

**REQUEST FOR SECTION 189A
OPERATIONAL REQUIREMENTS
FACILITATION**



READ THIS FIRST



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

This form enables a party to initiate a section 189A facilitation process.

WHO FILLS IN THIS FORM?

- An employer who employs more than 50 employees and is contemplating dismissing one or more employees for reasons based on the employer's operational requirements; or
- Consulting parties representing the majority of employees whom the employer contemplates dismissing.

WHERE DOES THIS FORM GO?

The Registrar, Provincial Office of the CCMA in the province where the dismissals for operational requirements is contemplated. See details on this page.

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

When you request facilitation the CCMA will appoint a facilitator to assist the parties engaged in consultation process.

PROVINCIAL OFFICES OF THE CCMA

CCMA EASTERN CAPE – East London

6 Oxford Street
EAST LONDON
Private Bag X9068, EAST LONDON, 5200
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Fax: (043) 743-0810
Email: PE@ccma.org.za

CCMA EASTERN CAPE – Port Elizabeth

CCMA House, 107 Govan Mbeki Avenue
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Fax: (041) 586-4585
Email: PE@ccma.org.za

CCMA FREE STATE

CCMA House, Cnr Elizabeth & Westburger Streets
BLOEMFONTEIN
Private Bag X20705, BLOEMFONTEIN, 9300
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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



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 piece of paper and attach details to this form.

OTHER INSTRUCTIONS

A copy of this form must be 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.

CHECK!

Have you attached proof that this form has been served on the other party?
Does the employer employ more than 50 employees?

1. DETAILS OF PARTY REQUESTING FACILITATION

Employer Party representing majority of employees
Postal Address:.....
..... Postal Code:
Contact Person:
Tel:..... Cell:.....
Fax:..... Email:

2. DETAILS OF THE OTHER PARTY

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

3. HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY?

4. HOW MANY EMPLOYEES ARE LIKELY TO BE AFFECTED BY THE PROPOSED RETRENCHMENT?

5. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS?

6. ATTACH THE SECTION 189(3) NOTICE ISSUED BY THE EMPLOYER TO THIS FORM

Please turn over

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'.

7. SUMMARISE THE FACTS RELATING TO THE CONTEMPLATED DISMISSALS FOR OPERATIONAL REQUIREMENTS

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8. SECTOR

Indicate the sector or service in which the dispute arose.

- | | | |
|---|--|--|
| <input type="checkbox"/> Retail sector | <input type="checkbox"/> Private Security | <input type="checkbox"/> Public Service |
| <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"/> Media & Television | <input type="checkbox"/> Mining | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Chemical | <input type="checkbox"/> Health |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Services | <input type="checkbox"/> Paper & Printing |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Other (<i>please describe</i>)..... | |

9. INTERPRETATION SERVICES

Do you require an interpreter at the facilitation? 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>)..... | |

Please turn over 

10. SPECIAL FEATURES / ADDITIONAL INFORMATION

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

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

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11. PLACE OF FACILITATION

Please select where you would like the facilitation to take place:

- CCMA Office
- Employer Premises

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

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12. CONFIRMATION OF ABOVE DETAILS:

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

Signature:.....

Position:.....

Date:.....

Place:.....