LRA Form 7.13 Section 136 Labour Relations Act, 1995	REQUEST FOR ARBITRATION
Read This First	1. DETAILS OF PARTY REQUESTING ARBITRATION
	Name : Postal Address:
WHAT IS THE PURPOSE OF THIS FORM? If conciliation fails, a party may request that the CCMA resolve the dispute by arbitration.	Tel:Fax: Cell:Email:
WHO FILLS IN THIS FORM? The party requesting the arbitration	Case Reference Number:and
WHERE DOES THIS FORM GO?	(other party) (other party) was referred for conciliation, but remains unresolved
To the Registrar at the Provincial Office of the CCMA. (Please refer to the last page for details). This should be the same office, which conducted the conciliation. If an accredited council or agency is to arbitrate the dispute, this form must be sent to their office. If in doubt, contact the CCMA for help. Referrals in terms of Section 37(2) of the UIF Act must be made in the province where the appeals committee made the decision re: benefits.	The certificate confirming the failure of conciliation is attached In terms of Section
	CCMA Ref. Number Please turn over

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.

The certificate confirming that the dispute was unresolved through conciliation must also be attached to this form.

If a party does not want the commissioner who conducted the conciliation proceedings to arbitrate this dispute, that party must fill in LRA form 7.14.

If both parties agree on a particular commissioner to arbitrate then they must inform the CCMA within 48 hours of the dispute being certified as unresolved.

If a party wants a senior commissioner to arbitrate they must fill in LRA Form 7.15.

Check!

Have you sent a copy of this completed form to the other party? Have you included proof (that you have sent a copy to the other party) with this form? Have you attached the certificate confirming that the dispute was unresolved through conciliation?

3. WHAT DECISION WOULD YOU LIKE THE COMMISSIONER TO

MAKE:

The commissioner may require a more detailed statement of case later.

4. CONFIRMATION OF ABOVE DETAILS:

Form submitted by(name):
Signature:
Designation:
Date:
Place:

This form must be signed by the referring party or a person entitled to represent the party in the arbitration proceedings

5. DETAILS OF OTHER PARTY

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

ARBITRATION REQUESTS

SECTION LIST/NATURE OF DISPUTE

LRA Section	Dispute
16(9)	Disclosure of information
21(7)	Acquisition of organisational rights
21(11)	Withdrawal of organisational rights
22(4)	Interpretation or application of any provision of Part A of Chapter 3 other than a dispute in terms of Section 21
24(5)	Interpretation or application of collective agreement in respect of statutory council
24(6)	Interpretation or application of agency or closed shop agreement
45(4)	Interpretation or application of ministerial determination in respector of a statutory council
61(13)	Interpretation or application of lapsed Bargaining Council collective agreement
74(4)	Essential services
86(7)	Joint decision-making (workplace forum)
89(6)	Disclosure of information (workplace forum)
94(4)	Dispute about application or interpretation – Chapter 5 (workplace forum)
133(2)(b) / 141(1)	Consent to arbitration where Labour Court has jurisdiction
191(5)(a)	Unfair dismissal
191(5)(a)	Unfair labour practices
191(12)	Unfair dismissal for operational requirements
BASIC CONDITIONS OF EMPLOYMENT ACT SECTION 41	Severance pay
SKILLS DEVELOPMENT ACT SECTION 19(5)	Interpretation and application of learner agreement / learner contract of employment / S 18(3) determination.

PROVINCIAL OFFICES OF THE CCMA

CCMA MPUMALANGA

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CCMA EASTERN CAPE

107 Govan Mbeki Street **PORT ELIZABETH** Private Bag X22500, PORT ELIZABETH, 6000 **Tel:** (041) 505 4300 **Fax:** (041) 586-4585 **Email:** <u>PE@ccma.org.za</u>

CCMA FREE STATE

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CCMA GAUTENG CCMA House, 20 Anderson Street, JOHANNESBURG Private Bag X94, MARSHALLTOWN, 2107 Tel: (011) 377-6600 Fax: (011) 377-6678/58/80 Email: GAUTENG@ccma.org.za

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Fax: (031) 306-5402 Email: <u>KZN@ccma.org.za</u>

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CCMA LIMPOPO

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CCMA WESTERN CAPE

CCMA House, 78 Darling Street, **CAPE TOWN** Private Bag X9167, CAPE TOWN, 8000 **Tel:** (021) 469-0111 **Fax:** (021) 465-7197 or 465-7193 **Email:** <u>CTN@ccma.org.za</u>