

REQUEST FOR PRE-DISMISSAL ARBITRATION



Read This First



WHO FILLS IN THIS FORM?

An employer requesting a pre-dismissal arbitration.

WHERE DOES THIS FORM GO?

To the Registrar, Provincial Office of the CCMA. Please refer to the last page for details.

CONSENT

A pre-dismissal arbitration may only be conducted with the consent of the employee, or where an employee earning more than R149.736 per annum has consented to the holding of the pre-dismissal arbitration in a contract of employment.

1. DETAILS OF EMPLOYER REQUESTING PRE-DISMISSAL ARBITRATION

Name :

Postal Address:.....

Contact Person:.....

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

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

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; or

(b) I earn more than R149.736 per annum and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.

.....
EMPLOYEES SIGNATURE

.....
WITNESS

Please turn over →

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 CCMA'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

5. PAYMENT OF FEES:

Proof of payment of the prescribed fee of R3 420 (R3 000 plus VAT) is attached.

6. PLACE OF HEARING

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

- CCMA 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 conciliation 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 (please indicate)..... | |

(b) Other

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

.....

.....

.....

8. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):.....

Signature:.....

Position:

Date:

Place:

Please turn over

PROVINCIAL OFFICES OF THE CCMA

CCMA EASTERN CAPE – East London

6 Oxford Street
EAST LONDON
Private Bag X9068, EAST LONDON, 5200
Tel: (043) 743-0826
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Email: PE@ccma.org.za

CCMA EASTERN CAPE – Port Elizabeth

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Email: PE@ccma.org.za

CCMA FREE STATE

CCMA House, Cnr Elizabeth & Westburger Streets
BLOEMFONTEIN
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Email: BLM@ccma.org.za

CCMA GAUTENG – Johannesburg Regional Office

127 Fox Street
JOHANNESBURG
Private Bag X94, MARSHALLTOWN, 2107
Tel: (011) 220 5000
Fax: (011) 220-5101/02/03/04/05/ 0861 392 262
Email: Johannesburg@ccma.org.za

CCMA GAUTENG – Tshwane (Pretoria)

Metro Park Building, 351 Schoeman Street
PRETORIA
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Email: Pretoria@ccma.org.za

CCMA KWAZULU-NATAL – Durban

Embassy Building, 199 Smith Street
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Private Bag X54363, DURBAN, 4000
Tel: (031) 362-2300
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Email: KZN@ccma.org.za

CCMA KWAZULU-NATAL – Pietermaritzburg

Gallwey House, Gallwey Lane
PIETERMARITZBURG
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CCMA KWAZULU-NATAL – Richards Bay

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CCMA LIMPOPO

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CCMA MPUMALANGA

CCMA House, Diedericks Street
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Email: WTB@ccma.org.za

CCMA NORTHERN CAPE

CCMA House, 5-13 Compound Street
KIMBERLEY
Private Bag X6100, KIMBERLEY, 8300
Tel: (053) 831-6780
Fax: (053) 831-5948
Email: KMB@ccma.org.za

CCMA NORTH WEST - Klerksdorp

CCMA House, 47 Siddle Street
KLERKSDORP
Private Bag X5004, KLERKSDORP, 2570
Tel: (018) 464-0700
Fax: (018) 462-4126
Email: KDP@ccma.org.za

CCMA NORTH WEST - Rustenburg

Shop SG7 11B, 43-45 Boom Street
RUSTENBURG
Private Bag X82104, RUSTENBURG, 0300
Tel: To be confirmed
Fax: (014) 538-1267
Email: To be confirmed

CCMA WESTERN CAPE

CCMA House, 78 Darling Street
CAPE TOWN
Private Bag X9167, CAPE TOWN, 8000
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