



Alternative Dispute Resolution Settlement Conference Intake Form



Employee's Name: _____ Position: _____

Department / Division: _____ Date: _____

Proposed Level of Discipline: _____

Summary of Charges: _____

Prior Discipline: _____

Any Other Relevant Information: _____

ADR Panel Recommendation: _____

Acceptance by all parties of the ADR committee recommendation constitutes a final resolution of this matter and precludes any further review of the matter under the Contract or the Personnel Regulations.

Union & Employee Accept the Committee Recommendation

Employee: _____ Date: _____ Union Representative: _____ Date: _____
Signature Signature

Department Accepts the Committee Recommendation

Signature: _____ Date: _____

Union & Employee Reject the Committee Recommendation

Employee: _____ Date: _____ Union Representative: _____ Date: _____

Department Rejects the Committee Recommendation

Signature: _____ Date: _____

No reference to the Pre-Discipline Conference Committee recommendation may be made in any future proceeding and will not be admissible evidence in any arbitration or grievance filing.

A Notice of Disciplinary Action (NODA) will be issued within 10 business days following execution of this Agreement.

For the County

Jennifer Harling, Esq.
Chief Labor Relations Officer, OLR

Signature: _____ Date: _____