

**COUNTY OF SANTA BARBARA
REQUEST FOR MEDIATION**

Please submit to CEO/HR, attention Bob MacLeod, Chief of Employee Relations or Theresa Duer, Assistant HR Director

EMPLOYEE'S NAME _____ DATE _____

JOB CLASSIFICATION _____

DEPARTMENT _____

CONTACT INFORMATION:

EMAIL _____ PHONE _____

UNRESOLVED WORKPLACE ISSUE

DATE EMPLOYEE AND OTHER PARTY LAST MET ON THE ISSUE _____

EMPLOYEE'S SIGNATURE _____ DATE _____