ccma.org.za

CCMA EASTERN CAPE

107 Govan Mbeki Street
PORT ELIZABETH
Private Bag X22500, PORT ELIZABETH, 6000
Tel: (041) 505 4300
Fax: (041) 586-4585
Email: PE@ccma.org.za

CCMA NORTH WEST PROVINCE

CCMA House 47 Siddle Street,
KLERKSDORP
Private Bag X5004, KLERKSDORP, 2571
Tel: (018) 464-0700
Fax: (018) 462-4126
Email: KDR@ccma.org.za

CCMA FREE STATE

NBS Building,
Cnr Elizabeth & Westburger Street
BLOEMFONTEIN
Private Bag X20705, BLOEMFONTEIN, 9300
Tel: (051) 505-4400
Fax: (051) 448-4468/9
Email: BLM@ccma.org.za

CCMA NORTHERN CAPE

CCMA House, 1A Bean Street
KIMBERLEY
Private Bag X6100, KIMBERLEY, 8300
Tel: (053) 831-6780
Fax: (053) 831-5947/8
Email: KMB@ccma.org.za

CCMA GAUTENG

CCMA House, 20 Anderson Street,
JOHANNESBURG
Private Bag X94, MARSHALLTOWN, 2107
Tel: (011) 377-6600
Fax: (011) 377-6678/58/80
Email: GAUTENG@ccma.org.za

CCMA LIMPOPO

CCMA House, 104 Hans van Rensburg Street,
POLOKWANE
Private Bag X9512, POLOKWANE, 0700
Tel: (015) 297-5010
Fax: (015) 297-1649
Email: PTB@ccma.org.za

CCMA KWAZULU NATAL

Garlicks Chambers, 61 Field Street,
DURBAN
Private Bag X54363, DURBAN, 4000
Tel: (031) 362 - 2300
Fax: (031) 306-5402
Email: KZN@ccma.org.za

CCMA WESTERN CAPE

CCMA House, 78 Darling Street,
CAPE TOWN
Private Bag X9167, CAPE TOWN, 8000
Tel: (021) 469-0111
Fax: (021) 465-7197 or 465-7193
Email: CTN@ccma.org.za

LRA Form 7.20
Labour Relations Act 1995
Section 189A

**REQUEST FOR SECTION 189A
OPERATIONAL REQUIREMENTS
FACILITATION**



READ THIS FIRST



**WHAT IS THE PURPOSE OF
THIS FORM?**

This form enables a party to initiate a section 189A facilitation process.

WHO FILLS IN THIS FORM?

- An employer who employs more than 50 employees and is contemplating dismissing one or more employees for reasons based on the employer's operational requirements; or
- Consulting parties representing the majority of employees whom the employer contemplates dismissing.

WHERE DOES THIS FORM GO?

The Registrar, Provincial Office of the CCMA in the province where the dismissals for operational requirements is contemplated. See details on this page.

**WHAT WILL HAPPEN WHEN
THIS FORM IS SUBMITTED?**

When you request facilitation the CCMA will appoint a facilitator to assist the parties engaged in consultation process.

PROVINCIAL OFFICES OF THE CCMA

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Private Bag X7290, WITBANK 1035
Tel: (013) 656-2800
Fax: (013) 656-2885/6
Email: WTB@ccma.org.za

Tick the correct box

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.

OTHER INSTRUCTIONS

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching:

- A copy of a registered slip from the Post Office;
- A copy of a signed receipt if hand delivered;
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

CHECK!

Have you attached proof that this form has been served on the other party?
Does the employer employ more than 50 employees?

1. DETAILS OF PARTY REQUESTING FACILITATION

Employer *Party representing majority of employees*

Postal Address:.....
..... Postal Code:

Contact Person:

Tel:..... Cell:.....

Fax:..... Email:

2. DETAILS OF THE OTHER PARTY

Name:

Postal Address:.....
..... Postal Code:

Contact Person:

Tel:..... Cell:.....

Fax:..... Email:

3. HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY?

4. HOW MANY EMPLOYEES ARE LIKELY TO BE AFFECTED BY THE PROPOSED RETRENCHMENT?

5. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS?

6. ATTACH THE SECTION 189(3) NOTICE ISSUED BY THE EMPLOYER TO THIS FORM

Please turn over
→

7. SUMMARISE THE FACTS RELATING TO THE CONTEMPLATED DISMISSALS FOR OPERATIONAL REQUIREMENTS

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

8. SECTOR

Indicate the sector or service in which the dispute arose.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Retail sector | <input type="checkbox"/> Private Security | <input checked="" type="checkbox"/> Public Service |
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Food & Beverage | <input checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Wholesale | <input checked="" type="checkbox"/> Building & Construction | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Media & Television | <input type="checkbox"/> Mining | <input checked="" type="checkbox"/> Metal |
| <input type="checkbox"/> Motor | <input checked="" type="checkbox"/> Chemical | <input checked="" type="checkbox"/> Health |
| <input checked="" type="checkbox"/> Transport | <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Paper & Printing |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Other (please describe)..... | |

9. INTERPRETATION SERVICES

Do you require an interpreter at the facilitation? YES NO

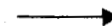
If yes, please indicate for what language:

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Sepedi | <input checked="" type="checkbox"/> Sesotho | <input checked="" type="checkbox"/> Setswana | <input type="checkbox"/> siSwati |
| <input checked="" type="checkbox"/> shivenda | <input checked="" type="checkbox"/> Xitsonga | <input checked="" type="checkbox"/> Other (please indicate)..... | |

Tick the correct box

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'.

Please turn over



Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

10. SPECIAL FEATURES / ADDITIONAL INFORMATION

Briefly outline any special features / additional information the CCMA needs to note:

.....
.....
.....
.....
.....
.....

11. PLACE OF FACILITATION

Please select where you would like the facilitation to take place:

- CCMA Office
- Employer Premises

If you select employer premises, please provide address of employer premises

.....
.....
.....
.....

12. CONFIRMATION OF ABOVE DETAILS:



Form submitted by (name):.....

Signature:.....

Position:.....

Date:.....

Place:.....

<p>LRA Form 7.21 Labour Relations Act 1995 Section 200A(3)</p>	<p align="center">REQUEST FOR ADVISORY AWARD ON WHETHER A PERSON IS AN EMPLOYEE</p>												
<p align="center">READ THIS FIRST</p> <p align="center"></p> <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is a request to the CCMA to issue an advisory award determining whether a person is an employee.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The parties to any working arrangement may request an advisory award provided the affected person/s earn R89 499 per annum or less.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Registrar, Provincial Office of the CCMA. See details on this page.</p> <p>WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?</p> <p>The CCMA will appoint a commissioner to hear the matter and issue an advisory award.</p>	<p align="center">PROVINCIAL OFFICES OF THE CCMA</p> <table border="0"> <tr> <td data-bbox="521 530 878 705"> <p>CCMA EASTERN CAPE 107 Govan Mbeki Street PORT ELIZABETH Private Bag X22500, PORT ELIZABETH 6000 Tel: (041) 505 4300 Fax: (041) 586-4585 Email: PE@ccma.org.za</p> </td> <td data-bbox="951 530 1276 705"> <p>CCMA NORTH WEST PROVINCE CCMA House 47 Siddle Street, KLERKSDORP Private Bag X5004, KLERKSDORP, 2571 Tel: (018) 464-0700 Fax: (018) 462-4126 Email: KDR@ccma.org.za</p> </td> </tr> <tr> <td data-bbox="521 757 878 954"> <p>CCMA FREE STATE NBS Building, Cnr Elizabeth & Westburger Street BLOEMFONTEIN Private Bag X20705, BLOEMFONTEIN, 9300 Tel: (051) 505-4400 Fax: (051) 448-4468/9 Email: BLM@ccma.org.za</p> </td> <td data-bbox="951 757 1276 932"> <p>CCMA NORTHERN CAPE CCMA House, 1A Bean Street KIMBERLEY Private Bag X6100, KIMBERLEY, 8300 Tel: (053) 831-6780 Fax: (053) 831-5947/8 Email: KMB@ccma.org.za</p> </td> </tr> <tr> <td data-bbox="521 1006 878 1181"> <p>CCMA GAUTENG CCMA House, 20 Anderson Street, JOHANNESBURG Private Bag X94, MARSHALLTOWN, 2107 Tel: (011) 377-6600 Fax: (011) 377-6678/58/80 Email: GAUTENG@ccma.org.za</p> </td> <td data-bbox="951 1006 1276 1181"> <p>CCMA LIMPOPO 104 Hans van Rensburg Street, POLOKWANE, 0699 Private Bag X9512, POLOKWANE 0700 Tel: (015) 297-5010 Fax: (015) 297-1649 Email: PTB@ccma.org.za</p> </td> </tr> <tr> <td data-bbox="521 1233 878 1408"> <p>CCMA KWAZULU NATAL Garlicks Chambers, 61 Field Street, DURBAN Private Bag X54363, Durban 4000 Tel: (031) 362 - 2300 Fax: (031) 306-5402 Email: KZN@ccma.org.za</p> </td> <td data-bbox="951 1233 1276 1408"> <p>CCMA WESTERN CAPE CCMA House, 78 Darling Street, CAPE TOWN Private Bag X9167, Cape Town, 8000 Tel: (021) 469-0111 Fax: (021) 465-7197 or 465-7193 Email: CTN@ccma.org.za</p> </td> </tr> <tr> <td data-bbox="521 1460 878 1635"> <p>CCMA MPUMALANGA CCMA House, Eadie Street WITBANK Private Bag X7290, WITBANK 1035 Tel: (013) 656-2800 Fax: (013) 656-2885/6 Email: WTB@ccma.org.za</p> </td> <td></td> </tr> </table>			<p>CCMA EASTERN CAPE 107 Govan Mbeki Street PORT ELIZABETH Private Bag X22500, PORT ELIZABETH 6000 Tel: (041) 505 4300 Fax: (041) 586-4585 Email: PE@ccma.org.za</p>	<p>CCMA NORTH WEST PROVINCE CCMA House 47 Siddle Street, KLERKSDORP Private Bag X5004, KLERKSDORP, 2571 Tel: (018) 464-0700 Fax: (018) 462-4126 Email: KDR@ccma.org.za</p>	<p>CCMA FREE STATE NBS Building, Cnr Elizabeth & Westburger Street BLOEMFONTEIN Private Bag X20705, BLOEMFONTEIN, 9300 Tel: (051) 505-4400 Fax: (051) 448-4468/9 Email: BLM@ccma.org.za</p>	<p>CCMA NORTHERN CAPE CCMA House, 1A Bean Street KIMBERLEY Private Bag X6100, KIMBERLEY, 8300 Tel: (053) 831-6780 Fax: (053) 831-5947/8 Email: KMB@ccma.org.za</p>	<p>CCMA GAUTENG CCMA House, 20 Anderson Street, JOHANNESBURG Private Bag X94, MARSHALLTOWN, 2107 Tel: (011) 377-6600 Fax: (011) 377-6678/58/80 Email: GAUTENG@ccma.org.za</p>	<p>CCMA LIMPOPO 104 Hans van Rensburg Street, POLOKWANE, 0699 Private Bag X9512, POLOKWANE 0700 Tel: (015) 297-5010 Fax: (015) 297-1649 Email: PTB@ccma.org.za</p>	<p>CCMA KWAZULU NATAL Garlicks Chambers, 61 Field Street, DURBAN Private Bag X54363, Durban 4000 Tel: (031) 362 - 2300 Fax: (031) 306-5402 Email: KZN@ccma.org.za</p>	<p>CCMA WESTERN CAPE CCMA House, 78 Darling Street, CAPE TOWN Private Bag X9167, Cape Town, 8000 Tel: (021) 469-0111 Fax: (021) 465-7197 or 465-7193 Email: CTN@ccma.org.za</p>	<p>CCMA MPUMALANGA CCMA House, Eadie Street WITBANK Private Bag X7290, WITBANK 1035 Tel: (013) 656-2800 Fax: (013) 656-2885/6 Email: WTB@ccma.org.za</p>	
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READ THIS FIRST



Tick the correct box

The name of the employee or an employer that is referring the request must be filled in (a).

If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organisation that is referring the request or assisting a member to refer the request must be filled in (b).

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.

Tick the correct box

1. DETAILS OF PARTY REQUESTING THE ADVISORY AWARD

As the referring party, are you:

- An employee A trade union
 An employer An employer's organisation

(a) Name of the party if the referring party is an employee or employer

Name:.....

ID Number:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:.....

Alternate contact details of employee:

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:.....

(b) Name of the referring party if the referring party is an employer's organisation or trade union, or if the employer's organization is assisting a member to the dispute

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:.....

2. DETAILS OF THE OTHER PARTY

The other party is:

- An employee A trade union
 An employer An employer's organisation

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:.....

Please Turn Over

PRESUMPTION

Section 200A(1) lists factors, which, if present create a presumption that a person is an employee

Tick whichever box is applicable

EARNINGS

An advisory award in terms of section 200A may only be sought in respect of person/s who earn amounts equal to, or less than, R89 499 per annum.

Tick the correct box

3. PRESUMPTION AS TO WHO IS AN EMPLOYEE

Please tick whichever block applies to the working arrangement of the person/s in respect of whom the advisory award is sought.

- The manner in which the person works is subject to the control or direction of another person.
- The person's hours of work are subject to the control or direction of another person.
- The person forms part of the organization for whom the work is performed.
- The person has worked for that other person for at least 40 hours per month over the last three months.
- The person is economically dependent on the other person for whom he or she works or renders services.
- The person is provided with tools of trade or work equipment by the other person.
- The person only works for or renders services to one person.
- Or none of the above apply

4. EARNINGS

The person or persons included in the working arrangement earn:

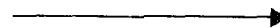
- 1.per annum
- 2.per annum
- 3.per annum

(If space is not sufficient, include additional information on a separate page and attach to this form)

5. SECTOR

- | | | |
|--|---|--|
| <input type="checkbox"/> Retail sector | <input type="checkbox"/> Private Security | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Paper & Printing | <input checked="" type="checkbox"/> Health |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Services | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Other (Please describe)..... | |

Please turn over



Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'.

Tick the correct box

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc. Reasons why advisory arbitration award is requested, may also be include.

OTHER INSTRUCTIONS

A copy of this form must have been served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching:

- A copy of a registered slip from the Post Office;
- A copy of a signed receipt if hand delivered;
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

6. INTERPRETATION SERVICES

Do you require an interpreter at the advisory hearing? YES NO

If yes, please indicate for what language:

- | | | |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> Sesotho | <input type="checkbox"/> Setswana |
| <input type="checkbox"/> Sepedi | <input type="checkbox"/> Xitsonga | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> isiZulu | <input type="checkbox"/> siSwati |
| <input type="checkbox"/> isiNdebele | <input type="checkbox"/> Other (Please indicate.....) | |

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

Briefly outline any special features / additional information the CCMA needs to note:

.....

.....

.....

.....

.....

8. CONFIRMATION OF ABOVE DETAILS



Form submitted by (name):

Signature:

Position:

Date:

Place:

<p style="text-align: center;">LRA Form 9.1 Section 205(1) Labour Relations Act, 1995</p>	<div style="text-align: right; padding-bottom: 10px;">  </div> <p style="text-align: center;">EMPLOYER'S RECORD OF EMPLOYEE'S EARNINGS, DEDUCTIONS AND TIME WORKED</p>																																	
<p style="text-align: center;">READ THIS FIRST</p> <div style="text-align: center; margin: 10px 0;">  </div> <p style="text-align: center;">WHAT IS THE PURPOSE OF THIS FORM?</p> <p>This form is a record of employees' hours of work and their wages. The form assists inspectors and designated agents to check that certain minimum standards in terms of any collective agreement, award or determination is kept by employers.</p> <p style="text-align: center; margin-top: 20px;">WHO FILLS IN THIS FORM?</p> <p>The employer.</p> <p>OTHER INSTRUCTIONS</p> <p>State employers that fall within the jurisdiction of the Public Service Co-ordinating Bargaining Council do not have to fill in this form.</p>	<p>1) GENERAL INFORMATION</p> <p>Date:</p> <p>Shifts worked</p> <p>a) from to</p> <p>b) fromto</p> <p>c) fromto</p> <p>2) EMPLOYEE INFORMATION</p> <p>Name:</p> <p>ID number:</p> <p>Occupation:</p> <p>Status (full time or piece worker)</p> <p>Age:</p> <p>3) ORDINARY TIME WORKED (INCLUDES SHIFT WORK IF APPLICABLE AND EXCLUDES OVERTIME WORK)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Day of the week</th> <th style="text-align: left;">Hours worked</th> <th style="text-align: left;">Shift a), b) or c)</th> </tr> </thead> <tbody> <tr><td>Sunday</td><td>.....</td><td>.....</td></tr> <tr><td>Monday</td><td>.....</td><td>.....</td></tr> <tr><td>Tuesday</td><td>.....</td><td>.....</td></tr> <tr><td>Wednesday</td><td>.....</td><td>.....</td></tr> <tr><td>Thursday</td><td>.....</td><td>.....</td></tr> <tr><td>Friday</td><td>.....</td><td>.....</td></tr> <tr><td>Saturday</td><td>.....</td><td>.....</td></tr> <tr><td>Total hours</td><td>.....</td><td>.....</td></tr> <tr><td>Ordinary rate per hour</td><td>.....</td><td>.....</td></tr> <tr><td>Amount due</td><td>.....</td><td>.....</td></tr> </tbody> </table>	Day of the week	Hours worked	Shift a), b) or c)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours	Ordinary rate per hour	Amount due
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Thursday																																
Friday																																
Saturday																																
Total hours																																
Ordinary rate per hour																																
Amount due																																

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4) OVERTIME

Day of the week	Hours worked
Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Total overtime hours
Overtime rate per hour
Amount due



5) PAY

Earnings	
Amount from ordinary work
Amount from overtime work
Any other allowance
Total
Deductions	
P.A.Y.E.
Canteen
Loan
Other
Total take home pay

I,certify that this information is correct.
 (employer's name)

Signature:

Date:

<p>LRA Form 9.2 Section 205(3)(a) Labour Relations Act, 1995</p>	<p>RECORD OF STRIKE, LOCK-OUT OR PROTEST ACTION</p> 
<p>READ THIS FIRST</p>  <p>WHAT IS THE PURPOSE OF THIS FORM?</p> <p>An employer must keep a record of any strike, lock-out or protest action involving its employees.</p> <p>WHO FILLS IN THIS FORM?</p> <p>The employer.</p> <p>WHERE DOES THIS FORM GO?</p> <p>The Director-General Department of Labour Private Bag x117 Pretoria 0001</p> <p>OTHER INSTRUCTIONS</p> <p>The employer must submit this form within seven days of the completion of the strike, lockout or protest action.</p> <p>If a strike, lockout or protest action occurs in more than one workplace of a single employer then a separate form must be completed for each workplace.</p>	<p>RECORD OF DETAILS OF STRIKE, LOCK-OUT OR PROTEST ACTION TO BE KEPT BY EMPLOYER IN TERMS OF SECTION 205(3)(A)</p> <p>1) EMPLOYER DETAILS</p> <p>Name:</p> <p>Physical address:</p> <p>.....</p> <p>.....</p> <p>Province:</p> <p>Tel: Fax:</p> <p>Sector / nature of business:</p> <p>.....</p> <p style="text-align: center;">(eg food, mining, retail)</p> <p>Are wages and working conditions normally determined in a bargaining or statutory council or similar industry-level body?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes:</p> <p>.....</p> <p>2) DETAILS OF THE ACTION</p> <p>Nature of action:</p> <p><input type="checkbox"/> Strike in company only</p> <p><input type="checkbox"/> Multi-employer strike</p> <p><input type="checkbox"/> Lockout</p> <p><input type="checkbox"/> Stay-away, protest action</p> <p><input type="checkbox"/> Other industrial action, specify</p> <p>.....</p> <p>Duration:</p> <p>Began (Date) (Time)</p> <p>Ended..... (Date) (Time)</p> <p>Duration in workdays (or hours if relevant).....</p>

... please turn over →

	<p>Employees</p> <p>Number of employees involved Number of total workforce.....</p> <p>% of female employees involved % of females in total workforce....</p> <p>Total man-hours lost Total wages lost in Rands</p> <p>Unions</p> <p>Which unions were involved? (If more than one union, list main union first. If no union then indicate.)</p> <p>.....</p> <p>.....</p> <p>Compliance with the Act</p> <p>Was the action in compliance with the Act? (e.g. procedural or unprocedural)</p> <p>..... Yes No Don't Know</p> <p>If no, or don't know, please explain</p> <p>.....</p> <p>Reasons:</p> <p>Provide reasons for the action and describe the demands made:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Strikes:</p> <p>If the action was a strike, please answer the following questions:</p> <p>Did the employer lock-out the strikers? (defensive lockout)</p> <p>How was the strike resolved?</p> <p>Was replacement labour used?</p> <p>How many strikes, other than this strike have you experienced in the last 36 months</p> <p>Signature of employer: Date:.....</p> <p>Name of employer:</p>
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