

| _ | _ | | ^ |
|---|---|---|---|
| | ᆮ | н | _ |

| labour |
|--------------------------|
| Department: |
| REPUBLIC OF SOUTH AFRICA |

| PLEASE READ THIS FIRST | SECTION A: EMPLOYER DI | ETAILS & INSTRUCTIONS |
|--|---|--|
| | Trade name | |
| • | DTI registration name | |
| Y | DTI registration number | |
| PURPOSE OF THIS FORM | PAYE/SARS number | |
| | UIF reference number | |
| This form enables employers to | EE reference number | |
| comply with Section 21 of the | Seta classification | |
| Employment Equity Act 55 of | Industry/Sector | |
| 1998, as amended. | Telephone number | |
| This form contains the format for | Telephone number | |
| employment equity reporting by | Postal address | |
| designated employers to the | Postal code | |
| Department of Labour. | City/Town | |
| NAULO CONADI ETEC TIUC | Province | |
| WHO COMPLETES THIS FORM? | Physical address | |
| | Destal and | |
| All designated employers. | Postal code | |
| Employers who wish to | City/Town | |
| voluntarily comply with Chapter 3 | Province | Proceeding the control of the contro |
| of the Act are also required to complete this form. | Details of CEO/Accounting Off | icer at the time of submitting this report |
| · | Name and surname | |
| WHEN SHOULD EMPLOYERS | Telephone number | |
| REPORT? | Fax number | |
| | Email address | |
| Designated employers must submit their report annually on | Details of Employment Equity | Senior Manager at the time of submitting this report |
| the first working day of October | Name and Surname | 1 |
| or by 15 January of the following | | |
| year in the case of electronic | Telephone number | |
| reporting. | Fax number | |
| | Email address | |
| Employers who become | Business type ☐ Private Sector | Ctate Owned Enterprise |
| designated on or after the first | ☐ National Government | ☐ State-Owned Enterprise ☐ Provincial Government |
| working day of April but before the first working day of October | □ Local Government | ☐ Educational Institution |
| must only submit their first report | □ Non-profit Organisation | Ladoational institution |
| on the first working day of | | ation at the time of submitting this report |
| October of the following year. | | |
| SEND TO: | Number of employees in the | 0 to 49 |
| SEND TO: | organisation | 50 to 149 |
| Employment Equity Registry | Is your organisation an organ | ☐ 150 or more ☐ Yes |
| The Department of Labour | of State? | □ No |
| Private Bag X117 Pretoria 0001 | Is your organisation part of a | □ Yes |
| Tretona ooo r | group / holding company? | □ No |
| 0.11 | | |
| Online reporting: | | |
| www.labour.gov.za Helpline: 0860101018 | If yes, please provide the | |
| Heipilile. Voov IV IV IO | name | |
| NO FAXED OR E-MAILED | | |
| REPORTS WIIL BE ACCEPTED | | |
| | | |
| | Year for which this report is submitted | |

2 of 9 EEA2

| the period ma | y be shorter) |): | · | • | ` | • | • | |
|----------------|---------------|-------------|---------------------|-------------|-------|---|---|--|
| From (date): | | | to (date): | | / | | | |
| | DD / MM / Y | YYY | | DD/MM/ | YYYY | | | |
| Please indicat | e below the | duration of | your current Employ | ment Equity | Plan: | | | |
| From (date): | | | to (date): | | | | | |
| | DD / MM / Y | YYY | | DD/MM/ | YYYY | | | |

Please indicate below the preceding twelve month period the report covers (except for first time reporting where

PLEASE READ THIS FIRST

- a. The report should cover a twelve month period, except for first time reporting where this may not be possible and the months covered should be consistent from year to year for the duration of the plan.
- b. Employers must complete the EEA2 and the EEA4 forms and submit them together to the Department of Labour. Reports submitted by employers to the Department may only be hand delivered, posted or submitted online by the first working day of October or by 15 January of the following year only in the case of electronic reporting.
- c. An employer who becomes designated on or after the first working day of April, but before the first working day of October, must only submit its first report on the first working day of October in the following year.
- d. "Designated groups" mean Black people (i.e. Africans, Coloureds and Indians), women and people with disabilities who are citizens of the Republic of South Africa by birth or descent; or became citizens of the Republic of South Africa by naturalisation (i) before 27 April 1994 or (ii) after 26 April 1994 and who would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by apartheid policies.
- e. The alphabets "A", "C", "I", W", "M" and "F" used in the tables have the following corresponding meanings and must be interpreted as "Africans", "Coloureds", "Indians", "Whites", "Males" and "Females" respectively.
- f. "Temporary employees" are those employees employed for less than three months.
- g. Guidelines on occupational levels are provided in the EEA9 Annexure of these regulations.
- h. **Numerical goals** must include the entire workforce profile, and **NOT** the difference between the current workforce profile and the projected workforce profile the employer seeks to achieve at the end of its Employment Equity Plan (EE Plan).
- i. Numerical targets must include the entire workforce profile, and NOT the difference between the current workforce profile and the projected workforce profile the employer seeks to achieve by the next reporting period.
- j. All areas of the form must be fully and accurately completed and submitted by employers. Designated employers who fail to observe this provision will be deemed not to have reported.
- k. Employers must **not** leave blank spaces, use 'not applicable' (NA) or a 'dash' (-) when referring to the value "0" (Zero) or the word "No".

SECTION B: WORKFORCE PROFILE 1. WORKFORCE PROFILE

1.1 Please report the total number of **employees** (including employees with disabilities) in each of the following **occupational levels**: Note: A=Africans, C=Coloureds, I=Indians and W=Whites

| | | Ma | ale | | | Fen | nale | | Foreign | Nationals | |
|--|---|----|-----|---|---|-----|------|---|---------|-----------|-------|
| Occupational Levels | Α | С | I | w | Α | С | I | w | Male | Female | Total |
| Top management | | | | | | | | | | | |
| Senior management | | | | | | | | | | | |
| Professionally qualified and experienced specialists and mid-management | | | | | | | | | | | |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | | | | | | | | | | | |
| Semi-skilled and discretionary decision making | | | | | | | | | | | |
| Unskilled and defined decision making | | | | | | | | | | | |
| TOTAL PERMANENT | | | | | | | | | | | |
| Temporary employees | | | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | | |

1.2 Please report the total number of **employees with disabilities only** in each of the following occupational levels: Note: A=Africans, C=Coloureds, I=Indians and W=Whites

| | | Ma | ale | | | Fen | nale | | Foreign | Nationals | |
|--|---|----|-----|---|---|-----|------|---|---------|-----------|-------|
| Occupational Levels | Α | С | I | w | Α | С | I | W | Male | Female | Total |
| Top management | | | | | | | | | | | |
| Senior management | | | | | | | | | | | |
| Professionally qualified and experienced specialists and mid-management | | | | | | | | | | | |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | | | | | | | | | | | |
| Semi-skilled and discretionary decision making | | | | | | | | | | | |
| Unskilled and defined decision making | | | | | | | | | | | |
| TOTAL PERMANENT | | | | | | | | | | | |
| Temporary employees | | | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | | |

SECTION C: WORKFORCE MOVEMENT

2. Recruitment

2.1. Please report the total number of new recruits, **including people with disabilities**. Note: A=Africans, C=Coloureds, I=Indians and W=Whites

| | | Ma | ale | | | Fen | nale | | Foreign I | Nationals | |
|--|---|----|-----|---|---|-----|------|---|-----------|-----------|-------|
| Occupational Levels | Α | С | I | W | Α | С | I | W | Male | Female | Total |
| Top management | | | | | | | | | | | |
| Senior management | | | | | | | | | | | |
| Professionally qualified and experienced specialists and mid-management | | | | | | | | | | | |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | | | | | | | | | | | |
| Semi-skilled and discretionary decision making | | | | | | | | | | | |
| Unskilled and defined decision making | | | | | | | | | | | |
| TOTAL PERMANENT | | | | | | | | | | | |
| Temporary employees | | | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | | |

3. Promotion

3.1. Please report the total number of promotions into each occupational level, **including people with disabilities**. Note: A=Africans, C=Coloureds, I=Indians and W=Whites

| | | Ma | ale | | | Fen | nale | | Foreign | Nationals | _ |
|--|---|----|-----|---|---|-----|------|---|---------|-----------|-------|
| Occupational Levels | Α | С | I | w | Α | С | I | W | Male | Female | Total |
| Top management | | | | | | | | | | | |
| Senior management | | | | | | | | | | | |
| Professionally qualified and experienced specialists and mid-management | | | | | | | | | | | |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | | | | | | | | | | | |
| Semi-skilled and discretionary decision making | | | | | | | | | | | |
| Unskilled and defined decision making | | | | | | | | | | | |
| TOTAL PERMANENT | | | | | | | | | | | |
| Temporary employees | | | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | | |

4. Termination

4.1. Please report the total number of terminations in each occupational level, **including people with disabilities**. Note: A=Africans, C=Coloureds, I=Indians and W=Whites

| | | Ма | ale | | | Fen | nale | | Foreign | Nationals | 1 _ |
|--|---|----|-----|---|---|-----|------|---|---------|-----------|-------|
| Occupational Levels | Α | С | I | w | Α | С | I | W | Male | Female | Total |
| Top management | | | | | | | | | | | |
| Senior management | | | | | | | | | | | |
| Professionally qualified and experienced specialists and mid-management | | | | | | | | | | | |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | | | | | | | | | | | |
| Semi-skilled and discretionary decision making | | | | | | | | | | | |
| Unskilled and defined decision making | | | | | | | | | | | |
| TOTAL PERMANENT | | | | | | | | | | | |
| Temporary employees | | | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | | |

SECTION D: SKILLS DEVELOPMENT

5. Skills Development

5.1. Please report the total number of people **including people with disabilities**, who received training **ONLY** for the purpose of achieving the numerical goals, and not the number of training courses attended by individuals. Note: A=Africans, C=Coloureds, I=Indians and W=Whites

| | | Ma | ale | | | Fen | nale | | |
|--|---|----|-----|---|---|-----|------|---|-------|
| Occupational Levels | Α | С | ı | w | Α | С | I | w | Total |
| Top management | | | | | | | | | |
| Senior management | | | | | | | | | |
| Professionally qualified and experienced specialists and mid-management | | | | | | | | | |
| Skilled technical and academically qualified workers, junior management, supervisors, | | | | | | | | | |
| foremen, and superintendents | | | | | | | | | |
| Semi-skilled and discretionary decision making | | | | | | | | | |
| Unskilled and defined decision making | | | | | | | | | |
| TOTAL PERMANENT | | | | | | | | | |
| Temporary employees | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | |

SECTION E: NUMERICAL GOALS & TARGETS

6. Numerical goals

6.1. Please indicate the numerical goals as contained in the EE Plan (i.e. the entire workforce profile **including people with disabilities**) you project to achieve at the end of your current Employment Equity Plan in terms of occupational levels. Note: A=Africans, C=Coloureds, I=Indians and W=Whites:

| | · | Ma | ale | | | Fen | nale | | Foreign | Nationals | |
|--|---|----|-----|---|---|-----|------|---|---------|-----------|-------|
| Occupational Levels | Α | С | I | w | Α | С | I | W | Male | Female | Total |
| Top management | | | | | | | | | | | |
| Senior management | | | | | | | | | | | |
| Professionally qualified and experienced specialists and mid-management | | | | | | | | | | | |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | | | | | | | | | | | |
| Semi-skilled and discretionary decision making | | | | | | | | | | | |
| Unskilled and defined decision making | | | | | | | | | | | |
| TOTAL PERMANENT | | | | | | | | | | | |
| Temporary employees | | | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | | |

7. Numerical targets

7.1. Please indicate the numerical targets as contained in the EE Plan (i.e. the entire workforce profile including people with disabilities) you project to achieve at the end of the next reporting cycle, in terms of occupational levels.
Note: A=Africans, C=Coloureds, I=Indians and W=Whites

| | | Ma | ale | | | Fen | nale | | Foreign | Nationals | |
|--|---|----|-----|---|---|-----|------|---|---------|-----------|-------|
| Occupational Levels | Α | С | ı | w | Α | С | I | W | Male | Female | Total |
| Top management | | | | | | | | | | | |
| Senior management | | | | | | | | | | | |
| Professionally qualified and experienced specialists and mid-management | | | | | | | | | | | |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | | | | | | | | | | | |
| Semi-skilled and discretionary decision making | | | | | | | | | | | |
| Unskilled and defined decision making | | | | | | | | | | | |
| TOTAL PERMANENT | | | | | | | | | | | |
| Temporary employees | | | | | | | | | | | |
| GRAND TOTAL | | | | | | | | | | | |

SECTION F: MONITORING & EVALUATION

8. Consultation

8.1. Please indicate below the stakeholders that were involved in the consultation process when developing and implementing your Employment Equity Plan and the preparation of this Employment Equity Report.

| Consultation | Yes | No |
|--|-----|----|
| Consultative body or employment equity forum | | |
| Registered trade union(s) | | |
| Employees | | |

9. Barriers and affirmative action measures

9.1. Please indicate which categories of employment policy or practice barriers to employment equity were identified. If your answer is '**Yes**' to barriers in any of the categories, please indicate whether or not there are affirmative action measures developed and the time-frames to overcome them.

| Categories | BARRIERS | | AFFIRMATIVE ACTION MEASURES | | TIME-FRAME FOR IMPLEMENTION OF AA MEASURES | |
|---|----------|----|--------------------------------|----|--|----------|
| | YES | NO | YES | NO | START DATE | END DATE |
| Recruitment procedures | | | | | | |
| Advertising positions | | | | | | |
| Selection criteria | | | | | | |
| Appointments | | | | | | |
| Job classification and grading | | | | | | |
| Remuneration and benefits | | | | | | |
| Terms & conditions of employment | | | | | | |
| Job assignments | | | | | | |
| Work environment and facilities | | | | | | |
| Training and development | | | | | | |
| Performance and evaluation | | | | | | |
| Promotions | | | | | | |
| Transfers | | | | | | |
| Succession & experience planning | | | | | | |
| Disciplinary measures | | | | | | |
| Dismissals | | | | | | |
| Retention of designated groups | | | | | | |
| Corporate culture | | | | | | |
| Reasonable accommodation | | | | | | |
| HIV&AIDS prevention and wellness programmes | | | | | | |
| Assigned senior manager(s) to manage EE implementation | | | | | | |
| Budget allocation in support of employment equity goals | | | | | | |
| Time off for employment equity consultative committee to meet | | | | | | |

9 of 9 EEA2

10. Monitoring and evaluation of implementation

10.1. How regularly do you monitor progress on the implementation of the Employment Equity Plan? Please choose one.

| Monthly | Quarterly | |
|---------|-----------|--|
| | | |

10.2. Did you achieve the annual objectives as set out in your Employment Equity Plan for this period?

| Yes | No | Please explain |
|-----|----|----------------|
| | | |

SECTION G: Signature of the Chief Executive Officer/Accounting Officer

| Chief Executive Officer/Accounting Officer | | |
|---|--|--|
| I(full Name) CEO/Accounting Officer of | | |
| hereby declare that I have read, approved and authorized this report. | | |
| Signed on this(month) year | | |
| At (place): | | |
| | | |
| Chief Executive Officer/Accounting Officer | | |
| | | |