Request for Mediation Intervention

Referred by Occupational Health and Safety Branch: Yes ☐ No ☐ Date: _____

Reason for referral:

Applicant information:

Name: _____

Title: _____

Work unit requiring assistance: _____

Number of people directly affected: _____ indirectly affected: _____

Employer details:

Contact name: _____

Address: _____

Telephone: _____ Email: _____

Have members of this work unit been involved in a previous mediation with Labour Relations and Mediaton? Yes ☐ No ☐

If yes, what year?:_____

If possible, please attach copies of the mediation agreement.

Union details

Union and contact name: _____

Address: _____

Telephone: _____ Email: _____

Names of out-of-scope employees involved and name of work unit:

Names of in-scope employees involved

Assessment and impact analysis

Phase 1: Employer/union analysis prior to assessment process

Analysis of organization needing/requesting change

The purpose of this tool is to assess the needs and challenges that have caused the employer and union to make the request for service from the Labour Relations and Mediation Branch.

The following responses will be used to target the specific challenges that the organization/union is experiencing. This information will aid in the overall monitor and evaluation process of our service.

1. Outline the organization/department's/team's overall vision and mandate. What are the strengths of the organization?

2. What are the specific problem areas that have given cause for a request for service?

a. What kind of relationship conflict exists?

b. Describe the nature of any grievances/complaints.

c. Describe any financial impact, such as excessive sick leave usage by those involved in the current problem(s).

d. How has productivity been affected by the current problem(s)?

e. How have clients been affected by the current problem(s)?

f. How has the implementation of the vision of the organization been affected by the current problem(s)?

3. How can the Labour Relations and Mediation Branch best provide assistance?

a. What would the long-term impact be if the problem(s) were resolved?

b. What would the short-term impact be if the problem(s) were resolved?

c. How receptive would the organization and its members be to change?

4. What is the future projection for the organization if the problem(s) continue?

a. For the employer?

b. For the employees?

c. For the clients?

d. For the community?

e. What issues may arise that could sabotage this process?

Signature:_____

Union or employer: _____

Date: _____

Note: To expedite services requested, please email this completed document to LRMrequests@gov.sk.ca at your earliest convenience.