

APPLICATION FOR EXEMPTION QUESTIONNAIRE

(Clause 22 of the Plastic Industry Main Agreement)

DATE OF THIS APPLICATION: _____ 20 _____

PART 1. REGISTRATION DETAILS:

1.1 Council Registration Number: _____

1.2 Date the firm was Registered with the Council: _____

1.3 Name of Firm: _____

1.4 Address of Firm: _____

1.5 Telephone Number: _____ Fax Number: _____

1.6 E-Mail Address: _____

1.7 Contact Person: _____

1.8 Name of Employer Organization: _____

1.9 Activities of Firm: _____

1.10 Are any Directors/s- Member/s-partner/s-owner/s of the firm a Shareholder in any other business?
_____ If yes, Please Specify:

PART 2. LABOUR DETAILS:

2.1 Total Number of Employees (Staff Included): _____

2.2 Total Number of Scheduled Employees (Staff excluded): _____

2.3 Name/s of Trade Union/s involved: _____

PART 3. EXEMPTION DETAILS:

3.1 Specify Exemption applied for by ticking the appropriate box:

- To pay below the minimum **wage rates (Clause 33)**
 - Specify % below minimum wage rate applied for _____%
- To pay below the minimum **increase (Clause 33)**
 - Specify % increase exemption applied for _____%
- Leave Enhancement Pay (**Clause 14**)
 - Specify % LEP exemption applied for _____%
- Shift Allowances (Clause 8)
- Other: Clause: _____ Description: _____%

3.2 Period for which the exemption is sought: _____ 20 _____ to
_____ 20 _____

3.3 Who will the exemption effect?

- ☐ Workshop
- ☐ Site
- ☐ All Employees

3.4 Which parties have been consulted?

- ☐ Trade Union Representatives
- ☐ Employees

3.5 Date of consultation/s: _____ 20 _____

3.6 Did affected parties support the application?

- ☐ Yes
- ☐ No, (if not, please advise attendees that they should provide their written reasons to the employer to be attached)
- ☐

PART 4. COMPLIANCE:

4.1 Has any previous exemptions from this agreement been granted?

- ☐ Yes (If yes, please indicate the type of exemption that was granted)

- o No

4.2 Has the firm during the past 12 months had to institute (please tick)

- o Short Time
- o Lay Off
- o Retrenchment

(If any of the above have been marked, the periods and/or dates as well as employees affected must be specified and attached to this application)

PART 5. ATTACHMENTS:

5.1 The following documents, if required, must be attached to this application:

- o Minutes of consultation meeting with Trade Union Representative and/or Employees
- o Attendance register specifying names and signatures of persons who attended consultation meeting.
- o Where an agreement between the employer and the workforce is reached, the signed written agreement.
- o Motivation which explains:
 - Difficulties being faced by the firm.
 - Any special circumstances that exist.
 - Any precedent that might be set
 - The interest of the industry, employee and employer
- o Business Plan that reflects the objectives and strategies to be adopted by the firm to rectify the situation giving rise to the application and an indication of a time frame for the plan.
- o Income Statements for the past three months

5.2 All relevant documentation pertaining to the Application **MUST** be attached to ensure an expeditious reply. If any Section of this document is **NOT** completed or any documents/s is not attached, the Council will not consider the Application.

DECLARATION:

The details reflected in this document have been provided by the employer or person so designated as true and correct to the best of their knowledge at the date of this Application. It is understood that all information contained in this document is subject to verification if required. Any information found to have been incorrect would result in immediate disqualification of the Application.

SIGNED: _____

DATE _____

PLEASE PRINT NAME _____

DESIGNATION _____