GPSSBC

GENERAL PUBLIC SERVICE SECTOR BARGAINING COUNCIL

The data subject agrees that GPSSBC can process their personal

information on the terms and conditions set forth in GPSSBC's privacy policy, available at:

https://gpssbc.org.za/download/55/general/1223/gpssbc_privacypolicy

GPSSBC G6 FORM	INQUIRY IN TERMS SECTION 188A INQUIRY BY ARBITRATOR RULE 34

READ THIS FIRST

WHAT IS THE PURPOSE OF THIS FORM?

WHO FILLS IN THIS FORM?

The employer.

WHERE DOES THIS FORM GO?

To the Secretary to Council.

Contact details:

Tel:012-644 8132
Fax:012-664 8749
260 Basden Avenue,
Lyttelton,
Centurion
PO
Box16663,Lyttelton,0146
referrals@gpssbc.org.za

1. DETAILS OF EMPLOYER REQUESTING INQUIRY BY ARBITRATOR

Name of Department		
Physical Address		
Postal Address		
Contact Person		
Tel:	**Cell:**	**Fax:**
Email Address		

2. REQUEST DETAILS

The conduct of an inquiry by arbitrator against:

(Name of Employee) _____

For misconduct/incapacity.

Full names of Employee		
Postal Address		
Tel:	**Cell:**	**Fax:**
Email Address		

3. ALLEGATIONS ABOUT CONDUCT

Attach a copy of the allegations to this form.

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CONSENT

An inquiry by arbitrator may only be conducted with the consent of the employee or where an employee earning more than the prescribed fee in terms of the Section 6(3) of the BCEA.

4. CONFIRMATION AND CONSENT TO INQUIRY BY ARBITRATOR

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 the prescribed fee in terms of Section 6(3) of the Basic Condition of Employment Act and a copy of the contract of employment is attached hereto.

EMPLOYEE'S SIGNATURE: _____

WITNESS: _____

FEES PAYABLE

Payment of the prescribed fee must be made as per GPSSBC Fee Policy.

Payment may only be made by:

- Bank guaranteed cheque;
- Direct electronic payment into the GPSSBC's bank account.

5. PAYMENT OF FEES:

1. PAYMENT OF FEES:

A prescribed fee is payable in terms of the GPSSBC Fee Policy.

6. PLACE OF HEARING

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

❑ **Premises arranged by Bargaining Council**
❑ **Employer Premises**

If you select employer premises, please provide the address of employer premises.

EMPLOYER ADDRESS

GENERAL PUBLIC SERVICE
SECTOR BARGAINING COUNCIL

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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.

7. SERVICES

(a) Interpretation Services

Do you require an interpreter at the hearing?

❑ **Yes**
❑ **No**

If yes, please indicate for what language:

❑ Afrikaans	❑ Sepedi	❑ Tshivenda .
❑ IsiNdebele	❑ Sesotho	❑ Xitsonga
❑ IsiZulu	❑ Setswana	❑ isiXhosa
❑ siSwati	❑ **Other** _____	

(please indicate)

(b) Other

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

8. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name): _____

Signature: _____