

LRA Form 7.19  
Section 188A  
Labour Relations Act, 1995

# REQUEST FOR INQUIRY BY ARBITRATOR



Read This First



### WHO FILLS IN THIS FORM?

An employer requesting an inquiry.

### WHERE DOES THIS FORM GO?

To the Registrar, Regional Office of the CCMA.

## 1. DETAILS OF EMPLOYER REQUESTING AN INQUIRY

Name:.....

(If company or close corporation, the name of the company or close corporation)

Surname (if applicable):.....

Postal Address:.....

..... Code:.....

Physical Address:.....

..... Code:.....

Tel:..... Cell:.....

Fax:..... Email:.....

Company or close corporation registration number:.....

If a Temporary Employment Service (TES) is involved, the name of the TES:

.....

Number of employees employed by the employer:.....

## 2. EMPLOYEE DETAILS

Name:.....

Surname:.....

Length of service:..... ID Number:.....

Salary Gross:..... Salary Net:.....

Gender (M/F):..... Age:..... Nationality.....

Postal Address:.....

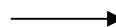
..... Code:.....

Tel:..... Cell:.....

Fax:..... Email:.....

Case Number.....

Please turn over.....



**CONSENT**

An inquiry may only be conducted with the consent of the employee, or in accordance with a collective agreement, or where an employee, earning more than the threshold, has consented to the holding of the inquiry in a contract of employment.

**FEES PAYABLE**

Proof of payment of the prescribed fee must accompany this form.

Payment may only be made by:

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

Please contact the CCMA Regional Office for details.

**3. ALLEGATIONS ABOUT CONDUCT OR CAPACITY**

Attach a copy of the allegations (charges) against the employee to this form.

**4. CONFIRMATION AND CONSENT TO INQUIRY**

I .....  
(Name of Employee)

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

- (a) I consent to the process; or
- (b) am bound by a collective agreement providing for the inquiry. A copy of the collective agreement is attached; or
- (c) I earn more than the threshold and have consented to the process in my contract of employment. A copy of the contract of employment is attached hereto.

.....  
**EMPLOYEE SIGNATURE**

**5. PAYMENT OF FEES:**

Proof of payment of the prescribed fee is attached.

**6. PLACE OF HEARING**

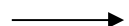
Please select where you would prefer the inquiry to take place:

- a. **CCMA Office**
- b. **Employer Premises**

If you select employer premises, please provide physical address of employer's premises

.....  
.....  
.....

Please turn over



**OTHER INSTRUCTIONS**

A copy of this form has been served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching any of the following:

- A copy of a registered slip from the Post Office; or
- A copy of a signed receipt if hand delivered; or
- A signed statement confirming service by the person delivering the form; or
- A copy of a fax confirmation slip; or
- A copy of an email confirmation slip or sent email; or
- Any other satisfactory proof of service.

The CCMA may be requested to assist with service.

**7. INTERPRETER SERVICES**

Is an interpreter required at the inquiry? **Yes / No**

If yes, please indicate for what language:

- |  |                                     |                                      |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afrikaans     | <input type="checkbox"/> IsiNdebele | <input type="checkbox"/> IsiZulu     |
| <input type="checkbox"/> IsiXosa       | <input type="checkbox"/> Sepedi     | <input type="checkbox"/> SeSotho     |
| <input type="checkbox"/> Setswana      | <input type="checkbox"/> IsiSiswati | <input type="checkbox"/> Xitsonga    |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Tshivenda  | <input type="checkbox"/> Other ..... |

**8. CONFIRMATION OF ABOVE DETAILS:**

Form submitted by:

.....  
(please print name)

Signature:.....

Position: .....

Date: .....

Place: .....