

# Request for Mediation Intervention

Referred by OHS: 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.

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

Names of in-scope employees involved

Union details:

Union and contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Assesment and impact analysis

### **Phase 1: Employer/Union analysis prior to to assesment 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 Division.

Our Division seeks to create a unique and meaningful service that targets the specific challenges that the organization/union are facing. The following responses will be used as part of a diagnostic analysis specific to the organization. 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 is it that the Labor Relations and Mediation Division can 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 [kristin.anderson@gov.sk.ca](mailto:kristin.anderson@gov.sk.ca) at your earliest convenience.

Thank you.