

County of Cumberland
Alternative Dispute Resolution Form
 Communication Form

I. Dispute

Employee's/Applicant's Full Name:		Employee's ID#:	
Job Title:		Department:	
Home Address:	Work Telephone No. () - ext.	Home Telephone No. () -	
	Work E-mail Address:	Home E-mail Address:	
Date Incident Occurred:	Witnesses:		
The issues are (use attachment if necessary):			
The facts supporting this are (use attachment if necessary):			
The relief I want is (use attachment if necessary):			
Date:	Employee's Signature:		
<i>Requests for ADR must be presented to the immediate supervisor within ten (10) business days. If the dispute alleges discrimination or retaliation by the immediate supervisor, the ADR request may be submitted directly at the second step. The ALTERNATIVE DISPUTE RESOLUTION Procedures contain complete instructions. (Applicant's making a dispute should proceed to the third step)</i>			

II. First Step

Date Received:		
Response (use attachment if necessary):		
Date:	First Step Respondent's Signature:	Telephone No. () - ext.
Date Received: _____		
Employee's Response (check one):		
<input type="checkbox"/> I accept the step one response and am returning the ADR request to the Human Resources Office <input type="checkbox"/> I advance my ADR request to the second step		
Employee's reasons for further appeal (use attachments if necessary):		
Date:	Employee's Signature:	
<i>Note: The employee is responsible for having the ADR request delivered to the proper person or office within ten (10) business days.</i>		

III. Second Step

Date Received: _____		
Response (use attachment if necessary): 		
Date:	Second Step Respondent's Signature:	Telephone No. () - ext.
Date Received: _____		
Employee's Response (check one): <input type="checkbox"/> I accept the step two response and am returning the ADR request to the Human Resources Office <input type="checkbox"/> I advance my ADR request to the third step		
Employee's reasons for further appeal (use attachments if necessary): 		
Date:	Employee's Signature:	
<i>Note: The employee is responsible for having the ADR request delivered to the proper person or office within ten (10) business days.</i>		

IV. Third Step

Date Received: _____		
Response (use attachment if necessary): 		
Date:	Third Step Respondent's Signature:	Telephone No. () - ext.
Date Received: _____		
Employee's Response (check one): <input type="checkbox"/> I accept the step three response and am returning the ADR request to the Human Resources Office <input type="checkbox"/> I advance my ADR request to the fourth step		
Employee's reasons for further appeal (use attachments if necessary): 		
Date:	Employee's Signature:	
<i>Note: The employee is responsible for having the ADR request delivered to the proper person or office within ten (10) business days.</i>		

V. Fourth Step

Timeliness and Procedural Steps followed? <input type="checkbox"/> Yes (Proceed to Board of Commissioners) <input type="checkbox"/> No (appeal deemed moot)							
Reasons (use attachment if necessary): 							
Date:		County Chief Clerk (or designee) Signature:					
Board of Commissioners Review: <input type="checkbox"/> Relief Granted <input type="checkbox"/> Relief Denied <input type="checkbox"/> Remedy Suggested		Suggested Remedy (use attachments if necessary): 					
Date:	Signature	Signature	Signature	Signature	Signature	Signature	Signature
Date Received: _____							
Employee's Response (check one): <input type="checkbox"/> I accept the step four response and am returning the ADR request to the Human Resources Office <input type="checkbox"/> I advance my ADR request to the fifth step							
Employee's reasons for further appeal (use attachments if necessary): 							
Date:	Employee's Signature:						