

MEDIATION INFORMATION COVER SHEET

To: **Employee Relations - Mediation**

NC Office of State Human Resources

Physical Address: 116 W. Jones Street, Raleigh, NC 27603

Mailing Address: 1331 Mail Service Center, Raleigh, NC 27699-1331

Office Phone: (984) 236-0800

Mediator(s): _____

Mediation Date(s): _____

Mediation Duration (Time): _____

Please check distribution of mediation documents:

Original documents enclosed

OR

Copies of documents enclosed

Original documents provided to agency coordinator by mediator(s)

Please check all documents enclosed:

Agreement to Mediate

Memorandum of Agreement

OR

Notice of Mediation Impasse

Grievant Mediation Questionnaire

Respondent Mediation Questionnaire

STATE OF NORTH CAROLINA

Agreement to Mediate

Mediation is the process where parties involved in a dispute use the assistance of a mediator, serving as a neutral third party, to attempt to reach a mutually acceptable resolution. The mediator's role is to guide the mediation process, facilitate communication, and help the parties generate possible outcomes. A mediator does not act as a judge or render decisions. Responsibility for resolving the dispute rests with the parties.

In order for mediation to be successful, all parties need to abide by the following conditions. It is hereby agreed:

1. That both parties will enter into the mediation in good faith with the goal of reaching a satisfactory agreement.
2. That either party can withdraw from the mediation at any time.
3. That both parties provide full and accurate information during the mediation process.
4. That either party may request a brief recess at which time they may consult with legal counsel or other advisors. If an agreement is reached, either party may have legal counsel or other advisors review the agreement during the mediation. Due to time constraints, recesses will be limited to no more than 15 minutes. At the mediator's discretion, time may be extended as needed.
5. That both parties consider all communications in the mediation confidential and only provide information outside of these proceedings for the purpose of effectuating the terms of the agreement.
6. That information deemed confidential under Chapter 126, the State Human Resources Act, may be disclosed during the mediation process if the disclosure of that information is necessary and essential to upholding the integrity of the agency in the internal agency grievance process and is in the interest of an efficient and effective resolution of the employee grievance. The parties understand and agree that current employees who disclose outside of the mediation process confidential information obtained during mediation may be subject to disciplinary action, up to and including dismissal, and that former employees who disclose confidential information obtained during mediation may be disqualified from reinstatement or subject to disciplinary action upon reinstatement. The respondent is responsible for identifying to the grievant any information released that is deemed confidential.
7. That both parties agree to hold harmless the mediator for any decisions or agreements made during the course of the proceeding. Both parties agree not to involve and/or subpoena the mediator in any subsequent administrative or legal proceedings, unless so ordered by the court.
8. If an agreement is reached, the agreement shall be binding, subject to the approval of the Office of State Human Resources and/or any other state agency whose approval is necessary to implement the agreement, and provided the agreement does not contain any provision contrary to NC Human Resources Commission policies or rules, or applicable state or federal law.

I have read, understand, and accept the above conditions.

Grievant Signature Printed Name Date

Respondent Signature Printed Name Date

Witnessed by:

Mediator Signature Printed Name Date

Mediator Signature Printed Name Date

STATE OF NORTH CAROLINA

Memorandum of Agreement

Agency:

Grievable Issue:

Name of Grievant:

Name of Respondent:

Terms of Agreement:

The Memorandum of Agreement shall be binding, subject (if necessary) to the approval of the Office of State Human Resources and/or any other state agency whose approval is necessary to implement the agreement, and provided the agreement does not contain any provision contrary to State Human Resources Commission policies or rules, or applicable state or federal law.

No Memorandum of Agreement is finalized until receiving all applicable approvals. Any wages included in this agreement are subject to applicable payroll and income taxes.

I have read, understand, and agree that the above terms of agreement are an accurate account of the areas of agreement reached in the mediation process and that all matters in the dispute between the grievant and the agency have been settled with the terms of this agreement.

I understand and agree that by signing this Memorandum of Agreement, I release the Respondent, the applicable Agency, Commission and/or Division, and the State of North Carolina from any and all claims that I may have related to my employment and the alleged action(s) that led to this grievance. I further agree and understand that no further grievance, complaint, legal action or remedy can be pursued against the Respondent, the applicable Agency, Commission and/or Division, or the State of North Carolina related to my employment or the action(s) that led to this grievance.

Grievant Signature	Printed Name	Date
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Respondent Signature	Printed Name	Date
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Mediator Signature	Printed Name	Date
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Mediator Signature	Printed Name	Date
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Authorizing Agency Official Signature (optional)	Printed Name	Date
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Blake Thomas Signature	Printed Name	Date
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General Counsel of the Office of State Human Resources (if applicable)

NOTICE: The Memorandum of Agreement must be reviewed by the agency's Human Resources office or other designated personnel prior to the parties signing. The respondent will be responsible for providing the proposed Memorandum of Agreement for review via email, phone, fax, etc. prior to signing.

STATE OF NORTH CAROLINA

Notice of Mediation Impasse

Agency:

Grievable Issue:

Name of Grievant:

Name of Respondent:

A resolution to the above grievance was not reached during the course of the mediation.

Grievant Signature	Printed Name	Date
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Respondent Signature	Printed Name	Date
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Mediator Signature	Printed Name	Date
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Mediator Signature	Printed Name	Date
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STEP 2 APPEAL NOTICE: The mediation impasse is the conclusion of Step 1 of the agency internal grievance process. The grievant may proceed to Step 2 by filing an appeal within 5 calendar days of the date of mediation.

The appeal must be delivered to:

Printed Name	Address
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As the agency respondent/representative, I have provided the grievant with the Step 2 appeal filing form and/or written instructions on filing an appeal. I have also provided a copy of the Employee Grievance Policy:

Respondent/Representative Signature	Printed Name	Date
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As the grievant, I acknowledge receipt of the Step 2 appeal information listed above:

Grievant Signature	Printed Name	Date
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Grievant Mediation Questionnaire

In the interest of our desire to continuously improve the mediation process, you are invited to share your opinions about your mediation experience. Your time and attention to respond to this questionnaire is very much appreciated.

Date: _____

Name: _____

Agency: _____

Please circle one rating that best describes your response to each question below.

SA = Strongly Agree **A** = Agree **N** = Neutral **D** = Disagree **SD** = Strongly Disagree

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|--|-----------|----------|----------|----------|-----------|
| 1. The mediator(s) explained the mediation process to my satisfaction. | SA | A | N | D | SD |
| 2. I had sufficient time to tell my side of the story. | SA | A | N | D | SD |
| 3. I was satisfied with the manner in which the mediator(s) conducted the mediation session. | SA | A | N | D | SD |
| 4. The mediator(s) treated me with respect. | SA | A | N | D | SD |
| 5. The agency respondent treated me with respect. | SA | A | N | D | SD |
| 6. The mediator(s) were fair and impartial. | SA | A | N | D | SD |
| 7. Mediation resolved this grievance to my satisfaction. | SA | A | N | D | SD |
| 8. If mediation did not resolve your grievance, were you satisfied with the process? | SA | A | N | D | SD |
| 9. Mediation provided a positive opportunity to discuss this grievance. | SA | A | N | D | SD |
| 10. I felt positive about the overall mediation process. | SA | A | N | D | SD |

Comments:

Respondent Mediation Questionnaire

In the interest of our desire to continuously improve the mediation process, you are invited to share your opinions about your mediation experience. Your time and attention to respond to this questionnaire is very much appreciated.

Date: _____

Name: _____

Agency: _____

Please circle one rating that best describes your response to each question below.

SA = Strongly Agree **A** = Agree **N** = Neutral **D** = Disagree **SD** = Strongly Disagree

- | | | | | | |
|--|-----------|----------|----------|----------|-----------|
| 1. The mediator(s) explained the mediation process to my satisfaction. | SA | A | N | D | SD |
| 2. I had sufficient time to tell my/agency side of the story. | SA | A | N | D | SD |
| 3. I was satisfied with the manner in which the mediator(s) conducted the mediation session. | SA | A | N | D | SD |
| 4. The mediator(s) treated me with respect. | SA | A | N | D | SD |
| 5. The grievant treated me with respect. | SA | A | N | D | SD |
| 6. The mediator(s) were fair and impartial. | SA | A | N | D | SD |
| 7. Mediation resolved this grievance to my/agency satisfaction. | SA | A | N | D | SD |
| 8. If mediation did not resolve the grievance, were you satisfied with the process? | SA | A | N | D | SD |
| 9. Mediation provided a positive opportunity to discuss this grievance. | SA | A | N | D | SD |
| 10. I felt positive about the overall mediation process. | SA | A | N | D | SD |

Comments:
