

Employee Workplace Mediation Program Settlement, Non-Settlement and Withdrawal Agreement Form

Mediation Case No.: _____ Agency: _____

Name: _____
 (Insert Name of Party) (Insert Name of Party) (Insert Name of Party)

Name: _____
 (Insert HR Representative's name, if the terms require the employing agency's signature)

Please indicate the outcome of the mediation by placing a check in the shaded area next to one of the statements below.

	I hereby agree to settle all issues and the terms that are defined. Also, I have agreed to define the terms on the back of this form.
	The parties named above in this case were unable to reach a settlement through mediation (note: both parties must sign the form indicating non settlement).
	I hereby voluntarily withdraw my request to mediate (note: both parties must sign the form indicating their intent to withdraw).

Party Signature

Date

Mediator Signature

Date

Mediator Signature

Date

Agency HR Representative Signature

Date

