Case File Number _____

Request for Counseling Under EDR Plan

Submitted Under the Procedures of the Employment Dispute Resolution Plan for the **United States Bankruptcy Court - Eastern District of Kentucky**

Prior to completing this form, please refer to the Employment Dispute Resolution Plan for the United States Bankruptcy Court for the Eastern District of Kentucky.

This form must be submitted within 30 days of the alleged violation or within 30 days of the time you became aware of the alleged violation. The period for counseling is 30 days or less beginning on the date this form is received by the EDR Coordinator. Please submit this form to your court/office's EDR Coordinator.

1. Date Submitted: _____

2. Full Name of Person Requesting Counseling: _____

3.a. Home Address: _____
_____

3.b. Home Phone: _____

3.c. Work Phone: _____

4.a. Are you a current court/office employee? YES NO (Please circle)

4.b. Are you a former court/office employee? YES NO (Please circle)

4.c. Are/were you an applicant for a court/office position? YES NO (Please circle)

5.a. If you are a court/office employee, please state the following: Court/office in which you are currently employed:

Date of appointment to current position job title: _____

Current Position Job Title: _____

5.b. If you are a former court/office employee, please state the following: Court/office in which you were last employed: _____

Date of termination from court/office: _____

Position Job Title when last employed: _____

5.c. If you are/were an applicant for a court/office position, 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: _____

6. Date(s) of alleged incident or decision giving rise to this dispute:

7. Please summarize the actions or occurrences giving rise to this dispute and refer to the appropriate chapter(s) of this court/office/agency's EDR plan.

_____

_____

_____

_____

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

8. What corrective action do you seek in this manner?

_____

_____

_____

_____

This request for counseling is submitted by:

_____ _____
Signature Date

Name of EDR Coordinator or other person to whom submitted: _____

_____
Date

EDR Coordinator's Signature: _____

_____
Date

Disposition of Request for Counseling

1. Counseling was performed by:

_____

on the following date(s): _____

2. Describe any action taken by the EDR Coordinator as a result of the Request for Counseling:

_____

_____

_____

_____

3. 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 employment dispute resolution plan of the United States Bankruptcy Court – Eastern District of Kentucky by the EDR Coordinator?

YES NO (Please circle)

Case File Number _____

_____ _____

Signature of EDR Coordinator Signature of Individual Requesting Counseling

_____ _____

Date Date

4. Signature below indicates that the individual who requested counseling understands that the **counseling period is concluded**. If the individual is not satisfied with the outcome of the counseling session(s), he/she has the right and obligation, should he/she choose to pursue his/her claim, to file with the EDR Coordinator a Request for Mediation within 15 days after receipt of this notice indicating the conclusion of the counseling period. The request must be made in writing using the Request for Mediation form. **Failure to pursue mediation will preclude further processing of this claim**.

_____ _____

Signature of EDR Coordinator Signature of Individual Requesting

Counseling

_____ _____

Date Date