

ANNEXURE 'A'

**APPLICATION FOR CONDONATION
ONLY**



IN TERMS OF THE LABOUR RELATIONS ACT, DISPUTES ABOUT UNFAIR DISMISSALS MUST BE REFERRED WITHIN 30 DAYS OF THE DATE OF DISMISSAL. UNFAIR LABOUR PRACTICE DISPUTES MUST BE REFERRED WITHIN 90 DAYS OF THE DATE OF THE ACT THAT CONSTITUTES ULP. ONLY FILL THIS PART IF YOUR REFERRAL IS OUT OF TIME! (Refer to Rule 31)

Name of Applicant/Employee:

Respondent/Employer:

Case Ref No.

AFFIDAVIT

1. Background

- 1.1 Applicant was dismissed on(give date)
- 1.2 Respondent refused to reinstate applicant on.....(give date)
- 1.3 The dispute arose on.....(give date)
after all attempts to negotiate or follow other internal procedures with the Respondent failed (appeal).

2. Degree of Lateness

- 2.1 The referral isdays late.
- 2.2 Applicant did the following to pursue his/her rights after his/her dismissal:
 - 2.2.1 Applicant went to his/her union / Department of Labour / Community Advice Centre / Legal Advice Centre (delete whichever is not applicable) on.....
 - 2.2.2 Applicant telephoned.....(give name)



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on.....(give date)
2.2.3 Applicant signed the referral form on.....(give date)

3. Reasons for Lateness

The reason/s that applicant referred the matter late is

.....

.....

.....

4. Prospects of Success

Applicant believes that he/she has good cause because (explain with good reasons why you think your case will succeed should it eventually go to arbitration or Labour Court).

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5. Prejudice

As the applicant (employee), if condonation is not granted, I will be prejudiced because

.....

.....

.....

.....

.....

.....

As the respondent (employer), if condonation is granted, I will be prejudiced because ..



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6. **General**

Any other relevant information.....
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7. **The Respondent must within 5 (five) days of receipt of this affidavit from the applicant, file a notice to oppose supported by an affidavit opposing the application for condonation. THIS IS ONLY IF THEY WISH TO OPPOSE.**

8. **The Respondent must forward a copy of the affidavit to the Applicant, as well as to the Council, within the stipulated 5 (five) days. Proof of service must be attached to show that the affidavit has been forwarded to Applicant. This can be in the form of a Post Office registered slip, fax transmission slip, email confirmation or a statement confirming hand delivery.**

.....
.....
Applicant Respondent



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Signed before me onat.....
by the deponent who acknowledges that he/she knows and understands the contents of the affidavit, has no objection to taking the oath/affirmation and considers it binding upon his/her conscience.

Commissioner of Oaths

Name

Address

.....

.....

Capacity

Please attach any documentary proof that supports your application. If you do not have enough space under any of the headings above, you are most welcome to attach additional pages.



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