



DISCIPLINARY HEARINGS IN THE FORM OF AN ARBITRATION

READ THIS FIRST



WHO FILLS IN THIS FORM?

An employer requesting a pre-dismissal arbitration.

WHERE DOES THIS FORM GO?

To the General Secretary.

1. DETAILS OF EMPLOYER REQUESTING PRE-DISMISSAL ARBITRATION

Name :

Postal Address:.....

Contact Person:.....

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

Cell:..... E-mail:.....

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:..... E-mail:.....

3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY

Attach a copy of the charges to this form

4. CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBITRATION

I

(Name of Employee)

confirm that I have been advised of the allegations against me; and I consent to the process.

EMPLOYEES SIGNATURE

WITNESS



OTHER INSTRUCTIONS

A copy of this form has 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:

- 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

5. PLACE OF HEARING

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

- ELRC Office
- Employer Premises

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

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6. SERVICES

(a) Interpretation Services

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

- Yes
- No

If yes, please indicate for what language:

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu |
| <input type="checkbox"/> Sepedi | <input type="checkbox"/> Sesotho | <input type="checkbox"/> Setswana |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xitsonga | <input type="checkbox"/> Other (please indicate) |

(b) Other

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

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7. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):.....

Signature:.....

Position:

Date:

Place: