

H C S B C

(Registered under the Labour Relations Act, No. 66 of 1995)



(semi national)

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EXEMPTION APPLICATION FORM

EOHCB MEMBER

NON-PARTY MEMBER

A. ESTABLISHMENT/SALON DETAILS

a) CO/CC REG. NO. _____

b) NAME OF ESTABLISHMENT/SALON

c) POSTAL ADDRESS _____

d) STREET ADDRESS _____

e) TEL. NO. (____) _____ CELL NO. _____

B. ESTABLISHMENT/SALON REPRESENTATIVE DETAILS

a) NAME AND SURNAME _____

b) IDENTIFICATION NO. _____

c) POSITION _____

C. EXEMPTION TO PAY A LOWER BASIC SALARY

EMPLOYEE PARTICULARS:

- a) NAME AND SURNAME _____
- b) IDENTIFICATION NO. _____
- c) ADDRESS _____

- d) TEL. NO. (____) _____ CELL NO. _____
- e) PRESCRIBED SALARY _____
- f) PRESENT SALARY _____
- g) PROPOSED SALARY _____

I, THE ABOVE-NAMED, HEREBY AGREE TO WORK AT THE PROPOSED LOWER BASIC SALARY ONLY AND CONFIRM THAT I UNDERSTAND THE TERMS AND CONDITIONS OF THIS EXEMPTION.

Signature of Employee

Date

**D. MOTIVATION for Application to pay LOWER Basic Salary
(TO BE COMPLETED BY EMPLOYER)**

Employer's Signature

Date

E. EXEMPTION TO PAY A LOWER COMMISSION

EMPLOYEE PARTICULARS:

- a) NAME AND SURNAME _____
- b) IDENTIFICATION NO. _____
- c) ADDRESS _____

- d) TEL. NO. (____) _____ CELL NO. _____
- e) PRESCRIBED COMMISSION _____
- f) PRESENT COMMISSION _____
- h) PROPOSED COMMISSION _____

I, THE ABOVE-NAMED EMPLOYEE, HEREBY AGREE TO WORK AT THE PROPOSED LOWER COMMISSION ONLY AND I FURTHER CONFIRM THAT I UNDERSTAND THE TERMS AND CONDITIONS OF THIS EXEMPTION.

Signature of Employee

Date

**F. MOTIVATION for Application to pay LOWER Commission
(TO BE COMPLETED BY EMPLOYER)**

Employer's Signature

Date

**G. EXEMPTION TO PAY QUALIFIED HAIRDRESSER
A BASIC ONLY OR BASIC PLUS COMMISSION**

EMPLOYEE PARTICULARS:

- a) NAME AND SURNAME _____
- b) IDENTIFICATION NO. _____
- c) ADDRESS _____

- d) TEL. NO. (____)_____ CELL NO. _____
- e) PRESCRIBED BASIC SALARY _____
- f) PRESENT SALARY STRUCTURE _____
- g) PROPOSED BASIC SALARY _____
- h) PROPOSED % COMMISSION _____
- i) PROPOSED STOCK DEDUCTION _____

I, THE ABOVE-NAMED, HEREBY AGREE TO WORK ON A BASIC PLUS COMMISSION AND CONFIRM THAT I UNDERSTAND THE TERMS AND CONDITIONS HEREOF.

Employee's Signature

Date

**H. MOTIVATION for Application to pay BASIC plus Commission
(TO BE COMPLETED BY EMPLOYER)**

Employer's Signature

Date

I. EXEMPTION TO EMPLOY GENERAL ASSISTANT

EMPLOYEE PARTICULARS:

- a) NAME AND SURNAME _____
- b) IDENTIFICATION NO. _____
- c) ADDRESS _____

- d) TEL. NO. (____) _____ CELL NO. _____
- e) PRESCRIBED SALARY _____
- f) PRESENT SALARY _____

I, THE ABOVE-NAMED, HEREBY AGREE TO WORK AS A GENERAL ASSISTANT ONLY AND CONFIRM THAT I UNDERSTAND THE TERMS AND CONDITIONS HEREOF.

Employee's Signature

Date

**H. MOTIVATION for Exemption to Employ GENERAL ASSISTANT
(TO BE COMPLETED BY EMPLOYER)**

Employer's Signature

Date

AGENT'S REPORT

DOES THE APPLICANT COMPLY WITH THE FOLLOWING STATUTORY REQUIREMENTS?

- | | | |
|-------------------------------|-------------------------------------|------------------------------------|
| VAT | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| UIF | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Skills Levies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Workmen's Compensation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HCSBC contributions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Income Tax | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Regional Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AGENTS COMMENTS

NAME OF AGENT _____

Agent's Signature

Date of Inspection

CRITERIA FOR EXEMPTIONS

- 1. For PARTY salons (EOHCB members) the Council must set up an exemptions committee.**
- 2. For NON-Party salons an Independent Exemptions Committee must be set up by HCSBC.**
- 3. The General Secretary will appoint an agent of the council to investigate the application and compile any further information on the applicant which he or she thinks necessary or desirable, and will ensure that the employees who will be affected by any proposed exemption have been consulted by the applicant.**
- 4. The exemption committee will take the following into consideration:**
 - a) The applicant's level of compliance with other statutory requirements such as:

VAT, Workmen's Compensation, Income Tax, UIF, Skills Levies, Regional Services Council Contributions, HCSBC Contributions.
 - b) The interests of the industry from the point of view of such matters as:

Health and safety, training, productivity, Job security, fair competition, exploitation of employees, poverty and unemployment, tax burden, undermining of the collective bargaining process.
 - c) the interests of the applicant in relation to such matters as:

his or her financial position, competition and productivity.
 - d) the interests of employees in relation to such matters as:

job security, exploitation/maintenance of minimum standards, portability of benefits, poverty and unemployment and cost effectiveness of benefits.
 - e) the interests of industrial relations in relation to such matters as:

effect on collective bargaining and potential for labour unrest.
- 5. An exemption will only be granted for a certain period of time and not permanently.**
- 6. Any person aggrieved by the decision of the exemption committee may appeal in writing to the Council within 14 days of the date on which the decision was communicated to that person.**

The notice of appeal must specify the decision appealed against, and must specify the grounds of appeal. The appellant has the right to be heard personally on the appeal, or if the appellant is a legal person, through a director or member. No appellant has the right to legal representation on appeal. On appeal the council may vary reverse or confirm the decision of the exemption committee, and the decision of the council is final and binding.