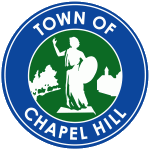
**Form 5-4 A**

**Request for Workplace Dispute Resolution Proceeding**



**Step One: Mediation Request**

Date

Name/ Job Title

Department

Contact Phone and Email

**Please list the other party(ies) involved in this dispute.**

**Have you attempted to resolve this dispute using other methods?**  **YES**  **NO**

Examples include one-on-one with the party, supervisor assistance, Ombuds, HRD, Training, or EAP.

**Have you told the other party(ies) that you are requesting mediation?** **YES**  **NO**

If you answered YES to this question, then skip the next question.

**If you answered NO, do you want help with this conversation?** **YES** **NO**

HRD will contact you within 5 days to discuss how to proceed. Timelines start only after all parties are aware of the request.

**Briefly describe the dispute and issues for resolution. Include the remedy you are seeking.**  You will have opportunities to explain in greater detail and share other information, such as documents, at mediation. Attach additional sheets if needed.

I/We request mediation for the dispute outlined above.

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Signature Date Signature Date

**Step Two: Request for Management Review**   
Mediation has not produced an agreement. I/We request a management review and understand that its results will be binding. (Please attach any information you want considered at this review).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature DATE Signature DATE

You can return this form to any member of the HRD team or email it to HR@townofchapelhill.org. PHONE:919-968-2700. Contact any HRD team member for assistance.