



## 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 or evidence as a schedule or annexure with the relevant heading.
- 3) The annexure, supporting information and evidence that is submitted must be numbered as per each section of the Assessment Form.
- 4) All information must be submitted in hard copies.
- 5) 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.
- 6) The completed Assessment Form must be signed by the Chief Executive Officer/Accounting Officer.
- 7) Should the designated employer have an enquiry regarding the completion of the Assessment Form, please contact:

<b>THE DEPARTMENT OF LABOUR</b>	
Contact Person:	
Address:	
Tel.:	
Fax:	
E-mail:	

NB. The Assessment Form must be delivered to the above address.



# DIRECTOR-GENERAL REVIEW ASSESSMENT FORM

## SECTION A: EMPLOYER DETAILS

<b>PLEASE READ THIS FIRST</b>	<b>SECTION A: EMPLOYER DETAILS</b>	
<p><b>PURPOSE OF THIS FORM</b></p> <p>This form enables designated employers to comply with Section 43 of the Employment Equity Act 55 of 1998 as amended.</p> <p>This form contains the format for the Director-General Review of designated employers. All employers are required to use this form.</p> <p><b>WHO COMPLETES THIS FORM?</b></p> <p>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.</p>	Trade name	
	DTI registration name	
	DTI registration number	
	PAYE/SARS number	
	UIF reference number	
	EE reference number	
	Industry/Sector	
	Seta classification	
	Telephone number	
	Postal address	
	Postal code	
	City/Town	
	Province	
	Physical address	
	Postal code	
	City/Town	
	Province	
	<b>Details of CEO/Accounting Officer at the time of submitting this form</b>	
	Name and Surname	
	Telephone number	
	Fax number	
	Email address	
	<b>Details of Assigned Senior Manager for EE at the time of submitting this form</b>	
	Name and Surname	
	Telephone number	
	Fax number	
	Email address	
	<b>Business type</b>	
<input type="checkbox"/> Private Sector	<input type="checkbox"/> State-Owned Enterprise	
<input type="checkbox"/> National Government	<input type="checkbox"/> Provincial Government	
<input type="checkbox"/> Local Government	<input type="checkbox"/> Educational Institution	
<input type="checkbox"/> Non-profit Organisation		
<b>Information about the organisation at the time of submitting this Assessment form</b>		
Number of employees in the organisation	-----	
Date of submitting this form	-----	
DD/MM/YYYY		



**2. SECTION B: ASSIGNED EE MANAGER**

2.1 Did you assign senior manager(s) in terms of section 24?

Yes

No

2.1.1 If yes, please provide proof detailing the assignment of responsibilities as outlined. (E.g. letter of assignment detailing responsibilities and mandate)

**3. SECTION C: CONSULTATION**

3.1 Does your organisation have representative forum(s) set up for consultation on employment equity in terms of section 16?

Yes

No

3.1.1 If yes, please provide proof by means of the composition of the forum; set of minutes covering the previous twelve months reporting period accompanied by agendas and signed attendance registers.

**4. SECTION D: EMPLOYMENT EQUITY ANALYSIS**

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

Yes

No

4.1.1 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.

**5. SECTION E: EMPLOYMENT EQUITY PLAN**

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

Yes

No



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

**6. SECTION F: ANALYSIS OF INCOME DIFFERENTIAL STATEMENT**

6.1. Please provide current Income Differential information by using the attached template.

**7. SECTION G: SIGNATURE OF 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 information.

Signed on this -----day of ----- (month) year -----

At (place): -----

-----  
Chief Executive Officer /Accounting Officer