



NAME OF DISTRICT / DIRECTORATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INFORMATION ON STRIKE ACTION**

| Province   |           |                    |
|--|-----------|--------------------|
|  | Educators | Non-Teaching Staff |
| Total number of employees  |           |                    |
| Number of employees not at work                                  |           |                    |
| Number of employees on annual leave                              |           |                    |
| Number of employees on sick leave                                |           |                    |
| Number of schools affected at least more than 50% non-attendance |           |                    |
| Number of schools closed/shutdown                                |           |                    |
| <b>Comments:</b><br>.....<br>.....<br>.....                      |           |                    |

**NB: Please complete this form for each day of the strike action**

I herby certify that to my knowledge the information provided above is accurate.

\_\_\_\_\_  
**HEAD OF DEPARTMENT**

\_\_\_\_\_  
**DATE**



NAME OF SCHOOL \_\_\_\_\_  
DISTRICT \_\_\_\_\_  
DIRECTORATE: \_\_\_\_\_

**RECORD OF UNAUTHORISED ABSENCES DURING INDUSTRIAL ACTION**

I hereby confirm that the following staff members **were absent from their respective points of duty** on \_\_\_\_\_ without the necessary permission.

|     | NAME | PERSAL NUMBER | TIME ABSENT<br>FROM - UNTIL | LEVEL/RANK |
|-----|------|---------------|-----------------------------|------------|
| 1.  |      |               |                             |            |
| 2.  |      |               |                             |            |
| 3.  |      |               |                             |            |
| 4.  |      |               |                             |            |
| 5.  |      |               |                             |            |
| 6.  |      |               |                             |            |
| 7.  |      |               |                             |            |
| 8.  |      |               |                             |            |
| 9.  |      |               |                             |            |
| 10. |      |               |                             |            |

COMPILED BY: \_\_\_\_\_ DATE \_\_\_\_\_

(PLEASE PRINT NAME)

CONFIRMED BY:

PRINCIPAL/IMG/CTM \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE NOTE THAT-

- (1) Only one consolidated Annexure B must be submitted for each institution/directorate.
- (2) Please note that ALL Annexure B forms completed by institutions, must be submitted to their relevant district offices.
- (3) All H/O Directorates must submit their Annexure B forms directly to the Directorate: Employee Relations.



NAME OF SCHOOL \_\_\_\_\_  
DISTRICT \_\_\_\_\_  
DIRECTORATE: \_\_\_\_\_

**RECORD OF ATTENDANCE DURING THE STRIKE ACTION**

I hereby confirm that the following staff members **were on duty** and did not participate in the strike action on \_\_\_\_\_.

|     | NAME | PERSAL NUMBER | LEVEL/RANK | TIME IN | TIME OUT |
|-----|------|---------------|------------|---------|----------|
| 1.  |      |               |            |         |          |
| 2.  |      |               |            |         |          |
| 3.  |      |               |            |         |          |
| 4.  |      |               |            |         |          |
| 5.  |      |               |            |         |          |
| 6.  |      |               |            |         |          |
| 7.  |      |               |            |         |          |
| 8.  |      |               |            |         |          |
| 9.  |      |               |            |         |          |
| 10. |      |               |            |         |          |

COMPILED BY \_\_\_\_\_ DATE \_\_\_\_\_

(PLEASE PRINT NAME)

CONFIRMED BY:

PRINCIPAL/IMG/CTM \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE NOTE THAT:

- (1) Only one consolidated Annexure C must be submitted for each institution/directorate.
- (2) Please note that ALL Annexure C forms completed by institutions, must be submitted to their relevant district offices.
- (3) All H/O Directorates must submit their Annexure C forms directly to the Directorate: Employee Relations.



NAME OF SCHOOL \_\_\_\_\_  
 DISTRICT \_\_\_\_\_  
 DIRECTORATE: \_\_\_\_\_

**INCIDENT REPORT**

**NATURE OF INCIDENT** (Damage to property, Assault/threat of violence & intimidations and other)

.....  
 .....  
 .....  
 .....

**DATE, TIME AND EXACT LOCATION OF INCIDENT** .....

.....  
 .....  
 .....

**NAME OR DESCRIPTION OF ALL PERSONS INVOLVED** .....

.....  
 .....  
 .....

**NAMES OR DESCRIPTION OF WITNESSES** .....

.....  
 .....

**DESCRIBE THE INCIDENT IN DETAIL – HOW DID THE INCIDENT START? WHAT HAPPENED DURING THE INCIDENT? HOW DID IT END? ANY OTHER IMPORTANT INFORMATION.**

.....

.....

.....

**COMPILED BY** \_\_\_\_\_  
**(PLEASE PRINT NAME)**

**DATE** \_\_\_\_\_

**CONFIRMED BY:**  
**DIRECTOR** \_\_\_\_\_

**DATE** \_\_\_\_\_



**DECLARATION BY MANAGERS REGARDING THE AREAS CONSIDERED TO BE VOLATILE**

I, \_\_\_\_\_ in my official capacity as \_\_\_\_\_  
hereby declare that \_\_\_\_\_ School, situated at  
\_\_\_\_\_ is not safe (the details of which are attached in  
Annexure D for educators and/or learners due to the actions/behaviour of the  
striking employees.

SIGNED \_\_\_\_\_

(PLEASE PRINT NAME)

DATE \_\_\_\_\_



**DECLARATION BY MANAGERS REGARDING INTENTION TO PARTICIPATE IN  
INDUSTRIAL ACTION  
(INSTITUTIONS & OFFICES) (MANAGES EMPLOYED IN TERMS OF EMPLOYMENT OF  
EDUCATORS ACT (ACT NO.76 OF 1998))**

I, \_\_\_\_\_ in my capacity as \_\_\_\_\_ hereby  
declare that I will be participating in the STRIKE/PROTEST ACTION on the stated  
date/duration.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**Confirmation by the CIRCUIT MANAGER/HEAD OF SECTION**

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_