Virginia Department of

Employment Dispute Resolution

MEDIATION AGREEMENT

Name of Participant: _____ Name of Participant: _____

We agree that the terms and conditions below are an accurate reflection of our resolution.

We understand that EDR's Mediation Staff and the Agency Workplace Mediation Coordinator will review this agreement in order to ensure that it is consistent with state and agency policies and mediation program guidelines. If the agreement is not consistent with policies and/or guidelines, we will be notified, and we will meet again to try to conform the agreement to policy.

We agree to abide by all of the terms and conditions set forth below. This agreement may create an enforceable, binding contract and may affect the legal rights of the participants. Therefore, each participant to the mediation may have any draft agreement reviewed by an independent legal counsel prior to signing this agreement.

If a participant believes that a breach has occurred, the participant may contact the Agency Workplace Mediation Coordinator, who will attempt to resolve the matter. If the concern is not resolved with the Agency Workplace Mediation Coordinator, and upon the participants' request, EDR's Mediation Staff will schedule a mediation session with the participants in an attempt to resolve the concerns. Participants may consult with independent legal counsel regarding other potential remedies he/she may have under the mediated agreement as well.

TERMS AND CONDITIONS

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Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

PLEASE USE ADDITIONAL PAGES IF MORE SPACE IS NEEDED