|  |  |  |  |
| --- | --- | --- | --- |
| **Information about person requesting the facilitation:** | | | |
| **Date:** |  | **Dept:** |  |
| **Name:** |  | **Dept#:** |  |
| **Phone:** |  | **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **List the person(s) you are requesting to participate in the facilitation:** | | |
| **Will you (the requesting party) be attending the facilitation?** | | YES  NO |
| **Name** | **Nature of your working relationship (attach additional names if necessary):** | |
|  | My supervisor  My subordinate  My co-worker  Other: | |
|  | My supervisor  My subordinate  My co-worker  Other: | |
|  | My supervisor  My subordinate  My co-worker  Other: | |
|  | My supervisor  My subordinate  My co-worker  Other: | |
| **Briefly describe the issue(s) to be addressed:** | | |
|  | | |
| **Desired Outcome:** | | |
|  | | |

*For OHR internal use only*

**Mail to:** Employee & Management Relations,   
 UNC Office of Human Resources, 104 Airport Drive,   
 CB# 1045, Chapel Hill, NC 27599-1045.

**OR Email to:** emr@unc.edu

**OR Fax to:** Employee & Management Relations at 919-962-8658.

**OR** **Deliver to:** HR Service Center, Suite 1500, Office of Human Resources,   
 104 Airport Drive, Chapel Hill.

**The Office of Human Resources will contact you regarding the facilitation and will assign trained facilitators.**