

U. S. DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI

REQUEST FOR COUNSELING

NAME OF PERSON REQUESTING COUNSELING: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

1. Are you a current employee of the court/office? yes no

If yes, please state the following:

Court/office in which you are currently employed: _____

Date of appointment to current position title: _____

Current position job title: _____

2. Are you a former employee of the court/office? yes no

If yes, please state the following:

Court/office in which you were last employed: _____

Date of termination from court/office: _____

Position job title when last employed: _____

3. Are/were you an applicant for a court/office position? yes no

If yes, please state the following:

Court/office to which you submitted application: _____

Date of application for court/office position: _____

Position Job Title for which you applied: _____

4. Please provide the date of alleged incident or decision giving rise to this dispute:

5. Identify the chapter/sections of the EEO Plan under which your request for counseling is being made:

- Chapter II - Equal Employment Opportunity and Anti-Discrimination Rights
 - Race
 - Color
 - Religion
 - Gender/Sex (including sexual harassment)
 - National Origin
 - Age
 - Disability
 - Other: _____
- Chapter III - Family and Medical Leave Rights
- Chapter IV - Worker Adjustment and Retraining Notification Rights
- Chapter V - Employment and Reemployment Rights of members of the Uniformed Services
- Chapter VI - Occupational Safety and Health Protections
- Chapter VII - Polygraph tests

6. Please summarize the actions or occurrences giving rise to this dispute and refer to the appropriate chapter(s) of this court's EDR Plan.

(Attach copies of any documents that relate to the alleged incident or decision giving rise to this dispute.)

7. What corrective action to you seek in this matter?

Request for counseling submitted by:

Signature

Date

REQUEST FOR COUNSELING WAS RECEIVED BY EDR COORDINATOR ON THE

_____ day of _____, 20_____.

Signature of EDR Coordinator



DISPOSITION OF REQUEST FOR COUNSELING

1. Counseling was performed by: _____

2. Dates of Counseling: _____

3. Describe any action taken by the EDR Coordinator as a result of counseling:

4. Is employee satisfied with the outcome of counseling session? yes no

5. If the individual who requested counseling is not satisfied with the outcome of the counseling session(s), has he/she been informed of his/her rights and responsibilities under the EEO/EDR Plan of the Southern District of Mississippi?

yes no

6. The signature of the individual requesting counseling indicates that the individual understands that the counseling period is concluded.

If the individual is not satisfied with the outcome of the counseling session(s), said employee may pursue the claim by submitting an EEO/EDR Request for Mediation form in accordance with §9 of Chapter IX of the court's EEO/EDR Plan. The Request for Mediation must be filed within 15 days after receipt of this notice and must be made in writing using the Request for Mediation form (*EDR Form 3*).

EDR Coordinator's signature

Date

Signature of individual requesting counseling

Date