

Section 188A
Labour Relations Act,

REQUEST FOR AN INQUIRY BY ARBITRATOR



Read this First



WHO FILLS IN THIS FORM?

An employer requesting an inquiry by arbitrator.

WHERE DOES THIS FORM GO?

To the Secretary, Transnet Bargaining Council. Please refer to the last page for details.

CONSENT

An inquiry by arbitrator may only be conducted with the consent of the employee, or where an employee earning more than R205 433 30 (two hundred and five thousands, four hundred and thirty three rand, thirty cents) per annum has consented to the holding of an inquiry by arbitrator in a contract of employment

1. DETAILS OF EMPLOYER REQUESTING AN INQUIRY BY ARBITRATOR

Name:

.....

Postal Address:

.....

Contact Person:

Tel: Fax:

Cell: Email:

2. REQUEST DETAILS

The conduct of an inquiry by arbitrator against

(Name of Employee)

for misconduct / incapacity.

Full name of employee:

.....

Postal address:

.....

Tel: Fax:

Cell: Email:

3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY

Attach a copy of the charges to this form.

4. CONFIRMATION AND CONSENT TO AN INQUIRY BY ARBITRATOR

I

(Name of Employee)

Confirm that I have been advised of the allegations against me; and

(a) I consent to the process; or

(b) I earn more than R205 433.30 per annum and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.

.....

EMPLOYEES SIGNATURE

.....

WITNESS

Please turn over →

FEES PAYABLE

Proof of payment of the prescribed fee must accompany this form.

Payment may only be made by:

- ◆ Bank guaranteed cheque;
- ◆ Direct electronic payment into the Transnet Bargaining Council's bank account.

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. PAYMENT OF FEES:

Proof of payment of the prescribed fee of R3 420 (R3 000 plus VAT) is attached.

6. PLACE OF HEARING

Please select where you would like an inquiry by arbitrator hearing to take place.

Transnet Bargaining Council Premises

Employer Premises

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

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7. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):

Signature:

Position:

Date:

Place: