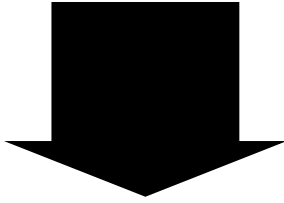


READ THIS
FIRST



REFERRING A DISPUTE
TO THE PUBLIC HEALTH
AND SOCIAL
DEVELOPMENT
SECTORAL BARGAINING
COUNCIL FOR
CONCILIATION



WHAT IS THE PURPOSE OF THIS FORM?

This form enables a person or an organisation to refer a dispute to the PHSDSBC.

WHO FILLS IN THIS FORM?

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

WHERE DOES THIS FORM GO?

PHSDSBC OFFICES

Public Service
260 Basden Avenue
Lyttleton
Centurion

P O BOX 11467
CENTURION
0046

TEL: 0860 747 322

FAX: 012-664 8045/7248

OTHER INSTRUCTIONS

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

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

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.

PLEASE NOTE THAT THE ID NUMBER OF THE EMPLOYEE IS COMPULSORY

(a) Details of the employee:

Surname: First Names:

Identity number:

Position:.....

Persal number:

Place of work (Institution address):.....

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:

Surname:..... First Names:

Postal Address:

.....

Postal Code

Tel: Cell:

Fax: Email:

Capacity:
(Tick relevant box)

Union official

Legal Representative

Co-employee

Relative / Friend

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

Forward the dispute to the National Chief Negotiator if the matter is transverse in nature

Chief Negotiator:
Contact Person:
Postal Address:
Fax:

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

- o Unfair dismissal
o Matters of mutual Interest
o Refusal to Bargain
o Unilateral change to terms and conditions of employment
o Severance pay
o Interpretation and/or application of a collective agreement

- Unfair Labour Practice:
1. o Promotion
2. o Demotion
3. o Training
4. o Benefits (salary issues / leave pay / transfers excluded)
5. o Suspension / other disciplinary action short of dismissal
6. o Failure to re-instate in terms of an agreement
7. o Probation
8. o Occupational detriment in contravention of Protected Disclosure Act (Act 26 of 2000)

6. OUTCOME REQUIRED

What outcome do you require?

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

The PHSDSBC 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:

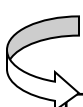
- Afrikaans
- Sepedi
- Tshivenda
- isiNdebele
- Sesotho
- Xitsonga
- isiZulu
- Setswana
- isiXhosa
- siSwati

Briefly outline any special features / additional information the PHSDSBC 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.

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



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:

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)

YO UR 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

ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY

B

Dismissal disputes must be referred (i.e. received by the PHSDSBC 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:
(give the date, day, month & year)

2. NOTICE OF DISMISSAL

Please give the date of your dismissal.
(give the date, day, month & 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 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?

YES	NO
-----	----

(Were the *reasons* for the dismissal unfair)

--	--

If yes, why?

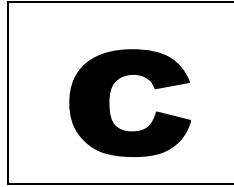
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APPLICATION FOR CONDONATION FORM



_____ (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.

The respondent must, within 14 days of receipt of this affidavit from the applicant, file an affidavit opposing an application an application for condonation by the applicant.

The respondent must forward a copy of the affidavit to the other party, as well as to the Council, within the stipulated 14 days. Proof must be attached to show that the affidavit has been forwarded to the other party. This would be in the form of either a registered slip, fax transmission slip or an affidavit of hand delivery.

Commissioner of Oaths _____

Name: _____

Address: _____

Capacity: _____

