

LRA Form 7.22
Labour Relations Act, 1995,
150C advisory arbitration
award

*Attachment to section 150C advisory arbitration award
**ACCEPTANCE / REJECTION OF
ADVISORY ARBITRATION
AWARD, REQUEST FOR
EXTENSION OR FOR THE
PANEL TO RECONVENE**



Read This First



**WHAT IS THE PURPOSE OF THIS
FORM?**

This form is used to communicate either party's acceptance or rejection of the advisory arbitration award; to request extension of the period within which the acceptance or rejection of the award should be communicated to the CCMA and/or to request the advisory arbitration panel to reconvene for a certain purpose.

IMPORTANT INFORMATION

Parties must indicate their acceptance or rejection of the advisory arbitration award within seven (7) days from the date on which the award is issued.

If a party fails to indicate acceptance or rejection of the award within the seven (7) day period read that party will be deemed to have accepted the award.

Any extension of the seven (7) day period must be filed before the period within which the award should be accepted or rejected expires.

This form must be served on the other party and proof of services attached to this form.

CCMA Case number:

1. DETAILS OF THE PARTIES

a) Name

[This is the party accepting, rejecting, requesting the panel or reconvene or requesting an extension]

b) Name/representative of the other party.....

2. DETAILS OF THE ADVISORY AWARD:

a) Date of Advisory Award:

b) Chairperson of the panel:

3. PART A – ACCEPTANCE / REJECTION OF AWARD

Advisory arbitration award accepted

Advisory arbitration award rejected

In the event of a rejection of the award, please complete the below:

a) Is the award rejected in whole or in part? If in part, which part of the award is rejected?

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b) What steps were taken to consult with members in terms of section 150D and what was the outcome?

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.....
.....

Case Number.....

Please turn over →

4. PART B: REQUEST FOR THE ARBITRATION PANEL TO RECONVENE

It is requested that the advisory arbitration reconvene for the purpose of-

- a) Explaining the award
- b) Mediating based on the award
- c) Variation of the award

If variation of the award is sought:

Does the advisory award contain an obvious error for omission which may be common cause between the parties? Yes No

If yes, please identify these obvious errors or omissions.

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If no, please indicate the nature of variations sought:

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5. PART C: REQUEST FOR EXTENSION OF 7 DAY PERIOD

If the commissioner is requested to extent the period within which the parties are required to either accept or reject the award:

Do both parties agree to the extension? Yes No

Are there reasonable prospects of acceptance of the award? Yes No

Reasons for the extension:

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Number of days for which the extension should be provided:.....

.....
Signature

.....
Date

.....
Signature

.....
Date

NOTE: Both parties or their representatives to sign the form where the request for extension or for the panel to reconvene is by mutual agreement between the parties.



**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: _____