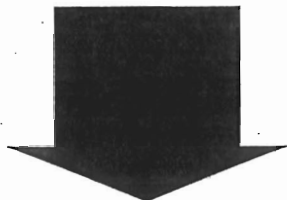


**SSSBC REFERRAL
FORM S1**

**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**

Public Service Bargaining Centre
260 Basden Avenue
Lyttelton
Centurion

P O BOX 11269
CENTURION
0046

TEL : 012-644 8128/8116/8136

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, Mediation 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 all relevant documentation is attached (i.e. Proof of service, Mediation 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

As the referring party, are you:

Tick the correct box

<input type="checkbox"/>
<input type="checkbox"/>

An employee
An employer

<input type="checkbox"/>
<input type="checkbox"/>

A trade union (admitted to the SSSBC)
A trade union (not admitted to the SSSBC)

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

(a) Details of the employee:

Surname: _____ First Names: _____

Identity number: _____

Rank: _____

Persal number: _____

Station/Head Office Component: _____

Province or Division: _____

Head Office Component: _____

Postal Address: _____

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.

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:

Surname: _____ First Names: _____

Postal Address: _____

Postal code: _____

Tel: _____ Cell: _____

Fax: _____ Email: _____

INSTRUCTIONS

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

Capacity:

Union Official	Legal Representative	Co- employee	Relative/ Friend
---------------------------	---------------------------------	-------------------------	-----------------------------

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: _____

INSTRUCTIONS

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

3. NATURE OF THE DISPUTE

What is the dispute about? (Tick only one box)

Tick the relevant box

- Matters of mutual interest
- Refusal to Bargain
- Unilateral change to terms and conditions of employment
- Severance Pay
- Interpretation and application of a collective agreement
- Interpretation and application of the Constitution

UNFAIR DISMISSAL

- Misconduct
- Constructive Dismissal
- Incapacity
- Operational Requirement (Retrenchments)
- Automatically unfair dismissals
- Other

UNFAIR LABOUR PRACTICE

- Promotion
- Demotion
- Training
- Benefits (salary issues/leave pay are excluded)
- Suspension
- Disciplinary action short of dismissal
- Failure to reinstate in terms of an agreement

4. DETAILS OF DISPUTE PROCEDURES FOLLOWED

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

YES	NO
-----	----

If the dispute concerns a grievance, a copy of the outcome of mediation, or, if no mediation was held, your application for mediation must be attached to this form.

If the dispute concerns an unfair dismissal the outcome of the appeals procedure, if applicable, must be attached to this form

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

If yes, describe the outcome of process followed.

Have you attached additional pages regarding the facts of the dispute to the form?

(Tick relevant box) YES: NO:

If yes, how many pages? _____

INSTRUCTIONS

It is your duty to ensure that this form is duly completed and all relevant documentation is attached (i.e. Proof of service, Mediation 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?

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

(a) Interpretation Services

The SSSBC only provides interpretation services for South African languages.

Do you require an interpreter?

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 type="checkbox"/>	Sesotho	<input type="checkbox"/>	Setswana	<input type="checkbox"/>	siSwati
<input type="checkbox"/>	Tshivenda	<input type="checkbox"/>	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.

(b) 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 all relevant documentation is attached (i.e. Proof of service, Mediation certificate). If you do not receive any correspondence within 7 working days, please contact the Council to verify if your application is correct.

8. APPLICATION FOR PROMOTIONAL DISPUTES

Background Information

If the disputes is about promotion Part D of the form must be completed

- (a) The dispute arose on: _____
(give the date, day, month and year)
- (b) The name of the post in dispute: _____
- (c) The number of the post in dispute: _____

P
Particulars of the he successful candidate

To be completed by an employee or union if it is a promotional dispute

It is compulsory to attach proof of service indicating that the successful candidate has been served with the referral form

Name: _____

Postal Address: _____

Postal Code: _____

Tel: _____ Cell: _____

Fax: _____ Email: _____

9. CONFIRMATION OF ABOVE DETAILS

I confirm that a copy of this form has been served 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

Kindly complete this part and sign.

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

Name of person signing this referral form: _____

Position occupied: _____

Signature of party referring the dispute: _____

Signed at _____ this day on _____
(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 mediation certificate /or proof that I have applied for mediation.	Yes
I have attached a proof of service and affidavit for joinder application	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.

1. COMMENCEMENT OF EMPLOYMENT

Date of appointment: _____
(date, day, month and year)

2. NOTICE OF DISMISSAL

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

How were you informed of your dismissal?

- By letter
- Verbally
- At/After a disciplinary hearing
- Other (please describe): _____

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.

Was it a constructive dismissal?

YES	NO
-----	----

3. REASON FOR DISMISSAL

- Misconduct
- Incapacity
- Operational Requirements (Retrenchment)
- Unknown
- Other (please describe): _____

4. 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? _____

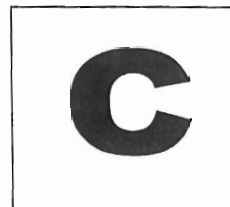
(b) Substantive Issues

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

YES NO

If yes, why? _____

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR
CONDONATION**



_____ (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 _____

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: _____



AFFIDAVIT IN SUPPORT OF JOINDER APPLICATION

_____ (Applicant/Employee)

and

_____ (1st Respondent/Employer)

and

_____ (2nd Respondent/Successful Candidate)

and

_____ (3rd Respondent/Successful Candidate)

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 _____

3. PARTICULARS OF THE OF THE PERSON TO BE JOINED

Name: _____

Postal Address: _____

Tel: _____ Cell: _____

Fax: _____ Email: _____

4. FACTS OF THE PROMOTION POST IN DISPUTE:

5. REASONS WHY THE SUCCESSFUL CANDIDATE SHOULD BE JOINED

6. 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: _____

2. the Applicant's appoint the address set down below as the place where service of all documents in these proceedings will be accepted;
3. if the Respondent intends opposing this application the Respondent must, within 10 (ten) working days of receipt of this application, notify the SSSBC in writing accordingly and file an answering affidavit, failing which the matter may be decided in the Respondent's absence

DATE at _____ on this _____ day of _____ 2007.

Applicant Attorney/ Trade Union
Physical or Postal address
Tel:
Fax:

TO:

THE SAPS
C/O Dir. P De Kock
PRETORIA
Fax: (012) 393 7159

Received by

AND

TO:

THE SSSBC
CENTURION
FAX: (012) 664 8992

Received by

AND

TO:

1st RESPONDENT
Physical or Postal address
Tel:
Fax:

Received by