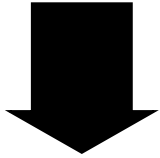


WPS - FORM : 1
(WOOD & PAPER SECTOR)



PART A
REFERRING A DISPUTE TO
THE NBCWPS FOR CONCILIATION
AND ARBITRATION



National Bargaining Council
for the Wood and Paper Sector

WHO FILLS IN THIS FORM?

Employer, employee, trade union or employer organization.

WHERE DOES THIS FORM GO?

**NATIONAL BARGAINING COUNCIL FOR THE WOOD AND PAPER SECTOR
(NBCWPS) OFFICES:**

26 Loveday Street
CCMA House, 7th Floor
Johannesburg
2001

P.O.Box 62670
Marshalltown
2107

TEL: (011) 832 2080

FAX: (011) 832 2288

EMAIL: info@nbcwps.org.za

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

When you refer the dispute to the NBCWPS, it will appoint a panelist from the NBCWPS panel who will attempt to resolve the dispute. If the parties to the dispute have agreed on a particular NBCWPS panelist, the NBCWPS will appoint that panelist (provided the panelist is available).

OTHER INSTRUCTIONS

Please note that the following disputes must be forwarded directly to the CCMA, and cannot be dealt with by a bargaining council in terms of the Labour Relations Act, no 66 of 1995 ("the LRA"):

- Disclosure of information (Section 16 and 89 of the LRA)
- Organisational rights (Chapter III part A of the LRA)
- Agency shop disputes (Section 25 of the LRA)
- Closed shop disputes (Section 26 of the LRA)
- Interpretation or application of collective bargaining provisions (Section 63 (1) of the LRA)
- Picketing disputes (Section 69 of the LRA)
- Workplace forum disputes (Sections 86 and 94 of the LRA)
- Facilitation – Operational Requirements (Section 189A of the LRA)

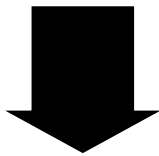
FURTHER OTHER INSTRUCTIONS

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 affidavit confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

READ THIS FIRST



Tick the correct box

The name of the employee or an employer that is referring the dispute 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 dispute or assisting a member to refer a dispute must be filled in (b).

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 this page to this form.

Tick the correct box

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> An employee | <input type="checkbox"/> A trade union (admitted to the NBCWPS) |
| | <input type="checkbox"/> A trade union (not admitted to the NBCWPS) |
| <input type="checkbox"/> An employer | <input type="checkbox"/> An employer's organisation(admitted to the NBCWPS) |
| | <input type="checkbox"/> An employer's organisation(not admitted to the NBCWPS) |

(a) Name and details of the referring party :

Name:.....
 ID Number:.....
 Postal Address:.....
Postal Code:.....
 Tel:.....Cell:.....
 Fax:..... Email:

(b) Alternate contact details of the referring party:

Name:.....
 Postal Address:.....
Postal Code:.....
 Tel:.....Cell:.....
 Fax:..... Email:

2. DETAILS OF THE OTHER PARTY (PARTY WITH WHOM YOU ARE IN DISPUTE)

The other party is:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> An employee | <input type="checkbox"/> A trade union (admitted to the NBCWPS) |
| | <input type="checkbox"/> A trade union (not admitted to the NBCWPS) |
| <input type="checkbox"/> An employer | <input type="checkbox"/> An employer's organisation (admitted to the NBCWPS) |
| | <input type="checkbox"/> An employers' organisation(not admitted to the NBCWPS) |

Name:.....
 Postal Address:.....
Postal Code:.....
 Tel:.....Cell:.....
 Fax:..... Email:

Please turn over

Tick the correct box

If the dispute concerns dismissal, also complete Part B (See Page 5) of this form.

This section must be completed!

If necessary write the details on a separate page and attach to this form.

This section must be completed!

If necessary write the details on a separate page and attach to this form.

UNFAIR LABOUR PRACTICE

If the dispute(s) concerns an unfair labour practice the dispute must be referred (ie. received by the NBCWPS) within 90 days of the act or omission which gave rise to the unfair labour practice. If more than 90 days have elapsed you are required to apply for condonation.

3. NATURE OF THE DISPUTE

What is the dispute about (tick only one box)?

<input type="checkbox"/> Unfair dismissal	<input type="checkbox"/> Unfair Labour Practice <i>(Give details)</i>	<input type="checkbox"/> Refusal to Bargain
<input type="checkbox"/> Unfair dismissal (probation)	<input type="checkbox"/> Mutual Interest	<input type="checkbox"/> Unfair Labour Practice (probation)
<input type="checkbox"/> Unilateral change to terms and conditions of employment	<input type="checkbox"/> Severance pay S41 BCEA	<input type="checkbox"/> Freedom of Association
<input type="checkbox"/> Interpretation/ Application of Collective Agreement	<input type="checkbox"/> Section 80 of the BCEA	<input type="checkbox"/> Other <i>(please describe)</i>

Summarise the facts of the dispute you are referring:

.....

.....

.....

4. DATE DISPUTE AROSE

The dispute arose on:.....
(give the date, day, month and year)

The dispute arose where:.....
(give the city/town in which the dispute)

If the dispute concerns a dismissal the date inserted here must be the same as that set out in Item 2 of Part B of this form.

5. DETAILS OF DISPUTE PROCEDURES FOLLOWED

Have you followed all internal grievance / disciplinary procedures before coming to the NBCWPS? YES NO

Describe the procedures followed:.....

.....

.....

.....

.....

6. RESULT OF CONCILIATION

What outcome do you require?.....

.....

.....

.....

Please turn over

Tick the correct box

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

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

Only fill this in if this is a dispute about unilateral change to terms and conditions of employment.

The con-arb process involves arbitration being held immediately after the conciliation if the dispute remains unresolved.

Only fill this in if you object to the arbitration commencing immediately after conciliation. An objection cannot be made if the dispute concerns probation.

7. SECTOR

Indicate the sector or service in which the dispute arose.

- Pulp and Paper Fibre and Particle Board
 Tissue and Allied Sawmilling
 Other:.....
(*please describe*)

8. INTERPRETATION SERVICES

Do you require an interpreter at the conciliation / con-arb? YES NO

If yes, please indicate for what language:

- Afrikaans isiNdebele isiZulu isiXhosa
 Sepedi Sesotho Setswana siSwati
 Tshivenda Xitsonga Other (*please indicate*).....

9. SPECIAL FEATURES / ADDITIONAL INFORMATION

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

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

10. Dispute about unilateral change to terms and conditions of employment (s64 (4))

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

Signed: (*Employee party referring the dispute*)

11. OBJECTION TO CON-ARB PROCESS

I/we object to the arbitration commencing immediately after the conciliation in terms of Section 191(5A)(c).

Signed:

If the employer objects to the arbitration commencing immediately after the conciliation the employer must submit a written notice in terms of Council's Dispute Resolution Procedure at least 7 days prior to the scheduled date of the conciliation. The employer must attend the conciliation regardless of whether it makes this objection.

12. CONFIRMATION OF ABOVE DETAILS

Signature of party referring the dispute:

Signed at.....on this
(place) (date)

WPS Form : 1
Wood and Paper Sector

PART B
ADDITIONAL FORM FOR DISMISSAL
DISPUTES ONLY

DATE OF REFERRAL

Dismissal disputes must be referred (i.e. received by the NBCWPS) within **30 days** of dismissal or, if it is a later date, within **30 days** of the employer making a final decision to dismiss or to uphold the dismissal. If more than **30 days** has elapsed since the date of your dismissal, you are required to apply for condonation.

Tick the correct box

Tick the correct box

If necessary write the details on a separate page and attach to this form.

1. COMMENCEMENT OF EMPLOYMENT
 When did you start working at the company?

2. NOTICE OF DISMISSAL
 When were you dismissed (date)?
 How were you informed of your dismissal?
 In writing Orally
 Other (*please describe*)

3. REASON FOR DISMISSAL
 Why were you dismissed?
 Misconduct Incapacity
 Operational Requirements (Retrenchment) Unknown
 Constructive
 Other (please describe)

4. WAS THE DISMISSAL RELATED TO PROBATION Yes NO

5. FAIRNESS/UNFAIRNESS OF DISMISSAL

a. Procedural Issues
 Was the dismissal procedurally unfair? YES NO
 If yes, why?

b. Substantive Issues
 Was the reason for the dismissal unfair? YES NO
 If yes, why

