

DIVISION OF CONTINUING EDUCATION
MEDIATION DECLARATION

For the Board: _____

Year: _____

Board No.: _____

GRIEVANT: _____

COLLEGE: _____

DATE OF MEDIATION: _____

MEDIATOR: _____

This form is being completed by:

- Mediator
- Employer
- Union/Grievant

RECOMMENDATION IN CONCLUSION: _____

Signature

Date

cc: Mediator
Employer
Union