

Texas Department of Criminal Justice Notification of Dispute Resolution Session

EMPLOYEE INFORMATION			
Name: _____ Month/Day of Birth: _____			
Please Print: Last	First	MI	(mm/dd)
Job Title: _____		Unit: _____	

I. The Employee Relations Section, TDCJ Human Resources Division, uses dispute resolution as an informal means of resolving work-related disputes. Dispute resolution is a process under which an impartial person, the facilitator, promotes communication between or among employees in an attempt to reach a mutually acceptable agreement. This process allows participants to resolve many work related disputes in a fair and timely manner.

This notification serves as confirmation that you are scheduled to appear in person for a dispute resolution session. The session is to be held at: _____ AM PM on _____ at _____ (mm/dd/yyyy) (Physical Location)

The other participant, excluding the facilitator is:

Name	Title
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If applicable, attach another page identifying other participants.

II. Benefits of Participating in a Dispute Resolution Session

- Opportunity to:
 - Communicate problems to another employee or a supervisor in a private session;
 - Resolve disputes with one or more employees without a supervisor’s or manager’s presence during the session, except when a supervisor or manager is one of the participants;
 - Negotiate and formulate an agreement and receive immediate feedback;
 - Improve working relationships; and
 - Create a win-win situation by resolving employment related disputes with an outcome favorable to all participants.
- Assurance of being heard.
- Assurance that the facilitator conducting the session is an impartial third person who shall remain neutral.
- No costs to participants and attendance at the session shall be reported as time worked.

III. You have been notified of the scheduled dispute resolution session. If your participation is directed by the warden/department head, you shall be required to participate even if you do not sign this form.

IV. Notification Method: In Person By Phone or Via E-mail _____

Certified Mail Receipt No. _____

Reason for telephonic, e-mail, or certified mail notification: _____

Human Resources Signature	Date: (mm/dd/yyyy)
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Employee Signature (if provided to employee in person)	Date: (mm/dd/yyyy)
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Witness’ Signature if Employee Refuses to Sign or Notification is Conducted by Phone	Date: (mm/dd/yyyy)
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Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§552.021 and 552.023, to receive and review the collected information. Under Texas Government Code §559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

DISTRIBUTION: Original: Facilitator or designee in person or via mail Copy: Participating Employee - No other copies shall be made.