



<p>NBCCI FORM CHEMICAL INDUSTRY - 1</p> 	<p>PART A REFERRING A DISPUTE TO THE NBCCI FOR CONCILIATION AND ARBITRATION</p>	
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WHO FILLS IN THIS FORM?

Employer, employee, trade union or employer organization.

WHERE DOES THIS FORM GO?

NATIONAL BARGAINING COUNCIL FOR THE CHEMICAL INDUSTRY (NBCCI) OFFICES:

5 Hollard Street
PO Box 61418
Marshalltown
2107

TEL: (011) 833 0922

FAX: (011) 833 0921 / (011) 838 5565/ (011) 833 0452

EMAIL: nbcci@nbcci.org.za

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

When you refer the dispute to the NBCCI, it will appoint a panelist from the NBCCI panel who will attempt to resolve the dispute. If the parties to the dispute have agreed on a particular NBCCI panelist, the NBCCI will appoint that panelist (provided the panelist is available).

OTHER INSTRUCTIONS

Please note that the following disputes must be forwarded directly to the CCMA, and cannot be dealt with by a bargaining council in terms of the Labour Relations Act, no 66 of 1995 ("the LRA"):

- Disclosure of information (Section 16 and 89 of the LRA)
- Organisational rights (Chapter III part A of the LRA)
- Agency shop disputes (Section 25 of the LRA)
- Closed shop disputes (Section 26 of the LRA)
- Interpretation or application of collective bargaining provisions (Section 63 (1) of the LRA)
- Picketing disputes (Section 69 of the LRA)
- Workplace forum disputes (Sections 86 and 94 of the LRA)
- Facilitation – Operational Requirements (Section 189A of the LRA)

FURTHER 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 affidavit confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

READ THIS FIRST



Tick the correct box **p**

The name of the employee or an employer that is referring the dispute 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 dispute or assisting a member to refer a dispute 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 this page to this form.

Tick the correct box **p**

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> An employee | <input type="checkbox"/> A trade union (admitted to the NBCCI) |
| | <input type="checkbox"/> A trade union (not admitted to the NBCCI) |
| <input type="checkbox"/> An employer | <input type="checkbox"/> An employer's organization(admitted to the NBCCI) |
| | <input type="checkbox"/> An employer's organization(not admitted to the NBCCI) |

(a) Name and details of the referring party :

Name:.....
ID Number:.....
Postal Address:.....
.....Postal Code:.....
Tel:.....Cell:.....
Fax:..... Email:

(b) Alternate contact details of the referring party:

Name:.....
Postal Address:.....
.....Postal Code:.....
Tel:.....Cell:.....
Fax:..... Email:

2. DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE)

The other party is:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> An employee | <input type="checkbox"/> A trade union (admitted to the NBCCI) |
| | <input type="checkbox"/> A trade union (not admitted to the NBCCI) |
| <input type="checkbox"/> An employer | <input type="checkbox"/> An employer's organisation (admitted to the NBCCI) |
| | <input type="checkbox"/> An employers' organization(not admitted to the NBCCI) |

Name:.....
Postal Address:.....
.....Postal Code:.....
Tel:.....Cell:.....
Fax:..... Email:

Please turn over



LRA Form
 Chemical Industry - 1

PART B
ADDITIONAL FORM FOR DISMISSAL
DISPUTES ONLY

DATE OF REFERRAL

Dismissal disputes must be referred (i.e. received by the NBCCI) within 30 days of dismissal or, if it is a later date, within 30 days of the employer making a final decision to dismiss or to uphold the dismissal. If more than 30 days has elapsed since the date of your dismissal, you are required to apply for condonation.

Tick the correct box **p**

Tick the correct box **p**

If necessary write the details on a separate page and attach to this form.

1. COMMENCEMENT OF EMPLOYMENT

When did you start working at the company?

2. NOTICE OF DISMISSAL

When were you dismissed (date)?

How were you informed of your dismissal?

In writing Orally

Other (*please describe*)

3. REASON FOR DISMISSAL

Why were you dismissed?

Misconduct Incapacity

Operational Requirements (Retrenchment) Unknown

Constructive

Other (*please describe*)

4. WAS THE DISMISSAL RELATED TO PROBATION Yes NO

5. FAIRNESS/UNFAIRNESS OF DISMISSAL

a. Procedural Issues

Was the dismissal procedurally unfair? YES NO

If yes, why?

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b. Substantive Issues

Was the reason for the dismissal unfair? YES NO

If yes, why

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