

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, 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.

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.

1. DETAILS OF PARTY REQUESTING FACILITATION

Employer

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Party representing majority of employees

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Name:

Postal Address:.....

..... Postal Code:

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

Fax:..... Email:

Contact Person:

2. DETAILS OF THE OTHER PARTY

Name:

Postal Address:.....

..... Postal Code:

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

Fax:..... Email:

Contact Person:

3. DETAILS OF FURTHER PARTIES (Please provide the names of any further parties, eg where more than one union is involved, and attach details.)

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

5. HOW MANY EMPLOYEES ARE LIKELY TO BE RETRENCHED?

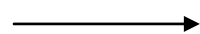
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6. HOW MANY EMPLOYEES ARE AFFECTED? (Total employees who need to be consulted?).....

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Case Number.....

Please turn over



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 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 email confirmation slip or sent email; 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?

7. RETRENCHMENTS ARE CONTEMPLATED IN THE FOLLOWING

REGIONS OR WORKPLACE LOCATIONS: (Please indicate expected numbers.)

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

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

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11. WHAT ALTERNATIVES TO RETRENCHMENT HAVE BEEN CONSIDERED?

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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.

12. SECTOR

Indicate the sector or service in which the dispute arose.

- | | |
|---|--|
| ☐ Retail | ☐ Safety/Security (Private) |
| ☐ Mining | ☐ Domestic |
| ☐ Building & Construction | ☐ Food & Beverage |
| ☐ Business/Professional Services | ☐ Transport (Private) |
| ☐ Agriculture/Farming | |
| ☐ Other..... | |

13. INTERPRETER SERVICES

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

- | | | |
|--|-------------------------------------|--------------------------------------|
| ☐ Afrikaans | ☐ IsiNdebele | ☐ IsiZulu |
| ☐ IsiXosa | ☐ Sepedi | ☐ SeSotho |
| ☐ Setswana | ☐ IsiSiswati | ☐ Xitsonga |
| ☐ Sign Language | ☐ Tshivenda | ☐ Other |

14. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

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15. PLACE OF FACILITATION

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

- a. **CCMA Office**
- b. **Employer Premises**

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

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16. CONFIRMATION OF ABOVE DETAILS

Form submitted by:
(please print name)

Signature:

Position:

Date:

Place.....



COMMISSION FOR CONCILIATION, MEDIATION & ARBITRATION

TO THE CCMA

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this referral form, I/we hereby grant my/our 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. Further details are available on the CCMA website.

SIGNED AT _____ ON THIS _____ DAY OF _____ 202__

INITIAL AND SURNAME: _____

SIGNATURE: _____