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GOVERNMENT NOTICE No. 272 publishedon. 18/9/2026

EMPLOYMENT AND LABOUR RELATIONS ACT,
(CAP.366)

REGULATIONS

(Made undersection 99(1))

THE EMPLOYMENT AND LABOUR RELATIONS (GENERAL)(AMENDMENT) REGULATIONS, 2026

Citation

1. These Regulations may be cited as the Employment and Labour Relations (General)(Amendment) Regulations, 2026 and shall be read as one with the Employment and Labour Relations (General) Regulations, 2017 hereinafter referred to as the "principal Regulations".

GN No. 47 of 2017

Amendment of regulation 2

2. The principal Regulations are amended in regulation 2 by adding in it appropriate alphabetical order the definition of the following term:

""emergency" means an outbreak or potential outbreak of an infectious disease, natural disaster, accident or any other situation likely to affect the safety of employees or disrupt workplace operations;".

Addition of regulations 14A and 14B

3. The principal Regulations are amended by adding immediately after regulation 14 the following:

"Unpaid leave

14A.-(1) An employee who wishes to be granted leave without pay shall apply in writing to the employer, stating the reasons for, and the duration of, the leave.

(2) The reasons referred to in subregulation (1) shall include the following:

(a) attending studies or training not covered by any other category of leave;

(b) undergoing further medical treatment after exhausting sick leave entitlement under the applicable leave cycle; or

(c) where a female employee is not entitled to maternity leave.

(3) Notwithstanding subregulation (2), an employee shall resume work on the same terms and conditions of employment after completion of unpaid leave.

Agreement in case of emergency

14B.-(1) Where an emergency arises for the purposes of section 16A of the Act, the employer or employers' organisation shall immediately notify the employees or their representatives.

(2) The employer or employers' organisation and the employees or their representatives, as practicable, shall discuss and agree on measures to-

(a) protect the health and safety of employees; and

(b) ensure continuity of operations or their safe suspension.

(3) The measures referred to in subregulation (2) include-

(a) provision of protective

equipment and materials;
(b) adjustment of work schedules or shifts;
(c) remote or alternative work arrangements;
(d) temporary suspension, scaling down or re-organisation of operations; and
(e) any other reasonable measure necessary to manage the emergency.".

Amendment of regulation 19

4. The principal Regulations are amended in regulation 19 by-

(a) adding immediately after subregulation (1) the following:

"(2) Notwithstanding subregulation (1), the register shall be electronically accessible to any interested person.

(3) The register shall specify-

(a) the registration status of the organisation, including whether the organisation is registered and active, registered and inactive, or deregistered;

(b) the contact information of the organisation and its office bearers; and

(c) status of submission of financial statements, audit reports and list of members"; and

(b) renumbering subregulation (2) as subregulation (4).

Amendment of regulation 32

5. The principal Regulations are amended in regulation 32 by deleting regulation 32 and substituting for

itthe following:

Notice of change of registered office, address or office bearers

"32. Registered organisation federation shall, in writing, notify the Registrar of any change as prescribed in form TUF. 13 set out in the Third Schedule.".

Addition of regulations 32A and 32B

6. The principal Regulations are amended by adding immediately after regulation 32 the following:

"Verification of registered Constitution

32A.-(1) The Registrar shall affix an official seal or mark on every page of the registered Constitution.

(2) The last page of the constitution shall contain the following declaration: "This Constitution has been registered under section 47 of the Employment and Labour Relations Act on [date], by the Registrar of Trade Unions and Employers' Associations.

(3) A copy or reproduction of the Constitution or rules of a trade union or employers' association shall be valid only if certified by the Registrar.

Submission of financial statements and audit reports

32B.-(1) A trade union, employers' association or federation shall, in accordance with section 52(1)(c) of the Act, submit its financial statements and auditor's report to the Registrar by 31 March of the following year.

(2) Financial statements and an auditor's report submitted under subregulation (1) shall be accompanied by a document in the manner prescribed in the Third Schedule.

(3) The Registrar shall acknowledge, in writing, receipt of the

financial statements and auditor's report.

(4) Where a trade union, employers' association or federation fails to submit any document or part of a document required under subregulation (1), the Registrar shall require the trade union, employers' association or federation to submit the outstanding document or part of the document within seven days.

(5) Upon receipt of the outstanding document or part of the document, the Registrar shall acknowledge receipt in accordance with subregulation (3).

(6) Where financial statements and auditor's report have been duly submitted, the Registrar shall proceed to verify the reports in accordance with the Act.

(7) A trade union or employers association which contravenes the requirement of this regulation commits an offence.".

Amendment of Third Schedule

7. The principal Regulations are amended in the Third Schedule by -

(a) inserting form "CMA F.1B," immediately after form "CMA. F.1; and

(b) deleting Forms TUF.4, TUF.5, TUF.6, TUF.7, TUF.8, TUF.9, TUF.11, TUF.13, TUF.14, TUF.17, TUF.18, TUF.19, CMA F.1, CMA F.2, CMA F.3, CMA F.4, CMA F.6, CMA F.7, CMA F.8 and CMA F.9 and substituting for them, following:

TUF. 4

NOTICE OF REFUSAL TO REGISTER
ORGANISATION/FEDERATION/CONFEDERATION

(Made under regulation 24)

I ……. from the powers conferred upon me under section 49(4) (b) of theAct, hereby notify …… that the registration of..... as Organization/Federation/Confederation isrefused, on the following grounds:
…….....
.. ..

Dated this ..... day of ....., 20..... at
……

……
Registrar ofOrganisations
(Name, Signatureand Official Stamp)

TUF. 5

CERTIFICATE OF REGISTRATION OFA TRADE UNION

(Made under regulation 25)

This is to certify that …….. (name of the trade union) has been registered as a trade union,pursuant to section 49(5)(b) of the Act with effect from …… (date)

Dated this ..... day of ....., 20..... at ……

……
Registrar of Organisations
(Name, Signature and Official Stamp)

TUF. 6

CERTIFICATE OF REGISTRATIONOF AN EMPLOYERS' ASSOCIATION

(Made underregulation 25)

This is to certify that ……, (name of the employers'association) has been registered as an employers' association, pursuant to section 49(5)(b) of the Act; with effect from …… (date)

Dated this ..... day of ..... 20..... at ……

……
Registrar ofOrganisations
(Name, Signatureand Official Stamp)

TUF. 7

CERTIFICATE OF REGISTRATION OF FEDERATION/CONFEDERATION

(Made under regulation 25)
This is to certify that the ..... (name of a federation/confederation) has been registered pursuant to section 49(5)(b) of the Employment and Labour Relations Act as a Federation/Confederation with effect from …… (date)

Dated this ..... day of ..... 20..... at ……

……
Registrar of Organisations
(Name, Signature and Official Stamp)

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TUF .8

NOTICE OF INTENTION TO APPLY FORCANCELLATION OF REGISTRATION OF ORGANISATIONS//FEDERATION/CONFEDERATION

(Made underregulation 27)

To: .....

This is to notify you pursuant to section 56 of the Act, that on expiry of 30 days from the date hereof, I intend to apply for cancellation of the registration of ..... as an Organisation/Federation/Confederation under the Act, unless cause is shown to my satisfaction on why such registration should not be cancelled. The grounds for such an intention are:
.....
.....

Dated this ..... day of ....., 20..... at ……

……
Registrar ofOrganisations
(Name, Signatureand Official Stamp)

TUF. 9

NOTICE OF CHANGE OFNAME,CONSTITUTION AND RULES OF ORGANIZATIONOR FEDERATION

(Made under regulation 28)

To: The Registrar of Organisations,

1. We, the Secretary and membersofthe above-named organisation/federation hereby give notice that byaresolution passed at a General Meeting of the Organization/Federation heldat..... it was resolved, in accordance withprovisions of section 51(2)(a) of Act, that the name/constitution/rules of the……. (Organization/Federation) be changed from .....to..... and we hereby request that the same be altered in your Register,accordingly, as hereby attached.

2. This Organization/Federation has ..... members and ..... members voted in favour of the resolution.

Dated this ..... day of ....., 20..... at ……

……
Secretary
(Name, Signature and Official Stamp)

1. .....
2. .....
3. .....
4. .....
5. .....
6. .....

Note: This application must be signed bythe Secretary and at least four members of the

Organisations/Federation in case ofemployers and by the Secretary and at least six members of the Organization/Federation in case of employees.

TUF. 11

CERTIFICATE OF REGISTRATION OFCHANGEOF NAME/CONSTITUTION/ RULES OF ORGANISATIONS/FEDERATION

(Made underregulation 29)

This is to certify that the change of the name/constitution/rules of ..... (original name of Organisations/Federation/ Confederation) to ..... (new name/constitution/rules of Organisations/Federation/Confederation) has been approved and registered pursuant to section 51(4)(b) of the Act.

Dated this ..... day of ....., 20..... at ……

……
Registrar ofOrganisations
(Name, Signatureand Official Stamp)

TUF. 13

NOTICE OF CHANGE OF REGISTERED OFFICE, OFFICIAL ADDRESS OR OFFICE BEARERS

(Made underregulation 32)

To: The Registrar of Organisations

This is to notify you pursuant to section 53(2)(c) and (d) of the Act, that the location of the Registered Office of the.....Organization/Federation is moved from..... to.....and/or that the Registered Official Address of the said Organisations/Federation is no longer ....., rather.....; and/or the office bearers will be as follows: ……..; with effect from the ..... day of.....

Dated this ..... day of ..... 20..... at ……

……
Secretary
(Name, Signature and Official Stamp)

TUF. 14

NOTIFICATION TO EXERCISEORGANISATIONAL RIGHTS

(Made under regulation 34(1))

DETAILS OF EMAIL AND PHYSICAL ADDRESS, TELEPHONE NOS AND FAX NOS, OF HEAD OFFICE AND AREA OFFICES OF THE EMPLOYER TO BE INSERTED HERE

READ THIS FIRST:

A. PURPOSE OF THE FORM
This form must be completed by a registered trade union that seeks to notify an Employer in terms of Section 65(1) of the employment and Labour Relations Act, that It seeks to exercise an organization right conferred under the Act.

B. WHO FILLS IN THE FORM?
The registered trade union seeking to excise organization rights, must complete the form.

C. HOW TO SERVE THE FORM?
The form must be served on the employer that the trade union has notified of its intention to exercise organization rights. The form may be served by hand, registered post, email or fax. The following constitutes proof of service:

- By hand:- receipt signed by the party or a person who appears to be at least 18 years old and in charge of the party's place of residence or place of employment, or a signed statement by the person who served the document;
- By registered post:- proof of posting from postal authorities;
- By fax:- fax transmission slip confirming the fax was successfully transmitted.
- By email:- email delivered status report

D. WHAT HAPPENS AFTER THE FORM IS SERVED?
The employer must meet with the trade union within 30 days of receipt of this form, to attempt to conclude a collective agreement granting the organizational rights and regulating the manner in which the rights are to be exercised. If there is no agreement or the employer fails to meet with the union within 30 days, the union may refer a dispute to the Commission for Mediation and Arbitration. The Commission shall then refer the dispute to mediation.

1. UNION'SDETAILS

Union applying for recognition enters Details. If more than 1

Full Name: _____

Registration No:

Organizational rights enters details

Any acronym: _____ Date of reg._____
Postal address: _____ Physical address: _____
Contact Persona: _____
Tel: _____Fax: _____
Cell: _____ Email: _____

2. EMPLOYER/EMPLOYER ASSOCIATION DETAILS

Union insert employer's details here

Full Name: _____

Registration No: _____
Any acronym: _____Date of reg._____
Postal address: _____
Physical address: _____
_____
Contact Person: _____
Tel: _____ Fax: _____
Cell: _____ Email: _____

3. WORKPLACE DETAILS

If this applies to a number Workplaces attach details on of Separate paper

Describe the physical address/Locality of workplace(s) at which the Union seeks to exercise organizational rights:

_____
_____
_____

The Possible rights in the Include: -

4. ORGANISATIONAL RIGHTS ELRA

Describe in detail the organisational rights that the Union seeks to exercise in respect of the Section 61(3)

access (section 61)
access to facilities
Establishing a field branch (section 61(2)
Employer: - deducting union dues (section 62)
union representatives

_____

(section 63) paid time off for representatives (section 63 (5) disclosure of information (section 63(6) paid leave (section 64) Attach additional paper if insufficient space here	_____ _____ _____ _____

5. PROPOSED DATES FOR MEETING

Section 65(3) of the ELRA requires the parties to meet within 30 days to attempt to conclude an agreement

The Union proposes a meeting with the Employer to discuss this Application on any of the following dates:

_____
_____
_____
_____

6. GENERAL

Insert any other relevant information here

Any other matter which the Union wishes to bring to the Employer's attention:

_____
_____
_____
_____

Signature: _____
Name of Signatory: _____
Capacity: _____
Date: _____

TUF. 17

LIST OF MEMBERS TO BEKEPT BY A TRADE UNION

(Made under regulation 34(1))

This is the prescribed from for a trade union to keep records of their members as given by section 53(1)(a) in the Act.

Name of employer:
……
Address of Employer:
……

LIST OF MEMBERS		
Full name	Clock card number (if any):	Sector in which employed:

TUF. 18

LIST OF MEMBERS TO BEKEPT BY AN EMPLOYERS' ORGANIZATION/FEDERATION

(Made under regulation 34(1))

This is the prescribed form for an employers' association to keep records of their members as
given by section 53(1)(a) in the Act.

(a). Full name and address of employer:	…… …… …… ……
(b). Name and telephone No. of contact person:	…… …… ……
(c) Sector(s) in which engaged	…… …… ……
(d) Number of members in each sector	…… …… ……

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TUF. 19

RECOGNITION AS EXCLUSIVE BARGAINING AGENT

(Made under regulation 34(1))

DETAILS OF EMAIL AND PHYSICAL ADDRESS, TELEPHONE NOS. AND FAX NOS.
OF HEAD OFFICE AND AREA OFFICES OF THE EMPLOYER TO BE INSERTED HERE

READ THIS FIRST:

A: PUROPSE OF THE FORM

This form must be completed by a registered trade union that intends to notify an employer or employer's association of its intention to seek recognition as the exclusive bargaining agent within an appropriate bargaining unit, as prescribed in Section 68 (3) of the Employment and Labour Relations Act.

B. WHO FILLS IN THE FORM?

The registered trade union seeking recognition as an exclusive bargaining agent, must complete his Form.

C. HOW TO SERVE THE FORM?

The Form may be served by a hand, registered post, email or fax. The following constitutes proof of service:

- by hand:- receipt signed by the party or a person who appears to be at least 18 years old and in charge of the party's place of residence or place of employment, or signed statement by the person who served the document;
- by registered post:- proof of posting from postal authorities;
- by fax:- fax transmission slip confirming the fax was successfully transmitted.
- by email:- email delivered status report

D. WHAT HAPPENS AFTER THE FORM IS SERVED?

The employer and the trade union must meet within 30 days of the notice having been
served to attempt to conclude a collective agreement recognizing the trade union. This is
prescribed by Section 68 (4) of the Employment and Labour Relations Act. If there is no
agreement or the employer fails to meet with the trade union within the 30 days, the union

may refer a dispute to the Commission for Mediation and Arbitration, which then refers it
tomediation. The period of 30 days may be extended by agreement between the employer

1. UNION'S DETAILS

Unionapplying for recognitionenters Details.Ifmore than 1

Full Name: _____

Registration No:

Unionapplying jointly, attachdetails on separate paper

Any acronym: _____ Date of reg._____

Postal address: _____

Physical address: _____

Contact Persona: _____

Tel: _____Fax: _____

Cell: _____ Email: _____

2. EMPLOYER/EMPLOYER ASSOCIATION DETAILS

Union insert employer's details here

Full Name: _____

Registration No: _____

Any acronym: _____Date of reg._____

Postal address: _____

Physical address: _____

_____

Contact Person: _____

Tel: _____ Fax: _____

Cell: _____ Email: _____

3. WORKPLACE DETAILS

If this applies to a number Workplaces attach details on of Separate paper

Describe the physical address/Locality of workplace(s) at which the Union seeks RECOCNITION AS EXCLUSIVE Bargaining agent:

_____

_____

_____

E.g: insert the job

4. BARGAINING UNIT DETAILS

grades or job descriptions of employees-

Describe the categories of employees that the Union proposes should constitute the bargaining unit:

_____
_____
_____

Union must represent a majority of employees to be an exlusive bargaining agent. Documentary proof may be required by the employer to prove this (e.g signed union Establishing a field branch (section 61(2)

5. UNION MEMBERSHIP DETAILS

5.1 How many employees within the bargainingunit (estimate)?

_____
_____

Deduction forms, membership forms etc)

5.2 How many Union members within bargainingunit?

_____

5.3 Insert method used to tetermine Union membership

_____

5.3 is documentary proof available to substantiatethis?

YES		NO	

6. PROPOSED DATES FOR MEETING

Section 68(4) of the ELRA requires the parties to meet within 30 days to attempt to conclude an agreement.

The Union proposes a meeting with the Employer to discuss this Application on any of the following dates:

_____

_____
_____

Insert any other relevant information here	7. GENERAL Any other matter which the Union wishes to bring to the Employer's attention: _____ _____ _____

Signature: _____
Name of Signatory: _____
Capacity: _____
Date: _____

GN. NO. 272(Contd)

CMA F.1

REFERRAL OF A DISPUTE TO THE COMMISSION FOR MEDIATION AND ARBITRATION

(Made under regulation 34(1))

DETAILS OF EMAIL AND PHYSICAL ADDRESS, TELEPHONE NOS. AND FAX NOS. OF HEAD OFFICE AND AREA OFFICESOF THE COMMISSION TO BE INSERTED HERE

READ THIS FIRST:

A. PURPOSE OF THE FORM

This Form shall be completed if a party to a labour dispute intends to refer a dispute to the Commission in terms of section 87(1) of the Employment and Labour Relations Act.

B. WHO FILLS IN THE FORM?

The party wishing to refer the dispute – e.g. an employer, employee, trade union or employer's' organization – must complete this form.

C. WHERE DOES THE FORM GO?

To the other party of the dispute and a copy to the Commission in the area where the dispute has arisen, together with proof of the Form having been served on the other party or parties.

D. HOW CAN THE FORM BE SERVED?

By hand; registered post; fax or email. Proof of service on any other party must accompany the Form served to the Commission. The following constitutes proof of service:

- by hand: - receipt signed by the party or a person who appears to be at least 18 years old and in charge of the party's place of residence or place of employment, or a signed statement by the person who served the document;
- by registered post:- proof of posting from postal authorities;
- by fax: fax transmission slip confirming the fax was successfully transmitted;
- by email: delivered status report.

E. WHAT HAPPENS WHEN THE FORM IS SUBMITTED?

The Commission shall register the dispute to mediation and advise all parties of the place, date and time of the first mediation hearing. Provided that the Commission may in certain circumstances refer the dispute direct to arbitration in terms of section 89 (3) of the Employment and Labour Relations Act.

IMPORTANT

1.THE RULES FOR MEDIATION AND ARBITRATION PUBLISHED BY THE COMMISSION REQUIRE A DISPUTE CONCERNING THE FAIRNESS OR LAWFULNESS OF TERMINATION OF EMPLOYMENT TO BE REFEREED TO THE COMMISSION WITHIN 30 DAYS OF THE TERMINATION OR THE DATE THAT THE EMPLOYER MADE A FINAL DECISION TO TERMINATE OR UPHOLD THE DECISION TO TERMINATE. ALL OTHER DISPUTE TO BE REFERRED WITHIN 60 DAYS OF THE DISPUTE HAVING ARISEN. IF THIS DISPUTE IS REFERRED OUTSIDE THE PERIODS STIPULATED, AN APPLICATION FOR CONDONATION FROM A PARTY TO THE DISPUTE SHALL ACCOMPANY THIS FORM. OTHERWISE THIS DISPUTE SHALL BE REJECTED

2.UPON RECEIPT OF THE REFERRAL, THE RESPONDENT MAY FILE A REPLY WITHIN 14 DAYS

PART A
DETAILS OF PARTY REFERRING THE DISPUTE

Tick or cancel where appropriate
If you are an employee, fill in (a) below
If you are an employer, union official or representative or an employers' organization, fill in (b) below

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

☐ An employee

☐ An employer
☐ A trade union or federation
☐ An employers' organization

(a) If the referring party is an employee

Surname: _____
Fist Name: _____
Employee Identity Number: _____
Postal address: _____
_____
Physical address: _____
_____

Tel.: _____ Cell: _____
Fax.: _____ Email: _____

(b) If the referring party is an employer, an employer's organization or union

Name: _____
Postal address: _____
Physical address: _____
Tel.: _____ Cell: _____

Fax.: _____ Email: _____
Contact person: _____

Tick or cancel where appropriate

If there is more than one party, write the details of the additional parties on a separate page and staple it to this form

2. DETAILSOF THE OTHER PARTY (TO THE DISPUTE)

☐ An employee
☐ An employer
☐ A trade union or federation
☐ An employers' organization

Name: _____
Postal addres: _____
Physical address: _____
_____
Tel.: _____ Fax: _____
Cell: _____ Email: _____
Contact Person: _____

Tick the correct box

3. NATURE OF THE DISPUTE

☐ Application/interpretation/implementation of any law or agreement relating to employment
☐ Negotiations about terms and conditions of employment
☐ Discrimination
☐ Termination of employment
☐ Organization rights
☐ Recognition as exclusive bargaining agent
☐ Disclosure of information
☐ Tort
☐ Breach of contract
☐ Unfair labour practices
☐ Other (pleasedescribe) _____

If the dispute concerns fairness and lawfulness of termination of employment complete Part B of this Form

_____

_____

Summaries the facts of the dispute you are referring (unless this is a termination dispute, in which case complete Part B of this Form)

If applicable, insert the amount

Ifthis dispute is about a claim you are owed money, state the amount you believe you are owed:

The dispute arose on: _____
(give the date, day, month and year)
The dispute arose where: _____
(give the City/Town in which the dispute arose)

Suggest a fair solution to the dispute

4. RELIEF SOUGHT

What relief do you seek?

Tick thecorrect box

5. INDUSTRY

Is the dispute in an essential service Yes ☐

No ☐

Indicate the sector or service in which the dispute arose.

☐ Agriculture
☐ Building & Construction
☐ Cleaning
☐ Communications
☐ Tourism
☐ Distribution
☐ Domestic
☐ Financial Services
☐ Food & Beverage
☐ Health
☐ Mining
☐ Private Security
☐ Public Service
☐ Retail Sector
☐ Textiles
☐ Transport
☐ Hospitality
☐ Energy
☐ Factory
☐ Other (Please describe)

6. SPECIAL FEATURES/ADDITIONAL INFORMATION

The Commission provides interpretation services for official languages only.

(a) Interpretation Service

Parties may, at their own cost, bring interpreters for languages other than official languages.

Doyourequire an interpreter?
YES ☐

NO ☐
If yes,please indicate for what language:

_____

Special feature might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

(b) Other
Briefly outline any special features/additional information the Commission needs to note:

_____

_____

7. APPLICATION FOR CONDONATION

A dispute concerning fairness and lawfulness termination of employment to be referred to the Commission within 30 days, and other disputes within 60 days of the dispute having arisen

(a) Is an application for condonation for late filing of this dispute necessary? Tick the appropriate box
YES ☐

NO ☐

(b) If yes, an application for Condonation Form shall be attached.

Tick, fill in or cancel where appropriate

8. IS/ WAS THERE ANY EMPLOYER EMPLOYEE RELATION

YES ☐

NO ☐

If the answer is YES indicate the type of contract:

Contract for unspecified period of time ☐
Contract for a specified period of time ☐
Contract for a specific task ☐

Other (please describe)

9. WHAT IS/WAS THE EMPLOYEE'S REMUNERATION?

_____

PART B
ADDITIONAL PART FOR TERMINATION OF EMPLOYMENT DISPUTES ONLY

Disputes on fairness or lawfulness of Termination shall be referred (i.e. received by the Commission) within 30 days. If you are outside this period, you are required to apply for condonation.

(1) COMMENCEMENT OF THE EMPLOYMENT

When did you start working for your employer?

_____
_____
_____
_____
_____

(2) NOTICE OF TERMINATION

Please give the date of your termination

_____

Howwere you informed of your termination?

☐ By letter
☐ Verbally
☐ Other (please describe)

_____
_____

REASON FOR TERMINATION

(3) Why was your employment terminated?

☐ Misconduct
☐ Operation requirements (retrenchment)
☐ Incapacity
☐ Incompatibility
☐ Unknown
☐ Other (please describe)

_____
_____

(4) FAIRNESS/LAWFULNESS OF TERMINATION

(a) Procedural Issues

Do you feel that the termination was procedurally unfair/unlawful? (i.e. not in terms of a fair procedure)

YES ☐

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NO ☐

If yes, why?

_____

_____

(b SubstantiveIssues
Doyoufeelthatthereason for termination was unfair/unlawful?

YES ☐
NO ☐

If yes, why?

_____

5. VERIFICATION

I/we ……of…….do hereby confirm that, what is stated above is true to the best of my/ our knowledge and belief

Name	Signature	Position	Date
_____	_____	_____	_____

Proof that a copyof this form has been sent could be:

- A registeredslipform the Post Office
- A signed receiptif hand delivered
- A signed statement by the person delivering the form
- A fax slip
- email: delivered status report.

6. INFORMING THE OTHER PARTY

To be served upon:

Name:
Address:
E-mail:
Date:
Position:
Telephone:
Cell:

CMA F.1 B

REPLY TO THE REFERRAL FORM 1B

(Made under regulation 34(1))

DETAILS OF EMAIL AND PHYSICAL ADDRESS, TELEPHONE NOS. AND FAX NOS. OF HEAD OFFICE AND AREA OFFICESOF THE COMMISSION TO BE INSERTED HERE

READ THIS FIRST:

F. PURPOSE OF THE FORM

This Form shall be completed if a party to a labour dispute intends to reply to the dispute referred to the Commission in terms of section 87(1) of the Employment and Labour Relations Act.

G. WHO FILLS IN THE FORM?

• The party wishing to reply to the Referral Form must complete this form.

• If the respondent has been served with two or more Referral Forms concerning the same circumstances (such as where the employment of a number of employees is terminated at the same time), you can lodge one response for all of the Referrals if your response is the same for each Referral. If necessary, you can attach details of each individual complainant to whom your response relates (including name, date of commencement, date of termination, type of contract and entitlements) in a separate sheet.

H. WHERE DOES THE FORM GO?

To the referring party and any interested party and a copy to the Commission in the area where the dispute has arisen, together with proof of the Form having been served on the referring party or any interested party.

I. HOW CAN THE FORM BE SERVED?

By hand, registered post, fax or e-mail. Proof of service to the referring party and any interested party must accompany the Form served on the Commission. The following constitutes proof on service;

- by hand: - receipt signed by the party or a person who appears to be at least 18 years old and in charge of the party's place of residence or place of employment, or a signed statement by the person who served the document;

  by registered post:- proof of posting from postal authorities;
- by fax: fax transmission slip confirming the fax was successfully transmitted;

- o
- o by e-mail: delivered status report.

J. WHAT HAPPENS WHEN THE FORM IS SUBMITTED?

The matter shall be set for mediation and the Commission shall advise all parties of the place, date and time of the first mediation hearing. Provided that failure to file a Reply shall not bar the Commission to proceed. The Commission may in certain circumstances refer the dispute direct to arbitration in terms of section 89(3) of the Employment and Labour Relations Act.

Tick,fill in or cancelwhere appropriate

1. DETAILS OF THEPARTY MAKING A REPLY

As the party making a Reply, are you:

☐ An employer
☐ An employee
☐ A trade union or federation
☐ An employer's organization

(a) Legal Name/ Trading Name or Registered Business Name:

_____

(b) If the party making a reply is a natural person

First Name: _____
Middle Name: _____
Surname:

(c) Correspondence

Contact person: _____

Postal address: _____
Physical address:

_____

_____

Tel.: _____ Cell: _____
Fax.: _____ Email: _____

Tick, fill in or cancel where appropriate

2. DETAILS OF THE REFERRING PARTY

Referring party means a party who initiated a dispute through Referral Form

☐ An employee
☐ An employer
☐ A trade union or federation
☐ An employers' organization

Name:_____

Indicate the sector orservice in which thedispute arose.

3. SECTOR

_____

_____

The commission provides interpretation services for official languages only.

4. SPECIAL FEATURES/ADDITIONAL INFORMATION

(a) Interpretation Service

Parties may, at their own cost, bring interpreters for languages other than official languages.

Do yourequire an interpreter at mediation/arbitration/combined mediation and arbitration?

YES ☐

NO ☐

If yes, please indicate for what language:

_____

Special feature might be the urgency of the matter, the large number of people involved, important legal or labour issues etc.

(b Other

Briefly outline any special features/additional information the Commission needs to note:

_____

Tick, fill in or cancel where appropriate

5. HAS THE REFERRING PARTY GIVEN THE CORRECT NAME IN THE REFERRAL FORM?

YES ☐

NO ☐

If the answer is NO state the correct name:

Tick, fill in or cancel where

6. IS/ WAS THERE ANY EMPLOYER EMPLOYEE RELATIONS?

_____

_____

appropriate

YES ☐

NO ☐

If the answer is YES indicate the type of contract:

Contract for unspecified period of time ☐
Contract for a specified period of time ☐
Contract for a specific task ☐

Other (please describe)

_____

Tick, fill in or cancel where appropriate

7. WHEN DID THE EMPLOYEE BEGIN WORKING FOR THE EMPLOYER?

DAY ☐ MONTH ☐ YEAR ☐

8. WHAT IS/WAS THE EMPLOYEE'S RENUMERATION?

_____

Tick, fill in or cancel where appropriate

9. IS/ WAS THERE TERMINATION OF EMPLOYMENT CONTRACT?

YES ☐

NO ☐

(a) If the answer is YES indicate the date of termination.

DAY ☐ MONTH ☐ YEAR ☐

(b) If the answer is NO please describe.

_____

_____

Tick or cancel where appropriate	1 0	LAWFULNESS/FAIRNESS OF TERMINATION.

(a) Substantive aspects (please describe)

_____

_____

_____

_____

_____

(b) Procedural aspects (please describe)

_____

_____

11. DISPUTES OTHER THAN TERMINATION.

(a) Admitted claims

_____

_____

(b) Partly admitted

_____

_____

(c) Denied claims

_____

_____

12. COUNTER CLAIM(if any)

_____

_____

VERIFICATION

I/we
……
……
……of……
hereby……..….do
confirm that, what is stated above is true to the best of my/ our knowledge and belief

Name:……
Signature:……
Date:……
Position/Capacity:……

Proof that a copy of this form has been sent could be: • A registered slip form the Post Office • A signed receipt if hand delivered • A signed statement by the person delivering the form • A fax slip • email: delivered status report.	14. INFORMING THE OTHER PARTY To be served upon: Name: Address: E-mail: Date: Position: Telephone: Mobile:

CMA F.2

APPLICATION FOR CONDONATION OF LATE REFERRAL OF
A DISPUTE TO THE COMMISSION FOR MEDIATION AND ARBITRATION

(Made under regulation 34 (1))

DETAILS OF EMAIL AND PHYSICAL ADDRESS,TELEPHONE NOS. AND F NOS. OF HEAD OFFICE AND AREA OFFICES OF THE COMMISSION TO BE INSERTED HERE

READ THIS FIRST:

A. PURPOSE OF THE FORM

This form enables a party that has failed to comply with the time periods for referring a dispute
to the Commission, to apply to have the dispute processed by the Commission.
A dispute concerning fairness or lawfulness of termination of employment must be referred to the Commission within 30 days. All other disputes must be referred to the Commission within 60 days.
The Rules for Mediation and Arbitration proceedings issued by the Commission set out the criteria to be applied in Determining condonation applications.

B. WHO FILLS IN THE FORM?

The party seeking application for condonation e.g. employer, employee, trade union
or employers' organisation.

C. WHERE DOES THE FORM GO?

To the other party to the dispute and a copy to the Commission in the area where the dispute has arisen, together with proof of the form having been served on the other party.

D. HOW CAN THE FORM BE SEVED?

By hand, registered post or fax. Proof of service on any other party must accompany the form served on the Commission. The following constitutes proof of service:

- By Hand: receipt signed by the party or a person who appears to be at least
  18 years old and in charge of the party's place of residence or place of employment,
  Or a signed statement by the person who served the document;
- By registered post: proof of posting from postal authorities;
- By fax: fax transmission slip confirming the fax was successfully transmitted.

- By email: delivered status report.

E. WHATHAPPENS AFTER THE FORM IS SERVED?

The otherparty to the dispute may within 14 days oppose the application by fillingwritten
Submissions in accordance with the rules for Mediation and Arbitration proceedings. Thereafter the party seeking condonation may within 7 days submit a written reply to the opposition, in terms of the Rules.

A mediator appointed to deal with the dispute may decide the application for condonation
According to the criterial specified in the Rules either on the basis of the parties' written
Submissions or by calling the parties to a hearing to consider the matter.

IMPORTANT THE FORM REFERRING THE DISPUTE TO THE COMMISSION MUST ACCOMPANY T FORM

Tick the correctbox

If you are an employee fill in (a) Below.
If you are an employer, trade union or an Employers' organisation, fill in (b) Below

1. DETAILS OF PARTY REFERRING THE DISPUTE

As the referring party, are you:

An employee
An employer
A trade union
An employers' organisation

(a) If the referring party is an employee

Surname:
_____
FirstName:
_____
Employee Identity Number:
_____
Postaladdress:
_____
physical address:
_____

Contact Person:
_____
Tel: _____ Cell :
_____
Fax: _____ Email:
_____

(b) If the referring party is an employer, an employer's
Organisation or union
Name:
_____
Postal address: _____
_____
physical address:
_____
_____
Tel: _ _____ Cell: _____
Fax: _____Email: _____
Contact person: _____

Tick the correct box

2. DETAILS OF THE OTHER PARTY (TO THE DISPUTE)

If there is more than one other party, write the details of the additional parties on a separate page and staple it to this form

An employee
An employer
A trade union
An employers' organisation
Name:
_____
Postal address:
_____
physical address:
_____
Contact Person:
_____
Tel: _____ Cell:
_____
Fax: _____ Email:
_____
_____
Contact person:

This may for example be the date that an employee was

3. DATE THE DISPUTE AROSE

_____

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terminated.

(give date, day, month and year)

Additional pages may be attached if the space belowis insufficient.

4. SUBMISSION IN SUPPORT OF THE APPLICATION

FOR CONDONATION, IN RESPECT OF THE FOLLOWING CRITERIA:

Provide details on the degreeof lateness e.g how many days late is the application

(a) degree of lateness

_____

_____

_____

Provide reasons why the dispute was referred late

(b) reasonsfor lateness

_____

_____

_____

_____

Comment on your prospects of Succeeding in obtaining the outcome you seek, if the dispute is processed by the Commission

(c) the referring party's prospects of success in the dispute referred

_____

_____

_____

_____

_____

Comment on how the parties to the dispute would be affected

(d) Any prejudice to the other party

_____

by a granting or a refusalofthe

_____

Condonation application

_____

_____

Provide any othercomments that may be relevant

(e) Any other relevant factors

_____

_____

5. VERIFICATION

I/we …….of…….do hereby confirm that, what is stated above is true to the best of my/ our knowledge and belief

_____

Name Signature Position Date

Proofthatacopyof this formhas been sent could be:

- Aregisteredslipform thePostOffice
- Asignedreceiptif handdelivered
- Asignedstatement by thepersondelivering theform
- Afaxslip
- email:delivered status report.

6. INFORMING THE OTHER PARTY

To be served upon:

Name:
Address:
E-mail:
Date:
Position:
Telephone:
Mobile:

CMA F.3

SUMMONS BEFORE THE COMMISSIONFOR MEDIATION AND ARBITRATION
(HATI YA WITO MBELE YA TUMEYA USULUHISHI NA UAMUZI)

(Made under regulation 34(1)

Labour Dispute No. (Mgogoro wakikazi Na.) .....

Between/Baina ya

..... *Applicant*
(Mlalamikaji/Mwombaji)

And/Na

..... Respondent

(Mlalamikiwa/Mjibu Maombi)

NOTICE TO ATTEND MEDIATION/ARBITRATION/ COMBINED MEDIATION AND ARBITRATIONHEARING
(TAARIFA YA KUITWA KUHUDHURIA KWENYE SHAURI LA USULUHISHI/UAMUZI/ MCHAKATO MSETO)

Take notice that the above mentioned Mediation/Arbitration/Combined Mediation and Arbitration has beenfixed for hearing on ..... dayof.....,year……..at ..... hours, at ..... (Unaarifiwa kuwa shauri lililotajwa hapo juu, linalokuja kwa hatua ya Usuluhishi/Uamuzi/ Mchakato Mseto, limepangwa kusikilizwa tarehe ..... Mwezi ..... Mwaka ....., saa .....mahali.....)

You are hereby ordered to appear before the Commission in person and or accompanied by a representative as instructed, and produce on that day all relevant documents you intend to rely upon in support of your defence. You are further cautioned to remain in attendance until bythe Commission.You are further cautioned that failure toappear asorderedamountsto contempt of the Commission.
(Unaamriwa kufika binafsi ama kwa kuambatana na mwakilishi wako mbele ya Tume kama ulivyoagizwa. Unapaswa kuleta vielelezo/nyaraka muhimu unazokusudia kuzitumia katika utetezi wako. Unatahadharishwa usipuuze kutii wito huu na unatakiwa kubakia kwenye majengo ya Tume mpaka utakaporuhusiwa na Tume kuondoka. Unatahadharishwa zaidi kwamba, kushindwa kuhudhuria kama ilivyoamriwa itakuwa ni dharau kwa Tume).

Given under my hand and seal of the Commission, this ..... day of....., year .....
(Imetolewa na kugongwa muhuri wa Tume leo tarehe ..... Mwezi ..... Mwaka, ...).

GN. NO. 272(Contd)

Name (Jina)…… *Signature* (Saini): .....

Mediator/Arbitrator (Msuluhishi/Muamuzi)

Statement of the confirmation of service of summons (to be filled by a person who served the summons) (Uthibitisho wa kupokelewa kwa hati ya wito (itajazwa na mpelekaji wa hati ya wito)*:* .....
..
Name (Jina): ..... Designation (Cheo): ..... Signature (Saini): ..... Date (Tarehe): .....

Particulars of the Person/Office/Official who is served with the summons (Taarifa za Mtu/Ofisi/Afisa aliyepokea Hati ya Wito)

Name (Jina): ..... *Designation* (Cheo): ..... *Place* (Mahali): ..... *Time* (Muda): ..... *Signature* (Saini)*: ..... Stamp* (Muhuri):

CMA F.4

SUMMONS FOR THE WITNESS TO APPEAR BEFORE THE ARBITRATION HEARING

(Made under regulation 34 (1))

AT: .....
Name: .....
Address: .....

LABOUR DISPUTE No: .....

BETWEEN

.....COMPLAINANT

AND

.....RESPONDENT

Take NOTICE that the above mentioned Mediation/Arbitration has been fixed for hearing on ..... day of ..... year,…… at ..... hours, at CMA Offices, located at …….

You are required to appear before the Commission as instructed, in person, to give evidence on the above dispute without fail. You are cautioned to continue remaining in attendance until permitted by the Commission. You are further cautioned that failure to appear as ordered amounts to contempt of the Commission.

Given under my hand and seal of the Commission, this ..... day of ..... year .....

.....
Mediator/Arbitrator

CMA F.5

AGREEMENT BYPARTIESTOEXTENDTIMEFOR MEDIATION
(Made under regulation 34(1))

In the Dispute No. ……. between:
..... (Applicant (s))
AND
..... (Respondent (s))

We, parties to the above matter, have voluntarily agreed to extend time for Mediation. We shall appear for further Mediation on..... at ..... without fail.

Signature:	Signature: .....
Name:	Name: .....
Date:	Date: .....
EMPLOYER/REPRESENTATIVE	EMPLOYEE/REPRESENTATIVE

Before me (Mediator's Name): .....

Signature: …….. Date: …….

CMA F.6

CERTIFICATE OF SETTLEMENT/PARTIALSETLEMENT /NON-SETTLEMENT

(Made under regulation 34 (1))

COMPLAINANT'S NAME: _____

RESPONDENT'S NAME: _____

LABOUR DISPUTE NUMBER: _____ DATE OF REFERRAL OF DISPUTE TO THE CMA: _____ NATURE OF DISPUTE: _____

_____

_____

_____

_____

HAS THE DISPUTE BEEN RESOLVED?	YES		NO	
MEDIATOR'S COMMENTS (IF ANY)	PARTLY			

_____

_____

_____

COMPLAINANT/REPRESENTATIVE NAME, SIGNATURE AND DATE:

_____

RESPONDENT/REPRESENTATIVE NAME, SIGNATURE AND DATE:

_____

MEDIATOR'S NAME: _____

MEDIATOR'S SIGNATURE _____

DATE: _____

OFFICIAL STAMP: _____

CMA F.7

SETTLEMENT AGREEMENT UNDER MEDIATION

(Made under regulation 34 (1))

LABOUR DISPUTE No. ……

BETWEEN

.....

(Complainant(s))

AND

.....

(Respondent(s))

The above matter concerns a dispute on:
.....

.....

Parties have agreed as follows;

- .....
- .....
- .....
- .....
- .....
- .....
- This is a full/partial settlement of the dispute.

.....

.....

Complainant(s) Name, Signature and Date

Respondent Name, Signature and Date

GN. NO. 272(Contd)

…….
……
Representative'sName, Signature and Date Representative's Name, Signature and Date

Before me (Mediator's Name): .....

Signature: …… Date: …..……..

Official Stamp:

CMA F.9

NOTICE OF INTENTIONTOSEEKFORREVISION OF AWARD
(Made under regulation 34 (1))

LABOUR DISPUTE No: .....
BETWEEN
.....COMPLAINANT
AND
.....RESPONDENT

TAKE NOTICE that the Complainant/Respondent being dissatisfied with the Commission's award in the above mentioned Labour Dispute issued on ……..... by Honourable ..... DO HEREBY intend to seek Revision/Review to the High Court of Tanzania (Labour Division) against the said award.

Kindly forward as expeditiously as possible certified copies of proceedings and award to the:

High Court of Tanzania,
(Labour Division) ……..…… (Place).

Dated at ..... this ..... day of .....year

.....
COMPLAINANT/RESPONDENT

Presented for filing this ..... day of ..... year

.....
OFFICER OF THE COMMISSION

Copy to be served upon:
Complainant/Respondent

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CMA F.8

NOTICE TOREFERADISPUTETOARBITRATION
(Made under regulation 34(1))

DISPUTE NO: .....
.....APP
LICANT
.....RESPO
NDENT
(To be filled by the complainant, pursuant to Section 87 (7) (b) (i) of the Act)

Reference is made to the certificate of non-settlement/partial settlement of the dispute issued by the Commission on..... TAKE NOTICE that the Applicant herein is desirous to refer the dispute to Arbitration. I pray that summons be issued to the respondent, and both of us be notified on the date of hearing.

Signed at: ..... this: ..... day of: .....…….. year……...

.....
APPLICANT

Presented for filing this……..day of …… year……..

…….
OFFICER OF THE COMMISSION

Copy to be served upon:

RESPONDENT

Name: …….
Signature: ……..
Date: ……..

Dodoma,
27th Augst, 2026

DEUS CLEMENT SANGU,
MinisterofState,Prime Minister's Office, Labour, Employment and Relations