

ANNEXURE "K"

(Clause "21")

LRA Form 7.19

Section 188A

Labour Relations Act, 1995

REQUEST FOR INQUIRY BY ARBITRATOR



Read This First



WHO FILLS IN THIS FORM?

An employer requesting an inquiry.

WHERE DOES THIS FORM GO?

To the Secretary of the Bargaining Council for the Fast Food, Restaurant, Catering and Allied Trades:

BCFFRCAT
Dispute Resolutions:

Fax: 011 675 0870

Offices:
P.O. Box 878
Florida Hills 1716

Fax to Email: 086 557 5382
Head Office: 011 675 0878
Email: headoffice@bcffrcat.co.za
/ secretary@bcffrcat.co.za
Website: www.bcffrcat.co.za

disputeresolution@scffrcat.co.za

1. DETAILS OF EMPLOYER REQUESTING AN INQUIRY

Name:.....

(If company or close corporation, the name of the company or close corporation)

Surname (if applicable):.....

Postal Address:.....

.....Code:.....

Physical Address:.....

.....Code:.....

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

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

Company or close corporation registration number:.....

If a Temporary Employment Service (TES) is involved, the name of the TES:

.....
Number of employees employed by the employer:.....

2. EMPLOYEE DETAILS

Name:.....

Surname:.....

Length of service:..... ID Number:.....

Salary Gross:..... Salary Net:.....

Gender (M/F):.....Age:..... Nationality.....

Postal Address:.....

.....Code:.....

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

Fax:..... Email:

Case Number.....

Please turn over.....



CONSENT

An inquiry may only be conducted with the consent of the employee, or in accordance with a collective agreement, or where an employee, earning more than the threshold, has consented to the holding of the inquiry in a contract of employment.

BARGAINING COUNCIL'S COLLECTIVE AGREEMENT

Employers requesting the Council to appoint an arbitrator to conduct an inquiry must submit the following documents:

- Proof of membership of an employer's organisation party to the Council,
- Proof of registration and payment of levies to the Council.

FEES PAYABLE FOR NON - PARTIES

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 Bargaining Council bank account.

Please contact the Bargaining Council Regional Office for details.

3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY

Attach a copy of the allegations (charges) against the employee to this form.

4. CONFIRMATION AND CONSENT TO INQUIRY

I
(Name of Employee)

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

- (a) I consent to the process; or
- (b) am bound by a collective agreement providing for the inquiry. A copy of the collective agreement is attached; or
- (c) I earn more than the threshold and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.

.....
EMPLOYEE SIGNATURE

5. PAYMENT OF FEES:

Proof of payment of the prescribed fee is attached.

6. PLACE OF HEARING

Please select where you would prefer the inquiry to take place:

- a. **Bargaining Council Office**
- b. **Employer Premises**

If you select employer premises, please provide physical address of employer's premises

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

Please turn over



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 any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip or sent email; or
- Any other satisfactory proof of service.

The Bargaining Council may be requested to assist with service.

7. INTERPRETER SERVICES

Is an interpreter required at the inquiry? **Yes / No**

If yes, please indicate for what language:

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu |
| <input type="checkbox"/> IsiXosa | <input type="checkbox"/> Sepedi | <input type="checkbox"/> SeSotho |
| <input type="checkbox"/> Setswana | <input type="checkbox"/> IsiSiswati | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda | <input type="checkbox"/> Other |

8. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
(please print name)

Signature:.....

Position:

Date:

Place: