GENERAL PUBLIC SERVICE SECTOR BARGAINING COUNCIL

GPSSBC G5 FORM

REQUEST FOR APPOINTMENT OF A CHAIRPERSON IN A DISCIPLINARY HEARING

READ THIS FIRST

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 Box 16663,
Lyttelton,0146
referrals@gpssbc.org.za

1. DETAILS OF EMPLOYER REQUESTING SUCH CHAIRPERSON

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

2. REQUEST DETAILS

The appointment of a Chairperson to chair the disciplinary hearing against:

(Name of Employee) _____

For misconduct.

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

3. ALLEGATIONS ABOUT CONDUCT

Attach a copy of the allegations to this form.

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

CONSENT

A disciplinary process in terms of PSCBC Res. 1/2003 may only be conducted with the consent of the employee.

FEES PAYABLE

Payment of the prescribed fee must be made before the matter will be set down.

Payment may only be made by:

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

4. CONFIRMATION AND CONSENT TO THE DISCIPLINARY PROCESS IN TERMS OF PSCBC RESOLUTION1/2003

I _____

(Name of Employee)

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

EMPLOYEE'S SIGNATURE: _____

WITNESS: _____

5. PAYMENT OF FEES:

1. PAYMENT OF FEES:

Proof of payment of the prescribed fee of **R 3000.00 (VAT Exclusive)** must be forwarded to Council before the matter will be scheduled. Note that this is the fee payable if the matter is heard over one day. Additional days will be charged **at R 3000.00 (VAT Exclusive)** per day (Arbitrators fee). At the conclusion of the hearing a fee of **R 1500.00 (VAT Exclusive)** is payable for the ruling.

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

GPSSBC

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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: _____