



SETTLEMENT AGREEMENT

IN THE COMMISSION FOR CONCILIATION, MEDIATION AND ARBITRATION

Case Number: NWVB 493-19

In the dispute between:

PSA obo Modisa, BB

and

(Applicant)

Department of Health, NW

(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 thereof. 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 unless specifically excluded in paragraph 4 of this agreement.

☐ **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).

☐ **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: _____

☐ **MONETARY SETTLEMENT**

- 3.1 The respondent agrees to pay the applicant the amount of R See par 6 by no later than _____ (date)
- 3.2 The amount in paragraph 3.1 is inclusive of all statutory payments due to the applicant unless specifically excluded in terms of paragraph 4 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 _____

K.I
EK7
BB
K.K
29

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: _____ *the details which are known to Respondent.*
Account number: _____

4. ☐ **EXCLUSION OF STATUTORY PAYMENTS**

The parties have failed to reach agreement in respect of the following statutory payments and the applicant may pursue his / her claim in this regard with the Department of Labour:

- ☐ Wages ☐ Notice Pay ☐ Leave Pay ☐ Severance Pay
☐ All statutory Payments ☐ Other: Specify _____

5. ☒ **WITHDRAWAL OF DISPUTE**

The applicant voluntarily withdraws the referral and abandons the dispute against the respondent in settlement of his / her case at the CCMA with the full knowledge that he/she will not be able to proceed with this dispute at a later stage.

☐ **OTHER**

- 6.1. The Respondent agrees to translate the Applicant's rank from Food Service Aid 2 to Driver for Heavy Motorvehicle with effect from 01/01/2010.
6.2. The Respondent agrees to upgrade the Applicant's salary notch from 140148,00 to 145281,00 with effect from 01/01/2010.
6.3. The Respondent agrees to reimburse the Applicant his salary arrears on/ before 30/09/2019. The salary arrears amount to R 108 546,00 less statutory deductions.

No variation of this agreement shall be legally binding unless reduced to writing and signed by the parties.

The parties consent to this agreement being made an arbitration award in terms of section 142A(1) of the Labour Relations Act.

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.

WITNESSED AND SIGNED AT Mahikeng ON THIS 2 DAY OF September 2019.

APPLICANT

WITNESS

RESPONDENT

WITNESS

Agreement was interpreted by: Patrick

SIGNATURE: Patrick

Agreement was conciliated by: A. Bevan

SIGNATURE: A. Bevan



ATTENDANCE REGISTER

Date	Case no	Commissioner	Interpreter
2 Sept 2019	NWVB 493-19	A Bevan	Patrick.

Employee	Signature	Capacity	Contact no
Zulu	<i>[Signature]</i>	PSA	Tel: 018 3819600 Fax: 018 3819611
K-V. Molosiwa	<i>[Signature]</i>	Shop Steward	Tel: Fax:
B. Modisa	<i>[Signature]</i>	PSA Member	Tel: Fax:
			Tel: Fax:
			Tel: Fax:

Employer	Signature	Capacity	Contact no
Banunu TSHI TA	<i>[Signature]</i>	Observer	Tel: Fax: 018 3832005
TAY KE	<i>[Signature]</i>	WITNESS	Tel: 018-3832005 Fax:
MEFANE M.W	<i>[Signature]</i>	OBSERVER	Tel: Fax: 018-3832005
KALISO OSELE	<i>[Signature]</i>	Employer Rep	Tel: 0183914383 Fax: 0866369290

OUTCOME REPORT:

Settlement Agreement

Date: 2 Sept 2019

Commissioner:

A Bevan