
# DIRECTOR-GENERAL REVIEW ASSESSMENT FORM

### INSTRUCTIONS

The following are instructions for the completion of this Assessment Form:

In this Assessment Form the term “Company or Organisation” is used to refer to the Designated Employer who is being required to submit documentation in terms of Section 43 of the Employment Equity Act as amended.

1. The designated employer must complete all sections of the Assessment Form.
2. The designated employer must respond in the spaces provided in the Assessment Form, and where “YES”

is indicated, provide supporting information and evidence as an annexure with the relevant heading(s).

1. The annexure(s) containing the supporting information and evidence must be numbered as per each section of the Assessment Form.
2. All information must be submitted in hard and/or electronic copies.
3. Should information requested not be completed and submitted in the required format, it may result in the Director-General applying to the Labour Court to use remedies available in terms of Section 45 of the Act.
4. The completed Assessment Form must be signed by the Chief Executive Officer/Accounting Officer.
5. Should the designated employer have an enquiry regarding the completion of the Assessment Form, please contact:

|  |
| --- |
| **THE DEPARTMENT OF EMPLOYMENT AND LABOUR** |
| Contact Person: |  |
| Address: |  |
|  |
|  |
| Tel.: |  |
| E-mail: |  |

**NB: The Assessment Form must be delivered or e-mailed to the above address.**

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| **DIRECTOR-GENERAL REVIEW ASSESSMENT FORM** |
| **PLEASE READ THIS FIRST** | **SECTION A: EMPLOYER DETAILS & INSTRUCTIONS** |
| **PURPOSE OF THIS FORM**This form enables designated employers to comply with Section 43 of the Employment Equity Act 55 of 1998 as amended.This form contains the format for the Director-General Review of designated employers. All **designated** employers are required to use this form.**WHO COMPLETES THIS FORM?**All designated employers who are subjected to the Director-General Review and required to submit information in terms of section 43 of the Employment Equity Act, 55 of 1998 as amended. | Trade name |  |
| DTI registration name |  |
| DTI registration number |  |
| PAYE/SARS number |  |
| UIF reference number |  |
| EE reference number |  |
| Seta classification |  |
| Industry/Sector |  |
| Bargaining Council |  |
| National or Provincial EAP |  |
| Telephone number |  |
| **Postal address** |  |
|  |
| Postal code |  |
| City/Town |  |
| Province |  |
| **Physical address** |  |
|  |
| Postal code |  |
| City/Town |  |
| Province |  |
| **Details of CEO/Accounting Officer** |
| Name and surname |  |
| Telephone number |  |
| Email address |  |
| **Details of Employment Equity Senior Manager** |
| Name and Surname |  |
| Telephone number |  |
| Email address |  |
| **Business type (Please mark with an X)** |
| * Private Sector
* **National** Government
* Local Government
* **Non**-profit Organisation
 | * State Owned Enterprise
* Provincial Government
* **Educational** Institution
 |
| **Information about the organization (Please mark with an X)** |
| Number of employees in the organisation. **(NB: Employers with 1 to 49 employees are designated if they are an organ of state or if they are appointed as a designated employer by collective agreement to comply with****Chapter 3 of the EEA)** | **◻ 1 to 49****◻ 50 to 149****◻ 150 or more** |
| Date on which this EEA7 form was submitted to the Department. |  |

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###### SECTION B: ASSIGNED EE MANAGER

* 1. Did you assign one or more senior manager(s) in terms of section 24?

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

* + 1. If yes, please provide proof detailing the assignment of responsibilities as outlined. (e.g., letter of assignment detailing responsibilities and mandate)

###### SECTION C: CONSULTATION

* 1. Does your organisation have a forum for consultation on employment equity in terms of section 16?

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

* + 1. If yes, please provide proof of the composition of the forum; copies of the minutes covering the previous twelve months reporting period accompanied by agendas and signed attendance registers.

###### SECTION D: EMPLOYMENT EQUITY ANALYSIS

* 1. Did your company conduct an analysis of the **workforce, policies, procedures, practices and the work environment** in terms of section 19?

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

* + 1. If yes, please provide documentary proof in the form of Report(s) detailing the outcome of your analysis in line with the EEA12 template. Please note that presentation slides or copies of employment policies will **NOT** be accepted.

###### SECTION E: EMPLOYMENT EQUITY PLAN

* 1. Does your organisation have a**n** Employment Equity (EE) Plan in terms of section 20, which includes Affirmative Action measures as outlined in the EEA13 template?

|  |  |
| --- | --- |
| **YES** | **NO** |
|  |  |

* + 1. If yes, please attach a copy of your EE Plan. In case of a consolidated plan, please include the individual plans of each operation included in the consolidated plan.

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###### SECTION F: SIGNATURE OF CHIEF EXECUTIVE OFFICER/ACCOUNTING OFFICER

The information contained in the report must be authorised and verified by the Chief Executive Officer,

or the Accounting Officer in the case of an employer falling under the Public Finance Management Act,

1999 (Act No.1 of 1999) or the Municipal Finance Management Act, 2003 (Act No. 56 of 2003).

Chief Executive Officer / Accounting Officer

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) CEO/Accounting Officer of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Organisation)

hereby declare that I have read, approved and authorised this information.

Signed on this \_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(month and year)

At (place):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chief Executive Officer / Accounting Officer