

LRA Form 7.21
Section 200A(3)
Labour Relations Act,
1995

**REQUEST FOR
ADVISORY AWARD
ON WHETHER A PERSON IS
AN EMPLOYEE**



READ THIS FIRST



**WHAT IS THE PURPOSE
OF THIS FORM?**

This form is a request to the SCPNPI to issue an advisory award determining whether a person is an employee.

WHO FILLS IN THIS FORM?

The parties to any working arrangement may request an advisory award provided the affected person/s earn R 89 499 per annum or less.

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?**

The SCPNPI will appoint a commissioner to hear the matter and issue an advisory award.

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

GAUTENG

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2040

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HONEYDEW; 2040

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E-mail: admin.statcouncil@telkomsa.net

READ THIS FIRST



Tick the applicable box

The name of the employee or an employer that is referring the request must be filled in (a).

If there is more than one employee to the dispute and the referring party is not a trade union, then each employee must supply their personal details and signature on a separate page, which must be attached to this form.

These alternate contact details should be of a union official or representative, a relative or a friend.

The name of the trade union or employers organisation that is referring the request or assisting a member to refer the request must be filled in (b).

Tick the applicable 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 page and attach to this form.

1. DETAILS OF PARTY REQUESTING THE ADVISORY AWARD

As the referring party, are you:

- An employee A trade union
 An employer An employer's organisation

(a) Name of the party if the referring party is an employee or employer

Name:

ID Number:

Postal Address:

.....Postal Code:

Tel: Fax:

Cell: Email:

Alternate contact details of employee:

Name:

Postal Address:

.....Postal Code:

Tel: Fax:

Cell: Email:

(b) Name of the referring party if the referring party is an employer's organisation or trade union, or if the employer's organisation is assisting a member to the dispute

Name:

Postal Address:

.....Postal Code:

Tel: Fax:

Cell: Email:

2. DETAILS OF THE OTHER PARTY

The other party is:

- An employee A trade union
 An employer An employer's organisation

Name:

Postal Address:

.....Postal Code:

Tel: Fax:

Cell: Email:

Please turn over →

PRESUMPTION

Section 200A(1) lists factors, which, if present create a presumption that a person is an employee.

Tick the applicable box

EARNINGS

An advisory award in terms of section 200A may only be sought in respect of person/s who earn amounts equal to, or less than, R 89 499 per annum.

Tick the applicable box

3. PRESUMPTION AS TO WHO IS AN EMPLOYEE

Please tick whichever block applies to the working arrangement of the person/s in respect of whom the advisory award is sought.

- The manner in which the person works is subject to the control or direction of another person.
- The person's hours of work are subject to the control or direction of another person.
- The person forms part of the organisation for whom the work is performed.
- The person has worked for that other person for at least 40 hours per month over the last three months.
- The person is economically dependent on the other person for whom he or she works or renders services.
- The person is provided with tools of trade or work equipment by the other person.
- The person only works for or renders services to one person.

Or none of the above apply.

4. EARNINGS

The person or persons included in the working arrangement earn:

- 1.per annum
- 2.per annum
- 3.per annum

(If space is not sufficient, include additional information on a separate page and attach to this form)

5. SECTOR

- Printing Industry
- Newspaper Industry
- Packaging Industry

Please turn over →

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

Tick the applicable box

Special features might be the urgency of the matter, the large number of people involved, important legal or labour issues etc. Reasons why advisory arbitration award is requested, may also be included.

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.

6. INTERPRETATION SERVICES

Do you require an interpreter at the advisory hearing? 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 (<i>please indicate</i>)..... | |

7. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

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8. CONFIRMATION OF ABOVE DETAILS

Form submitted by (name):

Signature:

Position:

Date:

Place: