



GENERAL PUBLIC SERVICE
SECTOR BARGAINING COUNCIL

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GPSSBC REFERRAL FORM G1

A

REFERRING A DISPUTE TO THE GPSSBC FOR CONCILIATION

READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form enables a person or an organisation to refer a dispute to the GPSSBC for conciliation.

WHO FILLS IN THIS FORM?

The party who wants to declare a dispute (Employer, Employee, or Trade Union)

WHERE DOES THIS FORM GO?

GPSSBC OFFICES

260 Basden Avenue
Public Service Bargaining
Lyttelton
Centution
PO BOX 16663
0140

TEL: 012-644 8132

FAX: 012-664 8749

referrals@gpssbc.org.za

NB Kindly take note this email address is strictly for new applications (referrals/conciliation) only.

OTHER INSTRUCTIONS

Please note that the following disputes must be forwarded directly to the **CCMA** and **cannot be dealt with by the GPSSBC**.

- Disclosure of information (Section 16 and 89 of the Labour Relations Act, no 66 of 1995)
- Organisational rights (Chapter III part A of the Labour Relations Act, no 66 of 1995)
- Agency shop disputes (Section 25 of the Labour Relations Act, no 66 of 1995)
- Closed shop disputes (Section 26 of the Labour Relations Act, no 66 of 1995)
- Interpretation or application of collective bargaining provisions (Section 63 (1) of the Labour Relations Act, no 66 of 1995)
- Workplace forum disputes (Sections 86 and 94 of the Labour Relations Act, no 66 of 1995)
- Discrimination disputes (Section 6 of the Employment Equity Act)

Please note that the following disputes must be referred to the below mentioned institutions.

Salary Deduction	Department of Labour or Labour Court
Outstanding Salary	Department of Labour or Labour Court
Payment of Leave PSBC Resolution 1 of 2007	PSBC/ Department of Labour
Payment of Overtime PSBC Resolution 1 of 2007	Must be referred to PSBC/ Department of Labour
Abscondment	Must be referred to the Labour Court



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1. How many employees are affected by this dispute? _____

If the dispute affects more than one employee, kindly attach a list of their names.

2. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you: (Please tick the correct box)

☐ An Employee	☐ A Trade Union (admitted to the GPSSBC)
☐ An Employer	☐ A Trade Union (not admitted to the GPSSBC)

If you are an employee
fill in (a). If there is more
than one employee
involved, the other
applicant (s) must attach
their details to the form.

If you are a **union official
or representative**, fill in
the **employee's details in
(a)** and **your details in
(b)** or **(c)** below.

**PLEASE NOTE THAT THE
ID NUMBER OF THE
EMPLOYEE IS
COMPULSORY**

(a) Details of the employee:

Surname: _____ First Names: _____

Identity number: _____

Position: _____

Persal number: _____

Postal Address: _____

Postal Code: _____

Tel: _____ Cell: _____

Fax: _____ Email: _____

Capacity (Tick relevant box)

- ☐ Legal Representative
☐ Co-Employee
☐ Relative/Friend

These contact details
should be of a union
official or representative.
If the employee is not
represented, these
contact details should be
of a relative or a friend
where correspondence
could be forwarded if
needed

**Please supply the contact details of employee's Legal representative / Alternative
contact details of co- employee or relative/ friend:**

Surname: _____ First Names: _____

Postal Address: _____

Postal Code: _____

Tel: _____ Cell: _____

Fax: _____ Email: _____

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To be completed by the employer or union if it is a collective dispute	(b) If the referring party is an <u>employer or trade union</u> Department / Organisation: _____ Contact person: _____ Postal Address: _____ Postal Code _____ Tel: _____ Cell: _____ Fax: _____ Email: _____
---	--

3. PARTICULARS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE) (Compulsory)

Department / Organisation: _____
 Contact Person: _____
 Postal Address: _____

 _____ Postal Code: _____
 Tel: _____ Cell: _____
 Fax: _____ Email: _____

4. NATURE OF THE DISPUTE

What is the dispute about? (Tick only one box) **Unfair Labour Practice:**

If the dispute concerns an unfair dismissal, Part B of the form must also be completed. If more than one box is marked it will be regarded as a not properly served document	☐ Unfair dismissal	☐ Promotion (if the dispute pertains to Promotion annexure D must be completed)
	☐ Matters of mutual Interest	☐ Demotion
	☐ Refusal to Bargain	☐ Training
	☐ Unilateral change to terms and conditions of employment	☐ Benefits (salary issues / leave pay / transfers excluded)
	☐ Severance pay	☐ Suspension / other disciplinary action short of dismissal
	☐ Interpretation and/or application of a collective agreement	☐ Failure to re-instate in terms of an agreement
	☐ Section 198 (Fixed term contract)	☐ Probation
	☐ Occupational detriment in contravention of Protected Disclosure Act (Act 26 of 2000)	



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Have you followed all internal grievance / disciplinary procedures before coming to the GPSSBC?

Copy of grievance outcome must be attached.
If yes, describe the outcome of process followed.

[illegible]



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

The dispute arose on: _____

Where the dispute arose:

Please be as detailed as possible. If this page is not enough, please attach additional pages to the form.

[illegible]

YES	NO
-----	----

If YES, how many pages? _____

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7. OUTCOME REQUIRED

What outcome do you require?

8. SPECIAL FEATURES / ADDITIONAL INFORMATION

(a) Interpretation Services

The GPSSBC only provides interpretation services for South African languages.

Do you require an interpreter at the hearing?

YES	NO
-----	----

If yes, please indicate for what language:

☐ Afrikaans	☐ siSwati	☐ Setswana	☐ isiXhosa
☐ IsiNdebele	☐ Sepedi	☐ Tshivenda	☐ Other (specify)
☐ IsiZulu	☐ Sesotho	☐ Xitsonga	☐

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

Attach any additional documentation if necessary.

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

If it is a dispute about unilateral change to terms and conditions of employment (s64(4)), you may sign the block below:

I/we require that the employer party not implement unilaterally the proposed changes that led to this dispute for 30 days, or that it restores the terms and conditions of employment that applied before the change.

Signed: _____
(employee party referring the dispute)



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9. CONFIRMATION OF ABOVE DETAILS

I confirm that a copy of this form has been sent to the other party/parties to the dispute and proof of this is attached to this form.

PLEASE NOTE:

Proof that a copy has been sent includes (Proof of Service):

- A copy of a registered slip from the Post Office
- A copy of a signed receipt if hand delivered
- A signed statement by the person whom delivered the form
- A copy of a fax transmission slip reflecting the opposing party's fax number
- A copy of the E-mail sent to Employer

I further confirm that I have the necessary authority to sign this form in terms of the rules of the GPSSBC (Applicant / Legal Rep/ Trade Union Official)

Name of person signing this referral form: _____

Position occupied: _____

Signature of person referring the dispute: _____

Signed at _____ this day on _____
(Place) (Date/Month/Year)

YOUR CHECKLIST (please tick)

I have completed this form fully and correctly.	YES	NO
I have completed my application for Condonation with this referral form if applicable	YES	NO
have attached proof that this form/ application for Condonation has been served on the other party.	YES	NO

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B ADDITIONAL FORM FOR DISMISSAL DISPUTES ONLY

Dismissal disputes must be referred (i.e. received by the GPSSBC within 30 days of dismissal). **If the dismissal was more than 30 days ago, you are required to apply for condonation by completing part C of the form.**

Constructive dismissal is when you terminate your contract of employment with or without notice because the employer made continued employment or gestures etc. intolerable for you by his/her actions

1. COMMENCEMENT OF EMPLOYMENT

Date of appointment: _____
(Date/Month/Year)

2. NOTICE OF DISMISSAL

Please give the date of your dismissal. _____
(Date/Month/Year)

How were you informed of your dismissal?

- ☐ By letter (Attach copy letter)
- ☐ At/After a disciplinary hearing
- ☐ Verbally
- ☐ Other (please describe) _____

Was it constructive dismissal?

YES NO

REASON FOR DISMISSAL

- ☐ Why were you dismissed?
- ☐ Misconduct
- ☐ Incapacity
- ☐ Operational Requirements (Retrenchment)
- ☐ Unknown
- ☐ Other (please describe) _____



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3. FAIRNESS/UNFAIRNESS OF DISMISSAL

(a) Procedural Issues

Do you think that the dismissal was procedurally unfair?
(Were the internal *procedures* not followed)

YES	NO
-----	----

If YES, why?

(b) Substantive Issues

Do you feel the dismissal was substantially unfair?
(Were the reasons for the dismissal unfair)

YES	NO
-----	----

If YES, why?



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C

APPLICATION FOR CONDONATION FORM

Applicant/Employee

And

Respondent/Employer

AFFIDAVIT

I, the undersigned, _____
(Full name of Applicant/Respondent)

do hereby make oath and say:

1. The facts contained in this affidavit are within my personal knowledge and are true and correct.

2. BACKGROUND

2.1 The dispute arose on _____
after all attempts to negotiate or follow internal procedures at the respondent failed

3. THE DEGREE OF LATENESS

3.1 The referral is late by _____ days.

3.2 Applicant did the following to pursue his/her rights after the dispute arose:

3.2.1 Applicant went to his/her union / the Department of Labour / Community Advice Centre / Legal Advice
Centre (delete which are not applicable) on _____



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4. REASONS FOR LATENESS

The reason/s that applicant referred the matter late is/are:

5. PROSPECTS OF SUCCESS

Applicant believes that he/she has good cause because (explain with good reasons why the employer's conduct was unfair):



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6. PREJUDICE

As the applicant (employee), if condonation is not granted, I will be prejudiced because:

7. General

Any other relevant information

SIGNATURE OF APPLICANT _____

Signed before me on _____ at _____

by the deponent who acknowledges that he/she knows and understands the contents of the affidavit, had
no objection to taking the oath / affirmation and considers it binding on his/her conscience.

Commissioner of Oaths _____

Name: _____

Address: _____

Capacity: _____



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D	AFFIDAVIT IN SUPPORT OF JOINDER APPLICATION
----------	--

Applicant/Employee	
--------------------	--

And

1st Respondent/Employer	
-------------------------	--

And

2nd Respondent/Successful Candidate	
-------------------------------------	--

And

3rd Respondent/Successful Candidate	
-------------------------------------	--

AFFIDAVIT

I, the undersigned, _____
(Full name of Applicant/Respondent)

do hereby make oath and say:

1. The facts contained in this affidavit are within my personal knowledge and are true and correct.

2. BACKGROUND

2.1 The dispute arose on _____

3. PARTICULARS OF THE PERSON TO BE JOINED

Name: _____

Postal Address: _____

Tel: _____ Cell: _____

Fax: _____ Email: _____



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4. FACTS OF THE PROMOTION POST IN DISPUTE:

5. REASONS WHY THE SUCCESSFUL CANDIDATE SHOULD BE JOINED

6. GENERAL

Any other relevant information _____

SIGNATURE OF APPLICANT _____

Signed before me on _____ at _____

by the deponent who acknowledges that he/she knows and understands the contents of the affidavit, had
no objection to taking the oath / affirmation and considers it binding on his/her conscience.

Commissioner of Oaths _____

Name: _____

Address: _____

Capacity: _____



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NOTICE OF MOTION FOR JOINDER APPLICATION IN THE GENERAL PUBLIC SERVICE SECTORAL BARGAINING COUNCIL

In the matter between:

Applicant/Employee	
And	
1st Respondent/Employer	
And	
2nd Respondent/Successful Candidate	
And	
3rd Respondent/Successful Candidate	

NOTICE OF MOTION: APPLICATION IN SUPPORT OF JOINDER

PLEASE TAKE NOTICE that application is hereby made to the above Council for a direction in the following terms:

1. That successful candidate (Position, persal number) is joined as Second Respondent;
2. No order as to costs;
3. Further and / or alternative relief

PLEASE TAKE NOTICE FURTHER that

1. the supporting Affidavit's _____ of attached hereto will be used in support of the application;
2. the Applicant's appoint the address set down below as the place where service of all documents in these proceedings will be accepted;
3. if the Respondent intends opposing this application the Respondent must, within 10 (ten) working days of receipts of this application, notify the GPSSBC in writing accordingly and file an answering affidavit, failing which the matter may be decided in the Respondent's absence

Signed at: _____ Date: _____

Signature: _____



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Applicant Attorney/ Trade Union

Physical or Postal address: _____

Tel: _____

Fax: _____ Received by _____

TO:

1st RESPONDENT

Physical or Postal address: _____

Tel: _____

Fax: _____ Received by _____

TO:

2nd RESPONDENT

Physical or Postal address: _____

Tel: _____

Fax: _____ Received by _____

TO:

Public Service Bargaining Centre

260 Basden Avenue

Lyttleton / Centurion

Tel: 012 644 8132

Fax: 012 6648749

Received by _____