

LRA Form 7.20
Section 189A
Labour Relations Act,
1995

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 General Secretary, office of the Statutory Council for the Printing, Newspaper and Packaging Industries.
(See details on this page.)

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

When you request facilitation the SCPNPI will appoint a facilitator to assist the parties engaged in consultation process.

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

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: **Fax:**

Cell: **Email:**

2. DETAILS OF THE OTHER PARTY

Name:

Postal Address:

.....**Postal Code:**

Contact Person:

Tel: **Fax:**

Cell: **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.

Tick the applicable box

- Printing Industry
- Newspaper Industry
- Packaging Industry

9. INTERPRETATION SERVICES

Do you require an interpreter at the facilitation? YES NO

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

If yes, please indicate for what language:

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

Tick the applicable box

Please turn over →

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

10. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

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11. PLACE OF FACILITATION

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

- SCPNPI 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: