



Adjournment / Postponement & Part Heard Request Form

Case Number: _____

Applicant: _____

Respondent: _____

Date of Hearing: _____

Reason for Non-Completion

Means Explored to Avoid Adjournment / Postponement or Part Heard

Proposed New Date of Hearing: _____

Duration of Rescheduled Hearing: _____

Number of Witnesses Still to Testify: _____

PLEASE NOTE: Parties must sign below only after the Commissioner has completed the above section.

Applicant

Name: _____ Signature: _____ Time: _____

Respondent

Name: _____ Signature: _____ Time: _____

PLEASE NOTE: All above requests will only be condoned and regarded as valid if authorised by a Full-Time Senior Commissioner.



**NATIONAL BARGAINING
COUNCIL**
FOR THE PRIVATE SECURITY SECTOR

AUTHORISATION

Date: _____

Regional Manager's Name: _____

Signature: _____

Commissioner Name: _____

Signature: _____