County of Butler
ALTERNATIVE DISPUTE RESOLUTION
Communication Form
Dispute (to be filled out by employee)

Employee's Full Name:	Job Title:

Department:

Home Address:	Work Telephone #: ( ) Ext. Work Email Address:	Home Telephone #: Home Email Address:

Date Incident Occurred:	Witnesses:

Type of action being appealed:

☐Termination ☐Furlough ☐Transfer ☐Denial Leave of Absence ☐Suspension ☐Demotion ☐Reassignment
☐Discrimination ☐Extension of probationary period ☐Performance Evaluation Report
☐Other (specify):

The facts supporting this contention must address only these parameters (use attachments if necessary):

The relief I want is (use attachments if necessary):

Date:	Employee's Signature:

Requests for ADR by employee must be presented to the immediate supervisor within five (5) business days from the date of incident. If the dispute alleges discrimination or retaliation by the immediate supervisor, the ADR request may be submitted directly at the second step. The ALTERNATIVE DISPUTE RESOLUTION PROCEDURES contain complete instructions.

☐ I advance my ADR request to the first step
☐ I advance my ADR request to the second step
☐ I advance my ADR request to the third step   ☐ I advance my ADR request to the Arbitrator

FIRST STEP
(To be filled out by immediate supervisor and employee)

Date Received from Employee:	Date of Meeting:

Response (use attachments if necessary):

Date Returned to Employee:	First Step Respondent's Signature:	Telephone #: ( ) Ext.

Employee's response (check one):
☐ I accept the step one response and am returning the ADR request to the Human Resources Office
☐ I advance my ADR request to the second step
☐ I advance my ADR request to the third step (proceed directly to the Arbitrator)
☐ I advance my ADR request to the Arbitrator

Employee's reasons for further appeal (use attachments if necessary):

Date:	Employee's Signature:

NOTE: Supervisor is responsible for having the ADR request delivered to the department head within five (5) business days from date of incident.

SECOND STEP		
(To be filled out by department head and employee)		
Date Received from Supervisor:	Date of Meeting:	
Response (use attachments if necessary):		
Date Returned to Employee:	Second Step Respondent's Signature:	Telephone #: ( ) Ext.
Employee's response (check one): ☐ I accept the step two response and am returning the ADR request to the Human Resources Office ☐ I advance my ADR request to the third step		
Employee's reasons for further appeal (use attachments if necessary):		
Date:	Employee's Signature:	

NOTE: Department head is responsible for having the ADR request delivered to the Personnel Director within five (5) business days from date of incident.

THIRD STEP	
(To be filled out by employee; notification to Personnel Director)	
Date Received from Department Head:	Date of Meeting:
Response (use attachments if necessary):	
Date Returned to Employee:	County Personnel Director's Signature:
Employee's response (check one): ☐ I advance my ADR request to the fourth step (proceed directly to Arbitrator)	
Employee's reasons for further appeal (use attachments if necessary):	
Date:	Employee's Signature:

NOTE: Employee shall return to Human Resource's Office within five (5) days of receipt.

FOURTH STEP
(To be filled out by employee and given to the Human Resource's Office within five (5) business days from result of the 3 Step)
Date Received from Personnel Director: Date of Meeting:
County Personnel Director's Signature:
☐ Proceed Directly to Arbitrator

April 2017