

AGREEMENT TO PARTICIPATE IN SHARED NEUTRALS PROGRAM (Part 1)

1. I understand that this is an agreement by the parties to submit to mediation in an attempt to resolve certain workplace issues.
2. I understand that mediation is a dispute resolution process that is non-adversarial in nature and seeks to find reconciliation between disputing parties. The mediation process does not declare winners or losers. The main focus is to seek a resolution that is informal, quick and minimizes the harm to either party.
3. I understand that the Mediator is not involved in the dispute and is committed to treating this matter in a fair and unbiased way. The Mediator's role is to facilitate and help the parties reach for themselves a mutually satisfactory resolution to the problem. However, the decision making power rests with the parties, not the Mediator. If the parties cannot agree on a resolution, the Mediator will NOT impose a resolution nor will they offer judgment as to which party, if any, is at fault. In certain circumstances, Co-Mediators will be assigned to the matter.
4. I understand that the Mediator has no authority to make decisions or act as a judge or arbitrator. The Mediator will not act as an advocate or attorney for any party. To the extent either party wishes to have a representative or legal counsel to consult with or assist them in the mediation, that party is responsible for taking steps to have such person present.
5. I understand that mediation is a confidential process. Any documents submitted to the Mediator and statements made during the mediation are for settlement purposes only. I agree not to subpoena or request the Mediator to serve as a witness, or request or use as evidence any materials prepared by the Mediator for the mediation. (With the exception of a settlement agreement signed by the parties). In no event will the Mediator testify on behalf of any party or submit any type of report in connection with this mediation other than to confirm that the mediation did or did not occur, the parties did or did not appear with the requisite authority and the dispute was or was not settled. However, I understand that matters that are admissible in a court of law or other administrative process continue to be admissible even though brought up in a mediation session.
6. I understand that no party shall be bound by anything said or done in the mediation unless a written settlement is reached and executed by all necessary parties. If a settlement is reached, the agreement shall be reduced to writing by the Mediator and, when executed by the parties with authority, the settlement document shall be legally binding.
7. In electing to use mediation, I understand that no statutory deadlines are waived, and that all statutory deadlines must be adhered to.
8. The aggrieved party's RIGHTS to pursue informal or formal processes are not waived and will be protected during the mediation process. At the same time, the aggrieved party's RESPONSIBILITIES to comply with all requirements of any administrative or court process, e.g., time limits, points of contact, ARE NOT WAIVED, and must be adhered to.



AGREEMENT TO PARTICIPATE IN SHARED NEUTRALS PROGRAM (Part 2)

- 9. I understand that in the event the mediation is terminated for any reason, the aggrieved party may continue to pursue an informal or formal resolution of the matter as they see fit.
- 10. No admission of guilt or wrongdoing by either party is implied, and none should be inferred, by participation in this process.
- 11. I will sincerely attempt to resolve this matter, agree to cooperate with the Mediator assigned to this matter, and give serious consideration to all suggestions made in regard to developing a realistic solution to the dispute. I will conduct myself in a courteous and non-hostile manner, use appropriate language, and allow the Mediator to interrupt the process if the Mediator feels a caucus or break is needed to facilitate the mediation process.
- 12. The Mediator agrees to notify the parties, their representatives and the appropriate management official of the status and results of the mediation process within one working day of termination of the process, including settlements, withdrawal from, or unsuccessful conclusion of the process.

By signature below, I acknowledge that I have read, understand and agree to the provisions of this agreement, and will participate in mediation:

Aggrieved Party's Signature Date

Union Official's Signature (if appropriate) Date

Management Official's Signature Date

Additional Signatures Date

Additional Signatures Date

Additional Signatures Date

Mediator's Signature Date

Mediator's Signature Date



Oklahoma FEB Shared Neutrals
Form SN -2 (Agreement to Mediate)
September 2003



SHARED NEUTRALS PROGRAM SETTLEMENT AGREEMENT

Unless otherwise stated, the undersigned settle all disputes existing between them.

SECTION ONE

Participant One _____ agrees to:

- 1.
- 2.
- 3.

SECTION TWO

Participant Two _____ agrees to:

- 1.
- 2.
- 3.

SECTION THREE

The Agency _____ agrees to:

- 1.
- 2.
- 3.

SECTION FOUR

This agreement is a binding and enforceable settlement contract and neither participant can change its mind at a later date without another written Agreement among the parties.

1. This agreement has been entered into freely by all the undersigned. The agreement does not constitute an admission of guilt, fault or wrongdoing by either party. This agreement shall be kept confidential and the terms here shall not be disclosed by either party except to authorized officials or other officials responsible for implementing the agreement unless agreed to by mutual consent. This agreement shall not serve as a precedent for resolving any other dispute that arises between the parties.

2. This agreement constitutes the entire agreement and there are no other terms to this agreement except those specified herein.

3. The parties agree to use mediation to resolve any disagreements concerning this agreement.

Participant One _____ Date _____

Participant Two _____ Date _____

Union Representative _____ Date _____

Agency Representative _____ Date _____



CUSTOMER SURVEY FOR SHARED NEUTRALS PROGRAM (PART 1)

We are looking for ways to improve, as well as determine the effectiveness of the Oklahoma Federal Executive Board (FEB) Shared Neutrals Program. Persons who have utilized this Program are asked to complete this questionnaire. Completing the form is voluntary, however, your input will assist in improving the program.

- 1. Agency: _____
- 2. Nature of Dispute: _____
- 3. Relationship of parties: _____
- 4. How long did the mediation last?(Hrs) _____

5. Describe the type of settlement that resulted from the mediation process.

Full settlement of all issues No settlement of any issues

Partial settlement of the issues

6. Please describe any other impacts or benefits that you felt resulted from the mediation process. Examples might include relationships repaired, communication enhanced, office productivity enhanced, money saved, etc.

7. Were you satisfied with the process? Yes No

Please provide any comments:

8. Would you use mediation again? Yes No

Please provide any comments:

9. Is there anything that you think should be done to improve the Oklahoma FEB Shared Neutrals Program?

Yes No

Please provide any comments:



CUSTOMER SURVEY FOR SHARED NEUTRALS PROGRAM (Part 2)

10. Please rate the following items on a scale of 1 to 5 by circling the number that represents your choice:

- 1 = strongly disagree
- 2 = somewhat disagree
- 3 = neither agree or disagree
- 4 = somewhat agree
- 5 = strongly agree
- N = don't know or are unable to determine

The mediation process was impartial.	1	2	3	4	5	N
The right parties were at the table.	1	2	3	4	5	N
Both sides negotiated in good faith.	1	2	3	4	5	N
Mediation was appropriate for this matter.	1	2	3	4	5	N
You were able to fully present your case.	1	2	3	4	5	N
The mediator helped create a positive atmosphere.	1	2	3	4	5	N
The mediator helped create realistic options for settling the matter.	1	2	3	4	5	N
The mediator was impartial.	1	2	3	4	5	N
The mediator provided the right amount of input.	1	2	3	4	5	N
The mediator listened well.	1	2	3	4	5	N
The mediator helped clarify the key issues of the parties.	1	2	3	4	5	N
The mediator explained the process well.	1	2	3	4	5	N
The mediator was fair.	1	2	3	4	5	N
The mediator was effective.	1	2	3	4	5	N

11. If this was a co-mediation, was it beneficial to have two mediators? Yes No

Please provide comments:

Thank you for taking the time to fill out this survey. The information you have provided will help us to improve the program. Please mail this questionnaire to: Oklahoma Federal Executive Board

215 Dean A. McGee , Ste 320
Oklahoma City, OK 73102

Or FAX to: (405) 231-4165



AGENCY SURVEY ON SHARED NEUTRALS PROGRAM (PART 1)

We are continually looking for ways to improve, as well as determine the effectiveness of the Oklahoma Federal Executive Board (FEB) Shared Neutrals Program. FEB member agencies who have participated in the Program are requested to complete this questionnaire. Completing the questionnaire is voluntary, but will assist us in our efforts to improve the program. Please mail the questionnaire to the address above or FAX it to 231-4165.

1. Agency: _____

2. Please describe any impacts or benefits that you feel have resulted from the mediation process. Examples might include relationships repaired, communication enhanced, office productivity enhanced, money saved, etc.

3. Are you satisfied with the overall process? ___ Yes ___ No

Please provide any comments:

4. Will your agency continue to use mediation? ___ Yes ___ No

Please provide any comments: _____

5. Is there anything that you think should be done to improve the Oklahoma FEB Shared Neutrals Program?

___ Yes ___ No

Please provide any comments: _____

6. Please rate the following items on a scale of 1 to 5 by circling the number that represents your choice:

- 1 = strongly disagree
- 2 = somewhat disagree
- 3 = neither agree or disagree
- 4 = somewhat agree
- 5 = strongly agree
- N = don't know or are unable to determine

a) The mediation process is impartial to your agency. 1 2 3 4 5 N

b) The right parties were at the table. 1 2 3 4 5 N



AGENCY SURVEY ON SHARED NEUTRALS PROGRAM (PART 2)

- c) Negotiations were in good faith. 1 2 3 4 5 N
- d) Mediation has been used appropriately. 1 2 3 4 5 N
- e) Your agency has been able to fully present your cases. 1 2 3 4 5 N
- f) Mediators have helped to create a positive atmosphere. 1 2 3 4 5 N
- g) Utilizing a mediator has helped create realistic options. 1 2 3 4 5 N
- h) The mediators have been impartial. 1 2 3 4 5 N
- i) Mediators have provided the right amount of input. 1 2 3 4 5 N
- j) Mediators have listened well. 1 2 3 4 5 N
- k) Mediators have helped clarify the key issues. 1 2 3 4 5 N
- l) Mediators have been fair. 1 2 3 4 5 N
- m) Mediation has been effective. 1 2 3 4 5 N

7. If your agency has participated in a co-mediation, was it beneficial to have two mediators?

Yes No

Please provide any comments:

8. Please provide any other comments: _____

Thank you for taking the time to fill out this survey. The information you have provided will help us to improve the program. Please mail the questionnaire to: Oklahoma Federal Executive Board
215 Dean A. McGee, Ste 320
Oklahoma City, OK 73102
Or Fax to: (405) 231-4165



MEDIATOR FEEDBACK FORM

We are continually looking for ways to improve, as well as determine (through measurement) the effectiveness of the Oklahoma Federal Executive Board (FEB) Shared Neutrals Program. Persons who have participated as neutrals (mediators) are requested to complete this form upon completion of each mediation. Please mail the questionnaire (in a sealed envelope) to the address below or FAX it to 231-4165 (private fax).

Mediator Info:

Name: _____ Employing Agency: _____

Services Info:

Requesting Agency: _____ Date of Mediation: _____

Parties involved: _____

Name	Name
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Please circle the number best describing the final disposition of the mediation session:

1. No Resolution—Conflict still exists
2. No Resolution—Communication between parties has improved as a result of mediation
3. Partial Resolution—A settlement agreement has been executed for some of the issues
4. Complete Resolution—A settlement agreement has been executed for all identified issues

Are you satisfied with the process? ___ Yes ___ No

Please provide any comments: _____

Is there anything that you think should be done to improve the Oklahoma FEB Shared Neutrals Program? ___ Yes ___ No

Please provide any comments: _____

Please rate the following items on a scale of 1 to 5 by circling the number that represents your choice:

- | | |
|-------------------------------|-------------------------------------------|
| 1 = strongly disagree | 2 = somewhat disagree |
| 3 = neither agree or disagree | 4 = somewhat agree |
| 5 = strongly agree | N = don't know or are unable to determine |

- | | | | | | | |
|--------------------------------------------------------------|---|---|---|---|---|---|
| The mediation process has been impartial. | 1 | 2 | 3 | 4 | 5 | N |
| The right parties were at the table. | 1 | 2 | 3 | 4 | 5 | N |
| Both sides negotiated in good faith. | 1 | 2 | 3 | 4 | 5 | N |
| Mediation has been used appropriately. | 1 | 2 | 3 | 4 | 5 | N |
| You helped create realistic options for settling the matter. | 1 | 2 | 3 | 4 | 5 | N |
| You were able to be impartial. | 1 | 2 | 3 | 4 | 5 | N |
| You have been able to give the right amount of input. | 1 | 2 | 3 | 4 | 5 | N |
| You listened well. | 1 | 2 | 3 | 4 | 5 | N |
| You were able to help clarify key issues. | 1 | 2 | 3 | 4 | 5 | N |
| You have been able to explain the process well. | 1 | 2 | 3 | 4 | 5 | N |
| You have been effective. | 1 | 2 | 3 | 4 | 5 | N |

If you have participated in a co-mediation, was it beneficial to have two mediators? ___ Yes ___ No

Thank you for taking the time to fill out this survey. Please mail to the Oklahoma Federal Executive Board, 215 Dean A. McGee, Ste 320, Oklahoma City, OK 73102 or FAX to 231-4165.

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