



SETTLEMENT AGREEMENT

IN THE COMMISSION FOR CONCILIATION, MEDIATION AND ARBITRATION

Case Number: NWKD 3381-19

In the dispute between:

PSA obo Gulekana, Mkhatshe Mbongeni (Applicant)

and

Department of Health: North West. (Respondent)

The undersigned parties record the settlement of their dispute in the following terms. By signing this agreement, the parties acknowledge that the agreement was read to them and interpreted (where necessary) and that they understand the content hereof. This agreement is in full and final settlement of the dispute referred to the CCMA as well as in full settlement of all statutory payments due to the applicant as reflected at paragraph 5 of this agreement (where no statutory payments are due and owing to the applicant it shall be specified at paragraph 6 of the agreement).

1. ☐ **REINSTATEMENT**

- 1.1 The respondent agrees to reinstate the applicant on the same terms and conditions of employment which governed the employment relationship prior to the dismissal dated (date)
- 1.2 The said reinstatement is to operate retrospectively with effect from (date)
- 1.3 As a result of the retrospective effect of the reinstatement, the respondent agrees to pay remuneration due to the applicant in the amount of R by no later than (date)
- 1.4 The applicant must report for duty on (date) at (time) at (place)

2. ☐ **RE-EMPLOYMENT**

- 2.1 The respondent agrees to re-employ the applicant with effect from (date)
- 2.2 The applicant must report for duty on (date) at (time) at (place)
- 2.3 The re-employment will be on the same terms and conditions of employment which governed the employment relationship prior to the dismissal unless specifically set out hereunder

3. ☐ **MONETARY SETTLEMENT**

- 3.1 The respondent agrees to pay the applicant the amount of R (date) by no later than
- 3.2 The amount in paragraph 3.1 is inclusive of statutory payments due to the applicant unless specifically excluded in terms of paragraph 6 below.
- 3.3 In the event that the parties agree to settle the amount in instalments, the following plan is agreed with the specific understanding that the entire amount will become due and payable to the applicant on the first payment date if the respondent fails to meet its obligations to pay the applicant the specified amount on any date set out hereunder:

R	On	R	on
R	On	R	on

OHM
Mina
B.m.

3.4 Method of payment

☐ Cash / cheque(s) will be collected by the applicant at the respondent's premises.☐ Payment(s) will be deposited by the respondent into the applicant's bank account:

Branch code:

Bank:

Account number:

4. AGREEMENT ARISING OUT OF NMWA, BCEA AND WRITTEN UNDERTAKINGS OR COMPLIANCE ORDERS

5. BREAKDOWN OF THE AMOUNT REFLECTED AT PARAGRAPH 3.1

The amount reflected at paragraph 3.1 above is inclusive of statutory payments as reflected below

☐ Outstanding wages / salary

R.....

☐ Severance pay

R.....

☐ Notice pay

R.....

☐ Leave pay

R.....

☐ Overtime

R.....

☐ Other (please specify)

R.....

N/A

OHM
Mina
B.m.6. ☐ EXCLUSION OF STATUTORY PAYMENTS☐ The parties agree that there are no statutory payments due and owing to the applicant.☐ A dispute about statutory payments is already before the Department of Employment and Labour under the following reference number:☐ A Compliance Order has been issued by the Department of Employment and Labour under the following reference number:OHM
Mina
B.m.7. ☒ OTHER

By 15/10/2019 the respondent will provide the PSA abo the employee, the following documents in hard copy:

7.1. Job description

7.2. Performance agreement for period April 2018 to 31 March 2019;

7.3. Work Plan for period April 2018 to 31 March 2019.

8. No variation of this agreement shall be legally binding unless reduced to writing and signed by the parties.
9. The parties consent to this agreement being made an arbitration award in terms of s142A(1) of the Labour Relations Act.
10. The parties agree that in the event of non-compliance of this agreement, the party defaulting will pay the full costs incurred by the other party in enforcing this agreement.

Done and signed at Mahikeng on this 10 day of October 2019.

[Signature]
Applicant

[Signature]
Respondent

[Signature]
Witness

[Signature]
Witness

This agreement was interpreted by: FRANK KHIBIK

Signature [Signature]

This agreement was conciliated by: B. FROHNAPFEL

Signature [Signature]



ATTENDANCE REGISTER

Mahikoro

Date	Case no	Commissioner	Interpreter
10/10/19	NWKO 3381-19	B. FROHNAPFEL	FRANK

Employee	Signature	Capacity	Contact no
Hannuk Mathobisi	<i>[Signature]</i>	PSA Rep.	Tel: 018 381 9600 Fax: 018 381 9611 Tel: hannuk.mathobisi@psa.co.za Fax:
Mbongeni Gulekani	<i>[Signature]</i>	Applicant	Tel: 060 483 8248 Fax: Tel: Fax: Tel: Fax:

Employer	Signature	Capacity	Contact no
K. Tsholo	<i>[Signature]</i>	Labour relations	Tel: 018 383 2000/1550 Fax:
B.M. Sefondi	<i>[Signature]</i>	ER	Tel: 018 391 4382 Fax: 0866 369 290 Tel: Fax: Tel: Fax:

OUTCOME REPORT:

Settled.

Date: 10/10/19.

Commissioner: *[Signature]*