

To: THE GENERAL SECRETARY

NATIONAL EMPLOYMENT COUNCIL FOR THE MOTOR INDUSTRY

NOTIFICATION OF ORDINARY DAILY HOURS OF WORK

(In terms of clauses 10 and 11 of the Agreement)

1. Name of Establishment

2. Address

3. Name(s) of Proprietor / Partners / Directors

.....

4. Hours of work : Workshop Employees

a) Mondays to Thursdaysam topm.hours

b) Fridays am topm.hours

Total number of hours per week

5. Hours of work: Miscellaneous Employees & General Workers (i.e Spares / Cleaners)

a) Mondays to Thursdaysam topm.hours

b) Fridaysam topm.hours

c) Saturdaysam topm.hours

Total number of hours per week

6. Hours of work: Forecourt Employees

a) Number of hours worked in the first weekhours

Number of hours worked in the second weekhours

Total number of hours per fortnight (2 weeks).....

b) Rostered hours (where applicable)

.....

.....

(If insufficient space , please attach schedule)

DateSignature

NB. Schedules J,K and L of the Agreement classify Workshop Employees

Schedule F and G classify Miscellaneous Employees and General Workers.

Schedule 10 of the Agreement gives details of the hours of work of Workshop Employees.

Clause 11 of the Agreement gives details of the hours of work of Miscellaneous Employees (including forecourt staff) and general workers.

SCHEDULE A

Form of declaration by an employer in the industry in terms of Clause 53 of the Agreement

To: THE GENERAL SECRETARY

NATIONAL EMPLOYMENT COUNCIL FOR THE MOTOR INDUSTRY

I/We trading as

Hereby declare that I am / we are employer(s) in the Motor Industry, as defined in the agreement of the National Employment Council for the Motor Industry.

- 1. My / Our business is a sole proprietorship / a partnership / a limited liability or public company (Delete the inapplicable and attach a Certificate of Incorporation)**
- 2. The name(s) of the proprietor and / or partners or Directors are :**

Full names (Please print)

Residential address

(i)
(ii)
(ii)

(If there is insufficient space , please use the back of this form)

- 3. The address at which the business will be carried on is :**
.....

P. O. Box.....Telephone.....

Mobile No.....E-mail address

- 4. The nature of the business to be carried on , coming within the scope of Council's agreement**
.....

- 5. Date of commencement of business, as described above**

Signed.....

(State in what capacity signed eg proprietor, partner, manager)

Dated at.....on 20.....

