

## Office of Employment Dispute Resolution

## **MEDIATION, COACHING & WEBINAR REQUEST FORM**

All information contained in this request form is strictly confidential.

AGENCY CONTACT INFORMATION  (To Be Completed by a HR Representative, Agency Mediation Coordinator or Supervisor)				
Name:		Phone Number:		
Agency:		Title:		
Email:				
Service Initiated By:	☐ Employee ☐ Agency Supervisor ☐	Agency Human Resources		
Agency Mandated:	☐ Yes ☐ No			
Agency's Main Goal to Achieve:				
	☐ Not Applicable: Solely desire to learn proactive conflict management and professional growth skills.			
	☐ Performance Management Issue or Concern Define Issue:			
Applicable Issues or Concerns:	☐ Written Counseling Memo Provided to Emplo☐ Formal Discipline Issued by Agency Describe:	yee		
	☐ Incivility, Bullying, Hostile Work Environment an ☐ Allegation Investigated By Agency ☐ Alle ☐ Formal Discipline Issued by Agency Describe:	d/or Harassment Allegation Occurred gation Founded		
	☐ Other: Please use the third page to describe in it	nore detail and/or if special accommodations are requested.		
	<ul> <li>□ Conflict Management Coaching – Professional Skill Development (individual or 360 assessment fee applicable)</li> <li>□ Emotional Intelligence Coaching – Professional Skill Development (individual or 360 assessment fee applicable)</li> <li>□ Remedial Coaching – Agency-Mandated Improvement (individual or 360 assessment fee applicable)</li> <li>□ Mediation</li> <li>□ Group Consultation</li> <li>□ Webinar (fee may be applicable)</li> </ul>			
Type of Service Requested:	Do all participants voluntarily agree to participate in Do all participants have access to a computer with I Do all participants have access to a webcam in a co	nicrophone/speakers in a confidential space?		
	Please note the participants' desired scheduling timeframe and EDR will contact the participants with available dates. $\square$ Immediate/Next Available Date $\square$ <1 Month $\square$ >1 Month			
	**If mediation is requested, please provide all participants with a copy of the <i>Information about the Mediation Process</i> and the <i>Tips for Successful Mediation Participation</i> documents before you submit this request to EDR.			
Type of Webinar Requested:	☐ Value-Based Conflict in the Workplace ☐ Intergenerational Conflict in the Workplace ☐ Workplace Dispute Resolution Services Overview ☐ Best Practices in Employee Discipline and Discha ☐ Basic Grievance Hearing Skills  Webinar Date(s) Desired:	☐ Non-Verbal Communication Skills ☐ Handling Workplace Conflict Effectively ( <i>fee</i> ) ☐ Understanding and Using the Grievance Procedure rge ☐ Enhancing Management's Response to Employee Grievances ☐ Essential Topics in Employee Discipline and Grievances		
	Number of Webinar Participants	**15 Minimum Requirement		

PRIMARY COACHING OR MEDIATION PARTICIPANT  Please note training participants do not need to be listed.					
Name:		Phone Number:			
Agency:		Title:			
Email:					
SECOND MEDIATION PARTICIPANT (if applicable)					
Name:		Phone Number:			
Agency:		Title:			
Email:					
Relation to Primary Participant:  □ Co-worker □ Direct Supervisor □ Direct Supervisee □ Other:					
THIRD MEDIATION PARTICIPANT (if applicable)					
Name:		Phone Number:			
Agency:		Title:			
Email:					
Relation to Primary Participant:  □ Co-worker □ Direct Supervisee □ Other:					
FOURTH MEDIATION PARTICIPANT (if applicable)					
Name:		Phone Number:			
Agency:		Title:			
Email:					
Relation to Primary Participant:  □ Co-worker □ Direct Supervisee □ Other:					
PAYMENT INFORMATION					
Payment Type:	y Personal Ch	eck (Made Payable to the Treasurer of Virginia)			
**If you are paying by state invoice, please provide your agency's financial contact information below.**					
Name:					
Mailing Address:					
Phone Number:					
Email:					
Please note EDR will provide your agency's financial contact information to the appropriate person at DHRM, who will work directly with your agency contact to process the transaction.					
TO BE COMPLETED BY EDR					
Received Date:	Initial Consultation Date:				
Case Number Assigned:	Lead Consultant Assigned:				
UPON COMPLETION, PLEASE EMAIL OR FAX TO: Office of Employment Dispute Resolution Email: EDR@dhrm.virginia.gov Fax: (804) 786-1606					

ADDITIONAL RELEVANT INFORMATION		