

Date Received By Mediation Administrator \_\_\_\_\_

**CAREER SERVICE EMPLOYEE  
REQUEST FOR WORKPLACE MEDIATION SERVICES**

Mediation is a voluntary process in which a trained impartial third party assists employees in conflict to reach a mutually acceptable agreement. An employee, supervisor, manager, or appointing authority may submit a request for mediation or call 720-913-5632 when he/she desires assistance in resolving a work-related dispute with another employee, supervisor, or manager.

Please note that if the issue or problem is one that can also be grieved and the employee wants to try mediation, the employee must submit a mediation request within fifteen (15) calendar days after notification of the action, which gives rise to the grievance. If all individuals have agreed to mediation, the time to file a grievance is suspended until the mediation has been permanently adjourned. Should the grievant wish to continue with the grievance process, the grievance must be filed within seven (7) calendar days following the date of the termination of the mediation process.

See 19-25:

- A. A party may request mediation pursuant to Rule 18 DISPUTE RESOLUTION anytime during the appeal Process. Requesting mediation shall not suspend the time limitation for filing an appeal. Scheduling the matter for mediation will not affect the appeal process or the appeal hearing date, except by agreement of the parties. If the parties mutually determine that an extension of time or a stay of the appeal is necessary to facilitate mediation, the parties shall file a motion for such relief with the Hearing Office.

Complete the entire form and print or type your answers

Date of Request: \_\_\_\_\_

1. Your name: \_\_\_\_\_

2. Your title or position: \_\_\_\_\_

3. Department or agency where employed: \_\_\_\_\_

4. Work address: \_\_\_\_\_

5. Phone #: \_\_\_\_\_ Email Address \_\_\_\_\_

Fax #: \_\_\_\_\_

6. Persons beside you involved in the dispute:

a. Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address \_\_\_\_\_ Fax# \_\_\_\_\_

b. Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address \_\_\_\_\_

Fax #: \_\_\_\_\_

c. Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address \_\_\_\_\_

Fax #: \_\_\_\_\_

7. Provide a summary of the dispute or problem that you would like to have assistance in resolving through mediation:

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

8 Your signature \_\_\_\_\_ Date \_\_\_\_\_

The Workplace Mediation Program Administrator will notify other identified parties per **Section 18-30 Mediation Process**.

After you have completed this form, please submit to:  
Career Service Authority  
201 W. Colfax Street  
Department #412

- or -  
Fax to 720.913. 5720

***If you have, questions call 720.913.5632***