

**REQUEST FOR DISPUTE:
UNFAIR DISMISSAL**



Please fully complete pages 1 & 2 in clear print

Requested by.....
Depot / Workplace.....
For: Member (Name & Surname)
ID No of Applicant..... Employee / Sap / Penson no:
Grade / Job title..... Depot / Workplace.....
..... Date of dismissal.....

VERY IMPORTANT!! - ANNEXURES A, B, AND C MUST BE ATTACHED TO THIS DOCUMENT.

Employee Relations Manager/Officer responsible for this case.....
..... Physical address.....
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Tel no..... Fax no..... E-mail
Background/merits (what happened at the hearing) Substantive and/or Procedural Fairness
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Motivation:

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Prospect of success:

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TRADE UNION REPRESENTATIVE (TUR).....

DATE

PLEASE SUBMIT THE COMPLETED FORM TO:

Email: disputes@untu.co.za