

APPLICATION FOR CONDONATION IN RESPECT OF UNFAIR DISMISSAL DISPUTE

Case Number:.....

.....
(Applicant/Employee)

and

.....
(Respondent/Employer)

AFFIDAVIT

I, the undersigned,.....
(full name of Applicant/Respondent)

do hereby make oath and say:

1. Background

- 1.1 Applicant was dismissed on
- 1.2 Respondent refused to reinstate applicant on
- 1.3 The dispute arose on
after all attempts to negotiate or follow other internal procedures at the respondent failed (appeal).

2. Degree of Lateness

- 2.1 The referral is days late.
- 2.2 Applicant did the following to pursue his/her rights after his/her dismissal:
 - 2.2.1 Applicant went to his/her union / Department of Labour / Community Advice Centre / Legal Advice Centre
(delete whichever is not applicable) on
 - 2.2.2 Applicant telephoned.....
on
 - 2.2.3 Applicant signed the referral form on

3. Reasons for Lateness

The reason/s that applicant referred the matter late is

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4. Prospects of Success

Applicant believes that he/she has good cause because (explain with good reasons why dismissal is unfair)

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5. Prejudice

As the applicant (employee), if condonation is not granted, I will be prejudiced because

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As the respondent (employer), if condonation is granted, I will be prejudiced because

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6. General

Any other relevant information

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

8. The respondent must forward a copy of the affidavit to the other party, as well as to the CCMA, 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.

.....
Applicant

.....
Respondent

Signed before me on at
by the deponent who acknowledges that he/she knows and understands the contents of the affidavit, has no objection to taking the oath/affirmation and considers it binding upon his/her conscience.

Commissioner of Oaths

Name

Address

.....

.....

Capacity