WPS 8

LRA Form 7.9

Labour Relations Act ,1995

REQUEST FOR A PRE – DISMISSAL ARBITRATION

NATIONAL BARGAINING COUNCIL
FOR THE WOOD AND PAPER SECTOR

READ THIS FIRST

WHO FILLS IN THIS FORM?

An employer requesting a pre – dismissal arbitration

WHERE DOES THIS FORM GO?
All documents must be filed with the Council Head Office of the NBCWPS. Details are as follows:

Email: **info@nbcwps.org.za**

Office 605 Bram Fischer Building
20 Albert Street
Johannesburg
Marshalltown
2192

PO Box 62670
Marshalltown
2107

Tel: 011 832 2080
Fax: 011 832 2288

CONSENT:
A pre – dismissal arbitration may only be conducted with the consent of the employee, or where an employee earning more than R89, 499.00 per annum has consented to the holding of the pre – dismissal arbitration in a contract of employment.

1. DETAILS OF PARTY REQUESTING PRE – DISMISSAL ARBITRATION

Name : ……

I D Number: ……

Postal Address:……

……

……

Tel:…… Fax:……

Cell:……Email:……

2. REQUEST DETAILS

The conduct of a pre – dismissal arbitration against:

……

(Name of employee)

for misconduct / incapacity

……

(Full Name of Employee)

Postal Address:……

……

Tel: .....Fax:.....

Cell:……Email:……

3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY

Attach a copy of the charge to this form

4. CONFIRMATION AND CONSENT TO THE PRE-DISMISSA ARBITATION

I.……

(Name of employee)

Confirm that I have been advised of the allegations against me , and

(a) I consent to the process

(b) I earn more than R89,499 per annum and have consented to the process in my contract of employment. A copy is attached hereto.

Employee Signature……**..Witness**……..

NBCWPS Reference. Number……..……..

Please turn over ⟶

FEES PAYABLE

Proof of payment of the prescribed fee must accompany this form.

Payment may only ben made by:

- Bank guaranteed cheque
- Direct electronic payment into NBCWPS bank account.

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.

Tick the correct box ☒

Parties may at their own cost , bring interpreters for the languages other that the official South African languages.

Please indicate under "other"

5. PAYMENT OF FEES

Proof of payment of the prescribed fee of R…….. is attached.
Where the same case is heard beyond one day , the employer will be required to pay ……for each additional day.

6. PLACE OF HEARING

Please select where you would like the pre-dismissal arbitration hearing to place

☐ NBCWPS OFFICE ☐ Employer Premises

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

……

……..

7. SERVICES

(a) Interpretation services

Do you require an interpreter at the pre-dismissal arbitration?

☐Yes ☐No

If yes , please indicate for what language:

☐ Afrikaans ☐ isiNdebele ☐ isiZulu ☐ isiXhosa
☐ Sepedi ☐ Sesotho ☐ Setswana ☐ siSwati
☐ Tshivenda ☐ Xitsonga ☐ other (please indicate

(b) Other

Briefly outline any special feature / additional information that the NCWPS needs to note:

……
……..
……..
……

8. CONFIRMATION OF THE ABOVE DETAILS:

Form submitted by: (name)……..
Signature……
Position……
Date……..

Please turn over

PROTECTION OF PERSONAL INFORMATION ACT , 4 OF 2013

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 so far as the NBCWPS (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 NBCWPS must fulfil its public legal duty. I/We furthermore understand that there are instances in terms of the 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.

CONFIRMATION OF THE ABOVE DETAILS:

Form submitted by:

Signature:……

Position:……..

Date:……

Place:……..