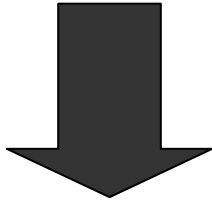




READ THIS FIRST



WHO FILLS IN THIS FORM?

An employer requesting a pre-dismissal arbitration

WHERE DOES THIS FORM GO?

To the General Secretary at the Head Office of the NBCWPS. Details are as follows:

26 Loveday Street
CCMA House
Marshalltown
2107

PO Box 62670
Marshalltown
2107

Tel: 011 832 2080
Fax: 011 832 2288

Email:
info@nbcwps.org.za

CONSENT.

A pre-dismissal arbitration may only be conducted with the consent of the employee, or where an employee earning more than R89,499 per annum has consented to the holding of the pre-dismissal arbitration in a contract of employment.

1. DETAILS OF PARTY REQUESTING PRE -DISMISSAL ARBITRATION

Name

ID Number:

Postal Address:.....

.....

.....

Tel:..... Fax:.....

Cell:..... Email:.....

2. REQUEST DETAILS

The conduct of a pre-dismissal arbitration against:

.....
(Name of Employee)

for misconduct / incapacity.

Full name of employee.

.....

Postal address:.....

.....

.....

Tel:..... Fax:.....

Cell:..... E-mail:.....

3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY.

Attach a copy of the charges to this form

4. CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBITRATION

I,
(Name of Employee)

Confirm that I have been advised of the allegations against me, and

- a) I consent to the process
- b) I earn more than R89,499 per annum and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.

EMPLOYEE
SIGNATURE.....WITNESS.....



FEES PAYABLE

Proof of payment of the prescribed fee must accompany this form.

Payment may only be made by:

- Bank guaranteed cheque;
- Direct electronic payment into the NBCWPS's bank account.

OTHER INSTRUCTIONS

A copy of this form has been 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 statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

Tick the correct box

Parties may at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under "other".

5. PAYMENT OF FEES

Proof of payment of the prescribed fee of R..... is attached. Where the same case is heard beyond one day, the employer will be required to pay R..... for each additional day.

6. PLACE OF HEARING

Please select where you would like the pre-dismissal arbitration hearing to take place:

- NBCWPS Office
- Employer Premises

If you select employer premises, please provide address of employer premises:

7. SERVICES

(a) Interpretation services

Do you require an interpreter at the pre-dismissal arbitration?

- 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 | <input type="checkbox"/> Other <i>(please indicate)</i> | |

(b) Other

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

8. CONFIRMATION OF ABOVE DETAILS

Form submitted by (name): _____

Signature: _____

Position: _____

Date: _____

Place: _____

