



**CERTIFICATE OF OUTCOME OF DISPUTE
REFERRED TO CONCILIATION**

CASE NUMBER:

I/We, (full name/s of Conciliator/s)

.....
.....

hereby certify that the dispute between

.....
.....
..... **and**
.....
(referring party/parties) (other party/parties)

Referred to Conciliation on:

.....
(give date)

Concerning:

- | | | |
|---|--|--|
| <input type="checkbox"/> Unfair Dismissal | <input type="checkbox"/> Severance Pay | <input type="checkbox"/> Mutual Interest |
| <input type="checkbox"/> Unfair Labour Practice | | |

and relates to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Misconduct | <input type="checkbox"/> Incapacity/III Health | <input type="checkbox"/> Reason Unknown |
| <input type="checkbox"/> Interpretation and Application | <input type="checkbox"/> Operational Requirements | <input type="checkbox"/> Incapacity/Poor |
| <input type="checkbox"/> Other: | | Work Performance |

.....
.....

was resolved on the remains unresolved as at
(give date) (give date)

CONDONATION: (Please tick <input checked="" type="checkbox"/>)	Granted	Not Applicable
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Official stamp of the Council	Name of Panellist:
	Signature of Panellist:
	Place:
	Date: