

**REQUEST FOR MEDIATION UNDER EDR PLAN - Form 2**

**Submitted Under the Procedures of the Employment Dispute Resolution Plan for the Southern District of Florida**

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**Prior to completing this form, please refer to the Employment Dispute Resolution Plan for the Southern District of Florida.**

**Please attach a copy of the REQUEST FOR CONSULTATION FORM filed in connection with this matter. This mediation request form must be submitted within 15 days after receipt of the notice of the conclusion of the consultation period. The period for mediation is 60 days or less beginning on the date this form is received by the EDR Coordinator. The employee is required to attend at least four mediation sessions (a minimum of two separate sessions and two joint sessions). Please submit this form and attachment(s) to your court's EDR Coordinator.**

**Failure to pursue mediation will preclude further processing of your claim.**

1. Date Submitted: \_\_\_\_\_
2. Full Name of Person Requesting Mediation: \_\_\_\_\_
3. If any of the information supplied in the REQUEST FOR CONSULTATION UNDER EDR PLAN form (attached) filed in connection with this matter is no longer accurate, please note the number of the entry on the REQUEST FOR CONSULTATION form to be changed, and state the change(s) you wish to make:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request for mediation is submitted by:

\_\_\_\_\_  
Signature Date

Name of EDR Coordinator to whom submitted: \_\_\_\_\_

Signature of EDR Coordinator: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Name of Mediator to whom referred: \_\_\_\_\_ Date of referral: \_\_\_\_\_

Address of Mediator to whom referred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**To Be Completed by EDR Coordinator and forwarded to Mediator and Parties**

_____ Name of Party Requesting Mediation	_____ Name of Party Responding for Employing Office
_____ Address	_____ Address
_____ Address	_____ Address
_____ Address	_____ Address
_____ Phone Number	_____ Phone Number
_____ Signature	_____ Signature

If any party above is represented, please complete the following:

_____ Name of Representative, if any, for Above Party	_____ Name of Representative, if any, for Above Party
_____ Address	_____ Address
_____ Address	_____ Address
_____ Address	_____ Address
_____ Phone Number      Fax Number	_____ Phone Number      Fax Number