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

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| --- |
| **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.**