

STATE EMPLOYEE DISPUTE RESOLUTION PROGRAM CIVIL SERVICE DIVISION REQUEST FOR VOLUNTARY MEDIATION

INSTRUCTIONS: Use this form to request mediation for a dispute, which may or may not include yourself. **Disciplinary Actions with Complaint Rights cannot utilize this mediation process.** Please provide the contact information for the people involved in the dispute. For more information, please see Civil Service Division's SEDRP alternate mediation guidelines on our website. This form shall be submitted as an email attachment to CivilServiceDivision@omes.ok.gov.

RI	EQUESTOR: Are you requesting mediation for others? \square Will you be an active participant? \square	
	Name:	
	Title:	
	Work address:	
	Work number:	
	Email:	
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Briefly describe the issue (s) of the dispute in the text box below.	

Dispute Resolution Program.		
Please list participants' available dates and times for mediation (10 a.m. or 1 p.m. times ONLY).		
Date and time preference one:		
Date and time preference two:		
Date and time preference three:		
CONSENT : Has the requestor contacted the participants and confirmed that they consent to participate in good faith at this mediation session? \Box Yes \Box No		
Please ensure all fields are complete before submitting this request. Thank you for utilizing the State Employee Dispute Resolution System. We look forward to the opportunity to resolve your conflict.		

SCHEDULING: The requestor is responsible for confirming three available dates and times that all participants are available for mediation. These times may be a 10 a.m. or 1 p.m. meeting time, Monday through Friday, and must be at least 10 business days from the date this document is submitted to the State Employee