

LRA Form 7.21
Labour Relations Act 1995
Section 200A(3)

**REQUEST FOR
ADVISORY AWARD
ON WHETHER A PERSON IS
AN EMPLOYEE**



READ THIS FIRST



**WHAT IS THE PURPOSE OF
THIS FORM?**

This form is a request to the CCMA to issue an advisory award determining whether a person is an employee.

WHO FILLS IN THIS FORM?

The parties to any working arrangement may request an advisory award provided the affected person/s earn R149.736 per annum or less.

**WHERE DOES THIS FORM
GO?**

The Registrar, Provincial Office of the CCMA. See details on this page.

**WHAT WILL HAPPEN WHEN
THIS FORM IS SUBMITTED?**

The CCMA will appoint a commissioner to hear the matter and issue an advisory award.

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
Fax: (043) 743-0810
Email: PE@ccma.org.za

CCMA EASTERN CAPE – Port Elizabeth

CCMA House, 107 Govan Mbeki Avenue
PORT ELIZABETH
Private Bag X22500, PORT ELIZABETH, 6000
Tel: (041) 505-4300
Fax: (041) 586-4585
Email: PE@ccma.org.za

CCMA FREE STATE

CCMA House, Cnr Elizabeth & Westburger Streets
BLOEMFONTEIN
Private Bag X20705, BLOEMFONTEIN, 9300
Tel: (051) 505-4400
Fax: (051) 448-4468/9
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
Private Bag X176, PRETORIA, 0001
Tel: (012) 392-9700
Fax: (012) 392-9701/2
Email: Pretoria@ccma.org.za

CCMA KWAZULU-NATAL – Durban

Embassy Building, 199 Smith Street
DURBAN
Private Bag X54363, DURBAN, 4000
Tel: (031) 362-2300
Fax: (031) 368-7387 / 7407
Email: KZN@ccma.org.za

CCMA KWAZULU-NATAL – Pietermaritzburg

Gallwey House, Gallwey Lane
PIETERMARITZBURG
PO Box 72, PIETERMARITZBURG, 3200
Tel: (033) 345-9249 / 9271
Fax: (033) 345-9790
Email: KZN@ccma.org.za

CCMA KWAZULU-NATAL – Richards Bay

First Floor, Promenade Building, Cnr Tassel Berry & Lira Link Streets
RICHARDS BAY
Private Bag X1026, RICHARDS BAY, 3900
Tel: (035) 789-0357
Fax: (035) 789-7148
Email: KZN@ccma.org.za

CCMA LIMPOPO

CCMA House, 104 Hans van Rensburg Street
POLOKWANE
Private Bag X9512, POLOKWANE, 0700
Tel: (015) 297-5010
Fax: (015) 297-1649
Email: PTB@ccma.org.za

CCMA MPUMALANGA

CCMA House, Diedericks Street
WITBANK
Private Bag X7290, WITBANK, 1035
Tel: (013) 656-2800
Fax: (013) 656-2885/6
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
Tel: (021) 469-0111
Fax: (021) 465-7193/7
Email: CTN@ccma.org.za

READ THIS FIRST



Tick the correct box

The name of the employee or an employer that is referring the request must be filled in (a).

If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organisation that is referring the request or assisting a member to refer the request must be filled in (b).

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate page and attach to this form.

Tick the correct box

1. DETAILS OF PARTY REQUESTING THE ADVISORY AWARD

As the referring party, are you:

An employee A trade union

An employer An employer's organisation

(a) Name of the party if the referring party is an employee or employer

Name:.....

ID Number:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:.....

Alternate contact details of employee:

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:.....

(b) Name of the referring party if the referring party is an employer's organisation or trade union, or if the employer's organization is assisting a member to the dispute

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:.....

2. DETAILS OF THE OTHER PARTY

The other party is:

An employee A trade union

An employer An employer's organisation

Name:.....

Postal Address:.....

.....Postal Code:.....

Tel:.....Cell:.....

Fax:.....Email:.....

Please Turn Over

PRESUMPTION

Section 200A(1) lists factors, which, if present create a presumption that a person is an employee

Tick whichever box is applicable

EARNINGS

An advisory award in terms of section 200A may only be sought in respect of person/s who earn amounts equal to, or less than, R 149.736 per annum.

Tick the correct box

3. PRESUMPTION AS TO WHO IS AN EMPLOYEE

Please tick whichever block applies to the working arrangement of the person/s in respect of whom the advisory award is sought.

- The manner in which the person works is subject to the control or direction of another person.
- The person's hours of work are subject to the control or direction of another person.
- The person forms part of the organization for whom the work is performed.
- The person has worked for that other person for at least 40 hours per month over the last three months.
- The person is economically dependent on the other person for whom he or she works or renders services.
- The person is provided with tools of trade or work equipment by the other person.
- The person only works for or renders services to one person.
- Or none of the above apply

4. EARNINGS

The person or persons included in the working arrangement earn:

1.per annum
2.per annum
3.per annum

(If space is not sufficient, include additional information on a separate page and attach to this form)

5. SECTOR

- | | | |
|--|---|--|
| <input type="checkbox"/> Retail sector | <input type="checkbox"/> Private Security | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Paper & Printing | <input type="checkbox"/> Health |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Services | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Other (Please describe)..... | |

Please turn over



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

Tick the correct box

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc. Reasons why advisory arbitration award is requested, may also be include.

OTHER INSTRUCTIONS

A copy of this form must have 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.

6. INTERPRETATION SERVICES

Do you require an interpreter at the advisory hearing? YES NO

If yes, please indicate for what language:

- | | | |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> Sesotho | <input type="checkbox"/> Setswana |
| <input type="checkbox"/> Sepedi | <input type="checkbox"/> Xitsonga | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> isiZulu | <input type="checkbox"/> siSwati |
| <input type="checkbox"/> isiNdebele | <input type="checkbox"/> Other (Please indicate.....) | |

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

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8. CONFIRMATION OF ABOVE DETAILS

Form submitted by (name):

Signature:.....

Position:

Date:.....

Place:.....