## ELECTION TO PARTICIPATE IN THE ALTERNATIVE DISPUTE RESOLUTION PROCESS

EMPLOYEE:	EMPLOYEE'S REPRESENTATIVE:
Print Name	Print Name of Representative (if applicable)
EMPLOYEE'S CONTACT INFORMATION: E-Mail or Mailing Address:	REPRESENTATIVE'S CONTACT INFORMATION: E-Mail or Mailing Address:
Phone:	Phone:
COA DEPARTMENT:	
TYPE OF APPEAL:	
☐ Disciplinary Probation ☐ Disciplinary Suspension	on □Demotion □Discharge □Denial of Promotion
The Ombudsperson, or other neutral Factorial	cilitator involved in conducting the ADR Process, is not isor, and that no attorney-client relationship is created
with discretion. However, the operations therefor written information, including	e all information received as part of the ADR Process of government are generally considered to be public; communications with the Ombudsperson/Facilitator, ocess <u>may</u> be subject to public disclosure pursuant to applicable state or federal law.
obtain and review my disciplinary and per in the course of the ADR Process, individ	process, I authorize the Ombudsperson/Facilitator, to ersonnel files. I further understand and agree that that luals conducting the ADR Process may have access to sors, Department Heads, and other City Administrators ary or personnel action.
Employee's Signature:	Date: