

SHARED NEUTRALS

An Alternative Dispute Resolution Exchange

Sponsored by the Oregon Federal Executive Board

LETTER OF COMMITMENT

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This letter signifies _____ (Agency's) commitment to participate in the Shared Neutrals Program, an Alternative Dispute Resolution Exchange sponsored by the Oregon Federal Executive Board.

Date: Effective _____

Cases: The Agency will **submit** the following types of cases for resolution:
(Examples include personnel grievances and civil rights disputes; EEO issues between employees and supervisors, or between two or more employees; or more generally, all cases referred by agency liaison.)

The Agency will **exclude** the following types of cases from the Program:
(Examples include claimed violations of collective bargaining agreements or other allegations of unfair labor practices; situations involving violence; illegal activities.)

Agency Liaison: The Agency's liaison to the Shared Neutrals Program will be:

_____ phone: _____ email: _____

Please attach a brief description of the Liaison's background, especially as it relates to alternative dispute resolution.

Access to the Process: Please identify whether:

- _____ ALL requests for services must go through the Agency Liaison; or
- _____ Specific personnel may make requests directly to the Program Coordinator. Please identify personnel: _____; or
- _____ Parties may upon occasion contact the Program Coordinator directly, although Liaison will make most requests.

Documentation: Please note any particular Agency forms to be used to document ADR processes, and who should receive copies:

Reimbursement of Neutrals:

Agency will reimburse neutrals for (check all):

- Travel. Limitations: _____
- Long-distance phone calls associated with the case (continued on next page)

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- Parking
- Per diem/meals. Limitations: _____
- Other: _____

Non-retaliation Statement: The Agency agrees not to retaliate against anyone who chooses to participate in, not participate in, or withdrawing from a mediation.

Contributions: There is no cost for the ADR services provided, with the exception of travel costs for the mediators when necessary (see Reimbursement of Neutrals below). As a contributing member of the Program, however, the Agency is asked to provide cases for resolution and access to meeting rooms. Other needs may include neutrals (an application process is involved for all neutrals); administrative support; printing; and funds for training and program coordination, as needed.

Please specify how the Agency will contribute:

Outreach: The goal is to make the Program as accessible as possible. The Agency plans to notify personnel of the Program by:

- Publishing Program information in online or other newsletters.
- Printing and posting Program flyers on bulletin boards.
- Making Program brochures available throughout the Agency.
- Inviting Program members to give presentations at staff meetings.
- Other (please specify) _____

Other Concerns: _____

Program Contact Numbers: Direct line (503) 808-6344, or confidential phone line (503) 230-3536. E-mail address: tamara_moland@blm.gov and our Web site address is <http://www.bdiweb.org/oregon.feb.gov/>

Signed: _____ Date: _____

Submitted by:

Agency Representative: _____

Agency Address: _____

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AGENCY LIAISON CHECKLIST

The purpose of intake is not to hear about the details of a case, but to gather and provide basic information to:

- ◆ **confirm that a referral is appropriate for mediation;**
- ◆ **ensure that all potential participants understand our services;**
- ◆ **assign a primary mediator who is appropriate to the referral.**

Major details of the case should be left to the Primary Mediator in the **Case Development Process**.

Liaison should consider:

- ◆ Is the referral appropriate for Shared Neutrals?
- ◆ Is this an EEO case? At what point in the process?
- ◆ Is this a Union grievance?
- ◆ Do the parties have settlement authority? (are these all the right parties?)
- ◆ How soon are the parties expecting a call from a mediator?
- ◆ Do you have any specific agency requirements you should pass on to the Program Coordinator?

Questions for the Party:

- ◆ Are they employees of a participating agency?
- ◆ Have they received program materials?
- ◆ What do they think mediation might do for them?
- ◆ Is there any feeling of being coerced to mediate?
- ◆ Are there concerns about/do they understand about confidentiality in a mediation?
- ◆ Note:
 - ✓ Mediators do not make decisions or judgments.
 - ✓ You may/may not achieve resolution.
 - ✓ Our program uses a 2-mediator model
 - ✓ Mediators will not be from your agency, and will be unknown to all parties
 - ✓ Mediations usually take 4-6 hours, and sometimes have more than 1 session
- ◆ Do you think mediation might work for you?
- ◆ Is there any information you need to decide whether mediation might work for you?
- ◆ Are there any specific requests you have about the mediators (race, gender, style)?
- ◆ Do you have any other special needs (interpreter, wheelchair access, etc.)?
- ◆ How soon do you want to begin?
- ◆ When are good times, generally, for you to 1) be contacted? 2) mediate?
- ◆ Are you planning any vacations or do you have any other *general* scheduling needs?
- ◆ Is it okay for me to contact the other party?
- ◆ Who else should be involved in the mediation? Who can make decisions?
- ◆ Assuming that all parties are willing, the next call will likely be from the mediator assigned to this mediation, who will ask you specifics about your situation. Okay?
- ◆ WHAT IS THE BEST WAY TO REACH YOU? (work phone? home phone? e-mail?)