



PLEASE READ THIS FIRST		SECTION A: EMPLOYER DETAILS & INSTRUCTIONS																																																																							
 PURPOSE OF THIS FORM This form enables employers to comply with Section 21 of the Employment Equity Act 55 of 1998, as amended. This form contains the format for employment equity reporting by designated employers to the Department of Labour. WHO COMPLETES THIS FORM? All designated employers. Employers who wish to voluntarily comply with Chapter 3 of the Act are also required to complete this form. WHEN SHOULD EMPLOYERS REPORT? Designated employers must submit their report annually on the first working day of October or by 15 January of the following year in the case of electronic reporting. Employers who become designated on or after the first working day of April but before the first working day of October must only submit their first report on the first working day of October of the following year. SEND TO: Employment Equity Registry The Department of Labour Private Bag X117 Pretoria 0001 Online reporting: www.labour.gov.za Helpline: 0860101018 NO FAXED OR E-MAILED REPORTS WILL BE ACCEPTED	<table border="1"><tr><td>Trade name</td><td></td></tr><tr><td>DTI registration name</td><td></td></tr><tr><td>DTI registration number</td><td></td></tr><tr><td>PAYE/SARS number</td><td></td></tr><tr><td>UIF reference number</td><td></td></tr><tr><td>EE reference number</td><td></td></tr><tr><td>Seta classification</td><td></td></tr><tr><td>Industry/Sector</td><td></td></tr><tr><td>Telephone number</td><td></td></tr><tr><td>Postal address</td><td></td></tr><tr><td>Postal code</td><td></td></tr><tr><td>City/Town</td><td></td></tr><tr><td>Province</td><td></td></tr><tr><td>Physical address</td><td></td></tr><tr><td>Postal code</td><td></td></tr><tr><td>City/Town</td><td></td></tr><tr><td>Province</td><td></td></tr><tr><td colspan="2">Details of CEO/Accounting Officer at the time of submitting this report</td></tr><tr><td>Name and surname</td><td></td></tr><tr><td>Telephone number</td><td></td></tr><tr><td>Fax number</td><td></td></tr><tr><td>Email address</td><td></td></tr><tr><td colspan="2">Details of Employment Equity Senior Manager at the time of submitting this report</td></tr><tr><td>Name and Surname</td><td></td></tr><tr><td>Telephone number</td><td></td></tr><tr><td>Fax number</td><td></td></tr><tr><td>Email address</td><td></td></tr><tr><td colspan="2">Business type</td></tr><tr><td>☐ Private Sector ☐ National Government ☐ Local Government ☐ Non-profit Organisation</td><td>☐ State-Owned Enterprise ☐ Provincial Government ☐ Educational Institution</td></tr><tr><td colspan="2">Information about the organisation at the time of submitting this report</td></tr><tr><td>Number of employees in the organisation</td><td>☐ 0 to 49 ☐ 50 to 149 ☐ 150 or more</td></tr><tr><td>Is your organisation an organ of State?</td><td>☐ Yes ☐ No</td></tr><tr><td>Is your organisation part of a group / holding company?</td><td>☐ Yes ☐ No</td></tr><tr><td>If yes, please provide the name</td><td> </td></tr><tr><td>Year for which this report is submitted</td><td> </td></tr></table>			Trade name		DTI registration name		DTI registration number		PAYE/SARS number		UIF reference number		EE reference number		Seta classification		Industry/Sector		Telephone number		Postal address		Postal code		City/Town		Province		Physical address		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		☐ Private Sector ☐ National Government ☐ Local Government ☐ Non-profit Organisation	☐ State-Owned Enterprise ☐ Provincial Government ☐ Educational Institution	Information about the organisation at the time of submitting this report		Number of employees in the organisation	☐ 0 to 49 ☐ 50 to 149 ☐ 150 or more	Is your organisation an organ of State?	☐ Yes ☐ No	Is your organisation part of a group / holding company?	☐ Yes ☐ No	If yes, please provide the name		Year for which this report is submitted	
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Please indicate below the preceding twelve month period the report covers (*except for first time reporting where the period may be shorter*):

From (date): ____/____/____ to (date): ____/____/____
DD / MM / YYYY DD / MM / YYYY

Please indicate below the duration of your current Employment Equity Plan:

From (date): ____/____/____ to (date): ____/____/____
DD / MM / YYYY DD / MM / YYYY

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- 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".

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

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]

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:

[illegible]

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

[illegible]

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

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 -----day of -----(month) year-----

At (place):-----

Chief Executive Officer/Accounting Officer