

LRA Form 7.20
Section 189A
Labour Relations Act, 1995

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.

OTHER PARTIES

If more than one party is referring the dispute and / or the dispute is referred against more than one party, please add the details of the second party in the space provided. For additional parties, please write down the additional names and particulars on a separate piece of paper and attach details to this form.

WHERE DOES THIS FORM GO?

The Regional Office of the CCMA in the region where the dismissals for operational requirements is contemplated. If the contemplated dismissals are in two or more regions, the form must be sent to the CCMA Head Office.

1. DETAILS OF PARTY REQUESTING FACILITATION

FIRST PARTY

Employer Party representing majority of employees

Name:

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

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

Fax:..... E-Mail:

Contact Person:

SECOND PARTY (where applicable)

Employer Party representing majority of employees

Name:

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

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

Fax:..... E-Mail:

Contact Person:

2. DETAILS OF THE OTHER PARTY

FIRST PARTY

Name:

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

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

Fax:..... E-Mail:

Contact Person:

SECOND PARTY (where applicable)

Name:

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

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

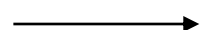
Fax:..... E-Mail:

Contact Person:

HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY?.....

Case Number.....

Please turn over



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.

OTHER INSTRUCTIONS

A copy of this form must be served on the other party or parties.

Proof that a copy of this form has been served on the other party or parties must be supplied by attaching and of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an e-mail confirmation slip or sent e-mail; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

CHECK!

Have you attached proof that this form has been served on the other party?

3. DETAILS OF FURTHER PARTIES (Please provide the names of any further parties, e.g. where more than two unions are involved, and attach details.)

.....
.....

4. HOW MANY EMPLOYEES ARE LIKELY TO BE RETRENCHED?

.....

5. HOW MANY EMPLOYEES ARE AFFECTED? (Total employees who need to be consulted?).....

6. RETRENCHMENTS ARE CONTEMPLATED IN THE FOLLOWING REGIONS OR WORKPLACE LOCATIONS: (Please indicate expected numbers.)

.....
.....

7. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS AND IN WHICH REGIONS OR WORKPLACE LOCATIONS? (Please indicate numbers)

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.....

8. ATTACH THE SECTION 189(3) NOTICE ISSUED BY THE EMPLOYER TO THIS FORM. (The matter cannot be processed without a complete s189(3) notice.)

9. HAS THE EMPLOYER REQUESTED FACILITATION IN ITS S189(3) NOTICE?
YES
IF NO, (consent by parties should accompany this application)

10. WHAT ARE THE REASONS FOR THE CONTEMPLATED DISMISSALS FOR OPERATIONAL REQUIREMENTS?

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.....
.....

Case Number.....

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'

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.

11. WHAT ALTERNATIVES TO RETRENCHMENT HAVE BEEN CONSIDERED?

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12. SECTOR

Indicate the sector or service in which the dispute arose.

- | | |
|---|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Safety/Security (Private) |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Food & Beverage |
| <input type="checkbox"/> Business/Professional Services | <input type="checkbox"/> Transport (Private) |
| <input type="checkbox"/> Agriculture/Farming | |
| <input type="checkbox"/> Other..... | |

13. INTERPRETER SERVICES

Is an interpreter required? **Yes / No**

- | | | |
|--|-------------------------------------|--------------------------------------|
| <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"/> IsiSiswati | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Other |

14. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

.....

15. PLACE OF FACILITATION

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

- a. CCMA Office
- b. Employer Premises
- c. External Premises
- d. A digital video conferencing platform

If you select employer or external premises, please provide physical address of employer's or external premises.

.....

Case Number

Please turn over

CHECK!

Have you sent a copy of this completed form to the other party?
Have you included proof (that you have sent a copy to the other party with this form?

16. POPIA CONFIRMATION

By signing this document, I/we hereby grant my voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available.

17. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:.....

Place:.....