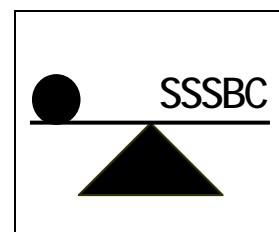


**READ THIS
FIRST**

**REFERRING A DISPUTE TO THE
SSSBC**



WHAT IS THE PURPOSE OF THIS FORM?

This form enables a person or an organisation to refer a dispute to the SSSBC for resolution.

WHO FILLS IN THIS FORM?

The party who wants to declare a dispute (Employer, Employee, or Trade Union)

WHERE DOES THIS FORM GO?

SSSBC OFFICES

Lyttleton Office Village
260 Basden Avenue
Lyttleton
Centurion

P O BOX 11269
CENTURION
0046

TEL: 012-644 8115/8116/8136 & FAX: 012-664 8992

INSTRUCTIONS

It is your duty to ensure that this form is duly completed and all relevant documentation is attached (i.e Proof of service, step 4 application or certificate. If you do not receive any correspondence within 7 working days, please contact the Council to verify if your application is correct.

OTHER INSTRUCTIONS

Please note that the following disputes must be forwarded directly to the CCMA, and cannot be dealt with by the SSSBC.

- Disclosure of information (Section 16 and 89 of the Labour Relations Act, no 66 of 1995)
- Organisational rights (Chapter III part A of the Labour Relations Act, no 66 of 1995)
- Agency shop disputes (Section 25 of the Labour Relations Act, no 66 of 1995)
- Closed shop disputes (Section 26 of the Labour Relations Act, no 66 of 1995)
- Interpretation or application of collective bargaining provisions (Section 63 (1) of the Labour Relations Act, no 66 of 1995)
- Workplace forum disputes (Sections 86 and 94 of the Labour Relations Act, no 66 of 1995)
- Discrimination disputes (Section 6 of the Employment Equity Act)

INSTRUCTIONS

It is your duty to ensure that this form is duly completed and relevant documentation is attached (i.e Proof of service, the step 4 application or certificate). If you do not receive any correspondence within 7 working days, please contact the Council to verify if your application is correct.

1. DETAILS OF PARTY REFERRING THE DISPUTE

Tick the correct box

As the referring party, are you:

- An employee
- An employer
- A trade union (admitted to the SSSBC)
- A trade union (not admitted to the SSSBC)

(a) Details of the employee:

If you are an **employee** fill in (a). If there is more than one employee involved, the other applicant (s) must attach their details to the form.

If you are an **union official or representative**, fill in the employee's details in (a) and your details in (b) below.

Surname:.....First Names:.....

Identity number:.....

Rank:.....

Persal number:.....

Station / Head Office Component:.....

Area:

Province or division:.....

Head Office Component:.....

Postal Address:.....

.....

.....

Postal Code

Tel: Cell:.....

Fax:Email:.....

If you belong to a trade union, indicate which one?

(b) Please supply the contact details of employee's representative / Alternative contact details of employee:

These contact details should be of a union official or representative. If the employee is not represented, these contact details should be of a relative or a friend.

Surname:..... First Names:

Postal Address:.....

.....

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

Tel: Cell:.....

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

Capacity:
(Tick relevant box)

Union official

Legal Representative

Co-employee

Relative / Friend

INSTRUCTIONS

It is your duty to ensure that this form is duly completed and relevant documentation is attached (i.e Proof of service, the step 4 application or certificate. If you do not receive any correspondence within 7 working days, please contact the Council to verify if your application is correct.

To be completed by the employer or union if it is a collective dispute

(c) If the referring party is an employer or trade union

Name of organisation:.....
Contact person:
Postal Address: Postal Code
Tel: Cell:
Fax: Email:
How many employees are affected by this dispute:

2. PARTICULARS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE e.g. SAPS)

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

3. NATURE OF THE DISPUTE

What is the dispute about ? **(tick only one box)**

Tick the relevant box

If the dispute concerns an unfair dismissal, Part B of the form must also be completed.

- Unfair dismissal
- Matters of mutual Interest
- Refusal to Bargain
- Unilateral change to terms and conditions of employment
- Severance pay
- Unfair Labour Practice:
 - 1. Promotion
 - 2. Demotion
 - 3. Training
 - 4. Benefits (salary issues / leave pay / transfers excluded)
 - 5. Suspension / other disciplinary action short of dismissal
 - 6. Failure to re-instate in terms of an agreement
- Interpretation and/or application of a collective agreement

INSTRUCTIONS

It is your duty to ensure that this form is duly completed and relevant documentation is attached (i.e Proof of service, the step 4 application or certificate. If you do not receive any correspondence within 7 working days, please contact the Council to verify if your application is correct.

6. OUTCOME REQUIRED

What outcome do you require?

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

The SSSBC only provides interpretation services for South African languages.

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

(a) Interpretation Services

Do you require an interpreter ?

YES	NO
-----	----

If yes, please indicate for what language:

- Afrikaans isiNdebele isiZulu isiXhosa
- Sepedi Sesotho Setswana siSwati
- Tshivenda Xitsonga

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

Attach any additional documentation if necessary.

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

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

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

Dispute about unilateral change to terms and conditions of employment (s64(4))

I/we require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restore the terms and conditions of employment that applied before the change.

Signed:
(employee party referring the dispute)

INSTRUCTIONS

It is your duty to ensure that this form is duly completed and relevant documentation is attached (i.e Proof of service, the step 4 application or certificate. If you do not receive any correspondence within 7 working days, please contact the Council to verify if your application is correct.

8. CONFIRMATION OF ABOVE DETAILS

I confirm that a copy of this form has been sent to the other party/parties to the dispute and proof of this is attached to this form.

PLEASE NOTE: Proof that a copy has been sent includes:

- A copy of a registered slip from the Post Office
- A copy of a signed receipt if hand delivered
- A signed statement by the person whom delivered the form
- A copy of a fax transmission slip reflecting the opposing party's fax number

I further confirm that I have the necessary authority to sign this form

Kindly complete this part and sign

Name of person signing this referral form:

Position occupied:.....

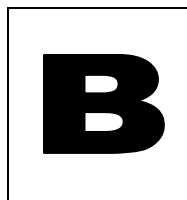
Signature of party referring the dispute:

Signed at this day on
place (date, day, month, year)

YOUR CHECKLIST (please tick):

I have completed this form fully and correctly.	Yes
I have attached proof that this form has been served on the other party.	Yes
I have attached the outcome of the step 4 meeting / proof that I have applied for a step 4 meeting	Yes

ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY



Dismissal disputes must be referred (i.e. received by the SSSBC within 30 days of dismissal). If the dismissal was more than 30 days ago, you are required to apply for condonation by completing part C of the form.

Constructive dismissal is when you terminate your contract of employment with or without notice because the employer made continued employment intolerable for you by his/her actions or gestures etc.

1. COMMENCEMENT OF EMPLOYMENT

Date of appointment:.....
(give the date, day, month and year)

2. NOTICE OF DISMISSAL

Please give the date of your dismissal.....
(give the date, day, month and year)

How were you informed of your dismissal?

By letter Verbally

At/After a disciplinary hearing

Other (please describe)

Was it constructive dismissal?

YES	NO
-----	----

REASON FOR DISMISSAL

Why were you dismissed?

Misconduct Incapacity

Operational Requirements (Retrenchment) Unknown

Other (please describe)

2. FAIRNESS/UNFAIRNESS OF DISMISSAL

(a) Procedural Issues

Do you think that the dismissal was procedurally unfair?
(Were the internal *procedures* not followed)

YES	NO
-----	----

If yes, why?

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

(b) Substantive Issues

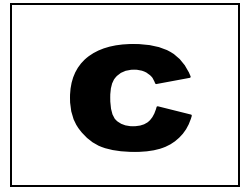
Do you feel the dismissal was substantially unfair?
(Were the *reasons* for the dismissal unfair)

YES	NO
-----	----

If yes, why?

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

APPLICATION FOR CONDONATION FORM



_____ (Applicant/Employee)

and

_____ (Respondent/Employer)

AFFIDAVIT

I, the undersigned, _____
(Full name of Applicant/Respondent)

do hereby make oath and say:

1. The facts contained in this affidavit are within my personal knowledge and are true and correct.

2. BACKGROUND

2.1 The dispute arose on _____
after all attempts to negotiate or follow internal procedures at the respondent failed

3. THE DEGREE OF LATENESS

3.1 The referral is _____ days late.

3.2 Applicant did the following to pursue his/her rights after the dispute arose:

3.2.1 Applicant went to his/her union / the Department of Labour / Community Advice Centre / Legal
Advice Centre (delete which are not applicable) on _____

3.2.2 Applicant signed the referral form on _____

4. REASONS FOR LATENESS

The reason/s that applicant referred the matter late is _____

6. **PREJUDICE**

As the applicant (employee), if condonation is not granted, I will be prejudiced because _____

I believe that the respondent (employer party) will / will not be prejudiced if condonation is granted because _____

7. **GENERAL**

Any other relevant information _____

SIGNATURE OF APPLICANT

Signed before me on _____ at _____
by the deponent who acknowledges that he/she knows and understands the contents of the affidavit, had no objection
to taking the oath / affirmation and considers it binding on his/her conscience.

Commissioner of Oaths _____

Name: _____

Address: _____

Capacity: _____