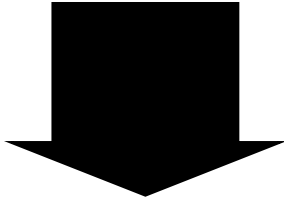


**READ THIS
FIRST**



**REFERRING A DISPUTE
TO THE GPSSBC FOR
CONCILIATION**



WHAT IS THE PURPOSE OF THIS FORM?

This form enables a person or an organisation to refer a dispute to the GPSSBC for conciliation.

WHO FILLS IN THIS FORM?

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

WHERE DOES THIS FORM GO?

GPSSBC OFFICES

Lyttleton Office Village
260 Basden Avenue
Lyttleton
Centurion

P O BOX 4437
PRETORIA
0001

TEL: 012-644 8100 /8132

FAX: 012-664 8749

OTHER INSTRUCTIONS

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

- 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)

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 GPSSBC)
- A trade union (not admitted to the GPSSBC)

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.

PLEASE NOTE THAT THE ID NUMBER OF THE EMPLOYEE IS COMPULSORY

(a) Details of the employee:

Surname: First Names:

Identity number:

Position:

Persal number:

City (Place of work):

Postal Address:

..... Postal Code

Tel: Cell:

Fax: Email:

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

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 where correspondence could be forwarded if needed

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

Surname: First Names:

Postal Address:

..... Postal Code

Tel: Cell:

Fax: Email:

Capacity: (Tick relevant box)

Union official	Legal Representative	Co-employee	Relative / Friend
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How many employees are affected by this dispute:

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

Department / Organisation:.....
Contact person:
Postal Address:
Postal Code:
Tel: Cell:
Fax: Email:

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

Department / Organisation:
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 [X]

If the dispute concerns an unfair dismissal, Part B of the form must also be completed.
If more than one box is marked it will be regarded as a not properly served document

- Unfair dismissal
Matters of mutual Interest
Refusal to Bargain
Unilateral change to terms and conditions of employment
Severance pay
Interpretation and/or application of a collective agreement
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
7. Probation
8. Occupational detriment in contravention of Protected Disclosure Act (Act 26 of 2000)

4. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the GPSSBC?

YES	NO
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If yes, describe the outcome of process followed.

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The GPSSBC only has jurisdiction once internal procedures have been exhausted.

5. FACTS OF THE DISPUTE

This section must be completed!

The dispute arose on:
(give the date, day, month and year)

The dispute arose where:
(give the City/Town in which the dispute arose)

6. OUTCOME REQUIRED

What outcome do you require?

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

The GPSSBC only provides interpretation services for South African languages.

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

(a) Interpretation Services

Do you require an interpreter ?

YES	NO
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If yes, please indicate for what language:

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

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

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.

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If it is a dispute about unilateral change to terms and conditions of employment (s64(4)), you may sign the block below

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

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)

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 person 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

B

ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY



Dismissal disputes must be referred (i.e. received by the GPSSBC 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
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If yes, why?

.....

.....

.....

.....

(b) Substantive Issues

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

YES	NO
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If yes, why?

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.....



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: _____