

FAYETTEVILLE STATE UNIVERSITY

REQUEST for MEDIATION

(To be Completed by party Requesting Mediation)

Name of Individual Requesting Mediation _____

Department _____ Extension _____ Email Address _____

Date _____ Employment Status: Faculty EHRA Non-Faculty

Party Against Whom Mediation is Being Sought _____

Department _____ Extension _____ Email Address _____

Nature of Dispute (attach additional documentation, if needed) _____

RESULTS

(For Mediator Use Only)

Mediator's Name _____

Mediation Outcome Settled Impasse Request for Extension for _____ Calendar Days

Mediator's Signature _____

FOLLOW-UP NOTIFICATION

(For Human Resources Office Use Only)

Eligible to File a Grievance

Not Eligible to File a Grievance

If eligible to file a grievance, grievance must be filed by _____

RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES

Rev 01/19