

Transnet Bargaining Council Constitution

IMPORTANT

READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form assists a person or organisation refer a dispute to the TBC.

WHO FILLS IN THIS FORM?

Employer or Union or employee or in the case of non-unionised employees

WHERE DOES THIS FORM GO?

To the Secretary, Transnet Bargaining Council, P.O. Box 2951, Houghton, 2041, Fax no.: (011) 486-1226 via the Union Head Office if the employee is a member of a recognised Trade Union.

OTHER INSTRUCTIONS

When you refer the dispute to the TBC, the Secretary will appoint a conciliator or arbitrator who must attempt to resolve the dispute through conciliation or arbitration in terms of the relevant clause of the Council's Rules for Conciliating and Arbitrating disputes.

REFERRING A DISPUTE TO
THE TRANSNET BARGAINING
COUNCIL



1. FOR CONCILIATION, OR
2. FOR ARBITRATION, IN THE CASE OF A DISMISSAL FOR MISCONDUCT DISPUTE

ADDRESSED TO:

**MR. CALVYN A. PAUL
SECRETARY
TRANSNET BARGAINING COUNCIL
P.O. BOX 2951
HOUGHTON 2041**

Tel. (011) 486-3003/8 Fax. (011) 486-1226

E-Mail : secretary@tbc.co.za www.tbc.co.za

COPY ADDRESSED TO : Tick the Box

- SATAWU : P O Box 9451, Johannesburg, 2000
- UASA : P O Box 6753, Johannesburg, 2000
- UTATU : P O Box 31100, Braamfontein, 2017
- Non-members

Any other Addressee? : _____

PLEASE COMPLETE IN FULL > TYPED FORMAT

INCOMPLETE FORMS WILL BE RETURNED

1) DETAILS OF PARTY REFERRING THE DISPUTE

Tick the box

As the referring party, are you:

an employee
(in the case of a non-unionised employee)

a Trade Union

an employer

If more than one party is referring the dispute, write their details on a separate page and staple it to this form.



(a) Detail of the referring party if the referring party is a trade union or an employer

Your contact details

Name:

ID Number:

Address:

..... Postal Code:

Tel: Cell:

Fax: Email:

Contact person:

TBC Ref. No.

Alternate contact details of employee:

Name:

Postal Address:

..... Postal Code:

Tel: Cell:

Fax: Email:

(b) Details of the party/employee on whose behalf the dispute is being referred or details if the referring party is a non-unionised employee

Your name:

Name of Trade Union :

Employee Number:Grade:

Employee Address:

.....

Tel: Fax:

Fax: Email:

Depot :

Alternative contact details of employee (e.g. A relative or a friend):

Name:

Address:

.....

Tel: Fax:

Fax: Email:

2) DETAILS OF OTHER PARTY (THE OPPOSING PARTY)

Tick the box

The other party is:

an employee
(in the case of a non-unionised employee)

a Trade Union

an employer

If more than one other party is involved in the dispute, write their details on a separate page and staple it to this form.

Name:
 Address:
Postal Code :
 Tel: Fax:
 Fax: Email:
 Name of person dealing with the matter and other party's reference number (if known):

3) NATURE OF THE DISPUTE

If the dispute concerns an alleged unfair dismissal you must also tick the block describing the type of dismissal.

What is the dispute about (tick only one box)?

Unfair Dismissal – why were you dismissed?
 For misconduct
 Operational Requirements (retrenchment)
 For incapacity
 Constructive dismissal
 Unknown reason

Unfair Labour Practice
 Promotion, demotion, probation, training or provision of benefit
 Unfair suspension
 Failure to reinstate or re-employ in terms of agreement
 Contravention of Protected Disclosures Act, 2000

(Give details)

Unilateral change to terms and conditions of employment
 Interpretation/Application of Collective Agreement
 Freedom of Association
 Refusal to Bargain
 Other *(please describe)*

Mutual Interest
 Severance pay (S41 BCEA)
 S80 BCEA

Tick the correct box

4) COMMENCEMENT OF EMPLOYMENT

When did you start working for the employer?

5) THE DISPUTE

This section must be completed!

If necessary write the details on a separate page and attach to this form

Summarise the facts of the dispute you are referring:

.....

.....

.....

.....

6) SPECIAL FEATURES (IF ANY)

I/we would like to bring the following special features of this dispute to the attention of the Secretary:

Special features might be the urgency of a matter, the large number of people involved, important legal or labour issues etc.

.....

.....

.....

.....

.....

7) DATE OF DISPUTE

Dismissal disputes must be referred (i.e. received by the Transnet Bargaining Council) within **30 Days** of dismissal or, if it is a later date, within 30 days of the employer making a final decision to dismiss or to uphold the dismissal. If more than 30 days has elapsed since the date of your dismissal, you are required to apply for condonation.

(a) The dispute arose on:
(give the date, or approximate date)

(b) In the case of a DISMISSAL dispute:

When were you dismissed? :
(Date)

How were you informed of your dismissal?

- in writing
- orally
- other

(c) In the case of an UNFAIR LABOUR PRACTICE dispute:

When did the act or omission giving rise to the unfair labour practice occur?

.....
(date)

Unfair labour practice disputes must be referred to the Transnet Bargaining Council within 90 days of your becoming aware of the act or omission giving rise to the unfair labour practice. If more than 90 days have elapsed, you are required to apply for condonation

8) DETAILS OF DISPUTE PROCEDURES FOLLOWED

- (a) Have you followed all internal grievance/disciplinary Procedures before coming to the Transnet Bargaining Council? YES NO
 Describe the procedures followed:

- (b) In the case of a dismissal dispute -
- (i) was the dismissal procedurally fair? YES NO
 If no, why?

- (ii) was the dismissal substantively fair? YES NO
 If no, why?

9) BUSINESS UNIT AND REGION

The dispute exists in the following Business Unit :

Tick the box

Esselenpark	<input type="checkbox"/>	Propnet	<input type="checkbox"/>
Freightdynamics	<input type="checkbox"/>	Spoornet	<input type="checkbox"/>
Metrorail	<input type="checkbox"/>	Transnet Group Services	<input type="checkbox"/>
Petronet	<input type="checkbox"/>	Transnet Housing	<input type="checkbox"/>
National Ports Authority of S.A.	<input type="checkbox"/>	Transtel	<input type="checkbox"/>
South African Port Operations	<input type="checkbox"/>	Transwerk	<input type="checkbox"/>

Others (specify):

The dispute exists in the region:

Tick the box

Western Cape	<input type="checkbox"/>	Eastern Cape	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>
Northern Cape	<input type="checkbox"/>	Free State	<input type="checkbox"/>	Gauteng	<input type="checkbox"/>
North West	<input type="checkbox"/>	Kwa-Zulu Natal	<input type="checkbox"/>	Northern Province	<input type="checkbox"/>

address in the region:

.....

Where did the dispute arise? Usually this will be the address of the workplace / region

If you ticked Spoornet in the box above :

Tick the box

Functional Area:

Asset Protection Services
COALLink
Infrastructure
LuxRail
Shosholozza Meyl

Orex
Service Delivery
Traction
Wagons
Terminal Services

Other (specify):

address in the functional area (if it differs from paragraph 2):

.....
.....
.....

Where did the dispute arise? Usually this will be the address of the workplace / functional department

10) DESIRED OUTCOME

The outcome I/we would like:

.....
.....
.....
.....

Describe the outcome or result you would like from this referral. You are not bound by the proposals you make here.

11) DISPUTE ABOUT UNILATERAL CHANGE TO TERMS AND CONDITIONS OF EMPLOYMENT [S64(4)]

I/we require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restore the terms and conditions of employment that applied before the change.

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.



12) INFORMING THE OTHER PARTY

Proof that a copy of this form has been sent could be:

- 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; or
- a copy of a fax confirmation slip.

A copy of this form has been sent to the other party to the dispute. Proof of this is attached to this form.

Signed at _____ Date : _____

Referring Party

N.B.

- DISPUTE FORM TO BE COMPLETED IN FULL AND SIGNED BY ALL THE PARTIES BEFORE SUBMITTING TO THE COUNCIL
- ALL "JOINER" PARTIES ALSO TO SIGN BEFORE SUBMITTING TO THE COUNCIL
