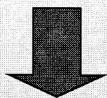


# REQUEST FOR WORKPLACE MEDIATION

(FOR WESTERN CAPE FRUIT SECTOR PILOT PROJECT USE ONLY)



## READ THIS FIRST



### WHAT IS THE PURPOSE OF THIS FORM?

This form enables an Employee, Employer, Trade Union or Employers' Organisation to request assistance from the CCMA in terms of section 115 (2) (c) of the Labour Relations Act in the form of Workplace Mediation.

### WHO FILLS IN THIS FORM?

Employee(s), Employer, Trade Union or Employers' Organisation

### WHERE DOES THIS FORM GO?

The Registrar, Regional Office of the CCMA in the region where the workplace mediation is to be conducted.

### WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

The CCMA will appoint a Commissioner who will attempt to resolve the problem between the parties by conducting a Workplace Mediation process at the workplace within 10 (ten) days.

### CONSENT OF OTHER PARTY

The CCMA may only conduct a Workplace Mediation process if the other party / parties give consent. It is the responsibility of the Party Requesting Workplace Mediation to obtain the consent of the other party / parties.

### REFERRAL OF DISPUTE RELATING TO PROBLEM

The CCMA cannot conduct a Workplace Mediation process if a dispute has already been referred to the CCMA regarding the same problem.

## 1. DETAILS OF PARTY REQUESTING WORKPLACE MEDIATION

The Requesting Party is: ☐ Employee / Trade Union ☐ Employer / Employer Organisation

Name: .....

Postal Address: .....

.....Postal Code: .....

Contact Person: .....

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

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

If there is more than one employee involved and the requesting party is not a trade union, then each employee must supply his/her personal details and signature on a separate page, which must be attached to this form

## 2. DETAILS OF OTHER PARTY

The Other Party is: ☐ Employee / Trade Union ☐ Employer / Employer Organisation

Name: .....

Postal Address: .....

.....Postal Code: .....

Contact Person: .....

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

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

If the Other Party is not the employer and there is more than one employee involved then each employee must supply his/her personal details and signature on a separate page, which must be attached to this form.

## 3. NATURE OF THE PROBLEM(S)

Give a brief description of the problem(s):

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

Has any dispute relating to this problem(s) already been referred to the CCMA?

☐ YES ☐ NO

If YES, please supply the following information:

Case Number: ..... Date Referred: .....

Nature of Dispute: .....

## 4. CONSENT OF OTHER PARTY

I, the undersigned, hereby consent to the CCMA offering assistance in the form of Workplace Mediation and agree to participate in the process.

Signature of Other Party: .....

Signed at .....on this.....

If the Other Party is not the employer and there is more than one employee involved, each employee must supply his/her personal details and signature indicating consent on a separate page, which must be attached to this form.

CCMA Case Number: .....

Please turn over →