

ALTERNATIVE DISPUTE RESOLUTION PROGRAM



AGENCY MEDIATION REQUEST (FY 2021)

SFEB CASE NUMBER

DATE

AGENCY

AGENCY CASE NUMBER (if assigned)

ADDRESS

CITY / STATE / ZIP

AGENCY POINT OF CONTACT

PHONE

EMAIL

DISPUTE TYPE:

Pre-EEO – (i.e. Race/Disability/Harassment) _____

NON-EEO (i.e. Workplace Dispute) _____

Facilitation/Group Mediation _____

BRIEF DESCRIPTION:

REQUESTED DATES:

PERTINENT INFORMATION:

Reasonable Accommodation Requested: (Yes or No): _____

Have the Parties Signed Agreement to Mediate: (Yes or No): _____

Is Agency willing to pay travel expenses of the Mediator (if needed): (Yes or No) _____

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PARTY INFORMATION *(If more than 2 disputants, attach additional information to this form)*

PARTY #1 NAME:

PHONE: _____

EMAIL: _____

AGENCY ADDRESS: _____

RELATIONSHIP TO PARTY #2: _____

NAME OF REPRESENTATIVE *(If applicable)*: _____

REP PHONE: _____

REP EMAIL: _____

PARTY #2 NAME:

PHONE: _____

EMAIL: _____

AGENCY ADDRESS: _____

RELATIONSHIP TO PARTY #1: _____

NAME OF REPRESENTATIVE *(If applicable)*: _____

REP PHONE: _____

REP EMAIL: _____

INSTRUCTIONS

- 1) Complete and digitally sign this fillable .pdf form on your computer
- 2) Save As AGENCY MEDIATION REQUEST – AGENCY NAME
- 3) Email to David Bayliff | david.m.bayliff@faa.gov