REQUEST FOR SECTION 189A OPERATIONAL REQUIREMENTS FACILITATION

READ THIS FIRST

WHAT IS THE PURPOSE OF THIS FORM?
This form enables a party to initiate a section 189A facilitation process.

WHO FILLS IN THIS FORM?
- An employer who employs more than 50 employees and is contemplating dismissing one or more employees for reasons based on the employer’s operational requirements; or
- Consulting parties representing the majority of employees whom the employer contemplates dismissing.

WHERE DOES THIS FORM GO?
The Registrar, Provincial Office of the CCMA in the province where the dismissals for operational requirements is contemplated. See details on this page.

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?
When you request facilitation the CCMA will appoint a facilitator to assist the parties engaged in consultation process.

PROVINCIAL OFFICES OF THE CCMA

CCMA EASTERN CAPE
107 Govan Mbeki Street
PORT ELIZABETH
Private Bag X22500, PORT ELIZABETH 6000
Tel: (041) 505-4300
Fax: (041) 586-4585
Email: PE@ccma.org.za

CCMA FREE STATE
NBS Building,
Cnr Elizabeth & Westburger Street
BLOEMFONTEIN
Private Bag X20705, BLOEMFONTEIN, 9300
Tel: (051) 505-4400
Fax: (051) 448-4468/9
Email: BLM@ccma.org.za

CCMA GAUTENG
CCMA House, 20 Anderson Street,
JOHANNESBURG
Private Bag X94, MARSHALLTOWN, 2107
Tel: (011) 377-6600
Fax: (011) 377-6678/58/80
Email: GAUTENG@ccma.org.za

CCMA KWAZULU NATAL
Garlicks Chambers, 61 Field Street,
DURBAN
Private Bag X54363, Durban 4000
Tel: (031) 362-2300
Fax: (031) 306-5402
Email: KZN@ccma.org.za

CCMA LIMPOPO
104 Hans van Rensburg Street,
POLOKWANE, 0699
Private Bag X9512, POLOKWANE 0700
Tel: (015) 297-5010
Fax: (015) 297-1649
Email: PTB@ccma.org.za

CCMA NORTH WEST PROVINCE
CCMA House 47 Siddle Street,
KLERKSDORP
Private Bag X5004, KLERKSDORP, 2571
Tel: (018) 464-0700
Fax: (018) 462-4126
Email: KDR@ccma.org.za

CCMA NORTHERN CAPE
CCMA House, 1A Bean Street
KIMBERLEY
Private Bag X6100, KIMBERLEY, 8300
Tel: (053) 831-6780
Fax: (053) 831-5947/8
Email: KMB@ccma.org.za

CCMA NORTHERN CAPE
CCMA House, 78 Darling Street,
CAPE TOWN
Private Bag X9167, Cape Town, 8000
Tel: (021) 469-0111
Fax: (021) 465-7197 or 465-7193
Email: CTN@ccma.org.za

CCMA WESTERN CAPE
CCMA House, Eadie Street
WITBANK
Private Bag X7290, WITBANK 1035
Tel: (013) 656-2800
Fax: (013) 656-2805/6
Email: WTB@ccma.org.za
READ THIS FIRST

Tick the correct box ☑

OTHER PARTIES

If more than one party is referring the dispute or if the dispute is referred against more than one party, write down the additional names and particulars on a separate piece of paper and attach details to this form.

OTHER INSTRUCTIONS

A copy of this form must be 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.

CHECK!

Have you attached proof that this form has been served on the other party?

Does the employer employ more than 50 employees?

1. DETAILS OF PARTY REQUESTING FACILITATION

Employer ☐ Party representing majority of employees ☐

Postal Address: ................................................................. Postal Code: ..................

Contact Person: ..............................................................

Tel: ................................................................. Cell: ......................................

Fax: ................................................................. Email: .....................................

2. DETAILS OF THE OTHER PARTY

Name: .................................................................

Postal Address: .................................................................

Contact Person: ..............................................................

Tel: ................................................................. Cell: ......................................

Fax: ................................................................. Email: .....................................

3. HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY? ......................

4. HOW MANY EMPLOYEES ARE LIKELY TO BE AFFECTED BY THE PROPOSED RETRENCHMENT? ............................

5. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS? ............

6. ATTACH THE SECTION 189(3) NOTICE ISSUED BY THE EMPLOYER TO THIS FORM

Please turn over
7. SUMMARISE THE FACTS RELATING TO THE CONTEMPLATED DISMISSALS FOR OPERATIONAL REQUIREMENTS

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8. SECTOR

Indicate the sector or service in which the dispute arose.

☐ Retail sector ☐ Private Security ☐ Public Service
☐ Distribution ☐ Food & Beverage ☐ Agriculture
☐ Wholesale ☐ Building & Construction ☐ Contract Cleaning
☐ Media & Television ☐ Mining ☐ Metal
☐ Motor ☐ Chemical ☐ Health
☐ Transport ☐ Services ☐ Paper & Printing
☐ Domestic ☐ Other (please describe) ...................................................

9. INTERPRETATION SERVICES

Do you require an interpreter at the facilitation? ☐ YES ☐ NO

If yes, please indicate for what language:

☐ Afrikaans ☐ isiNdebele ☐ isiZulu ☐ isiXhosa
☐ Sepedi ☐ Sesotho ☐ Setswana ☐ siSwati
☐ Tshivenda ☐ Xitsonga ☐ Other (please indicate) ..........................

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under ‘other’.

Please turn over
10. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

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

11. PLACE OF FACILITATION

Please select where you would like the facilitation to take place:

- CCMA Office
- Employer Premises

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

- …………………………………………………………………………………………………
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12. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name): ……………………………………………………………
Signature: …………………………………………………………………………………
Position: …………………………………………………………………………………
Date: …………………………………………………………………………………
Place: …………………………………………………………………………………