

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

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.

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

WHO FILLS IN THIS FORM?

The parties to any working arrangement may request an advisory award provided the affected person/s earn equal to or less than the threshold.

WHERE DOES THIS FORM GO?

The Regional Office of the CCMA.

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

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

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 requesting party is an employee

Name:.....
 Surname: (if applicable).....
 ID Number:.....
 Postal Address:.....
Postal Code:.....
 Tel:.....Cell:.....
 Fax:.....E-Mail:.....
 Contact Person:.....

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

Name:.....
 Surname: (if applicable).....
 Postal Address:.....
Postal Code:.....
 Tel:.....Cell:.....
 Fax:.....E-Mail:.....

 Contact Person:.....

Case Number

Please turn over



2. DETAILS OF THE OTHER PARTY

The other party is:

- An employee A trade union
 An employer An employer's organisation

Name:.....

Surname (if applicable):.....

Postal Address:.....

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

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

Fax:.....E-Mail:

Contact Person:.....

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.
- None of the above apply.

4. EARNINGS

The person or persons included in the working arrangement earn:

1.per annum

2.per annum

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

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.

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 any 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.

5. SECTOR

- | | |
|---|--|
| <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..... | |

6. 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 |

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

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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?)

8. 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.

9. CONFIRMATION OF ABOVE DETAILS

Form submitted by:

.....
(please print name)

Signature:

Position:

Date:.....

Place:.....