



PLEASE READ THIS FIRST	SECTION A: EMPLOYER DETAILS & INSTRUCTIONS	
	Trade name	
	DTI registration name	
	DTI registration number	
	PAYE/SARS number	
	UIF reference number	
	EE reference number	
	Seta classification	
	Industry/Sector	
	Telephone number	
	Postal code	
	City/Town	
	Province	
	Postal code	
	City/Town	
	Province	
	Details of CEO/Accounting Officer at the time of submitting this report	
	Name and surname	
	Telephone number	
	Fax number	
	Email address	
	Details of Employment Equity Senior Manager at the time of submitting this report	
	Name and Surname	
	Telephone number	
	Fax number	
	Email address	
	Business type	
	<input type="checkbox"/> Private Sector <input type="checkbox"/> National Government <input type="checkbox"/> Local Government <input type="checkbox"/> Non-profit Organisation	<input type="checkbox"/> State-Owned Enterprise <input type="checkbox"/> Provincial Government <input type="checkbox"/> Educational Institution
	Information about the organisation at the time of submitting this report	
	Number of employees in the organisation	<input type="checkbox"/> 0 to 49 <input type="checkbox"/> 50 to 149 <input type="checkbox"/> 150 or more
	Is your organisation an organ of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is your organisation part of a group / holding company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide the name	_____
	Year for which this report is submitted	_____

Please indicate below the preceding twelve month period the report covers (*except for first time reporting where the period may be shorter*):

From (date): 01/09/2016 To (date): 31/08/2017

Please indicate below the duration of your current employment equity plan:

From (date): 01/09/2016 To (date): 31/08/2019

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 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 IMPLEMENTATION 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						

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

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