

REQUEST FOR PRE-DISMISSAL ARBITRATION



READ THIS FIRST



WHO FILLS IN THIS FORM?

An employer requesting a pre-dismissal arbitration.

WHERE DOES THIS FORM GO?

The General Secretary, office of the Statutory Council for the Printing, Newspaper and Packaging Industries.
(Please refer to the last page for details.)

CONSENT

A pre-dismissal arbitration may only be conducted with the consent of the employee, or where an employee earning more than R 115 572 per annum has consented to the holding of the pre-dismissal arbitration in a contract of employment.

1. DETAILS OF EMPLOYER REQUESTING PRE-DISMISSAL ARBITRATION

Name:

.....

Postal Address:

.....Postal Code:

Contact Person:

Tel: Fax:

Cell: Email:

2. REQUEST DETAILS

The conduct of a pre-dismissal arbitration against

.....

(Name of Employee)

for misconduct / incapacity.

Full Name of employee:

.....

Postal Address:

.....Postal Code:

Tel: Fax:

Cell: Email:

3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY

Attach a copy of the charges to this form.

4. CONFIRMATION AND CONSENT TO PRE-DISMISSAL ARBITRATION

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 R 115 572 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 SCPNPI's bank account.

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.

Tick the applicable box

5. PAYMENT OF FEES

Proof of payment of the prescribed fee of R 3 429 (R 3 000 plus VAT) is attached.

6. PLACE OF HEARING

Please select where you would like the pre-dismisal arbitration hearing to take place:

- SCPNPI Office
 Employer Premises

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

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

7. SERVICES

(a) Interpretation Services

Do you require an interpreter at the conciliation pre-dismisal arbitration?

- Yes
 No

If yes, please indicate for what language:

- | | | | |
|------------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu | <input type="checkbox"/> isiXhosa |
| <input type="checkbox"/> Sepedi | <input type="checkbox"/> Sesotho | <input type="checkbox"/> Setswana | <input type="checkbox"/> siSwati |
| <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Xitsonga | <input type="checkbox"/> Other (please indicate)..... | |

(b) Other

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

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

8. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):

Signature:

Position:

Date:

Place:

Please turn over →

**OFFICE OF THE STATUTORY COUNCIL FOR THE
PRINTING, NEWSPAPER AND PACKAGING INDUSTRY**

GAUTENG

**1050 Printech Avenue
Laser Park
Honeydew
2040**

**P O BOX 1084
HONEYDEW; 2040**

**Tel: (011) 699 - 3068
Fax: (011) 794 - 2132**

E-mail: admin.statcouncil@telkomsa.net