MEDIATION SETTLEMENT AGREEMENT

Department of ______________________________________

This Settlement Agreement resolves a dispute between

________________________________________________________________________

and ______________________________________________________________________

regarding __________________________________________________________________

________________________________________________________________________

This Settlement Agreement provides (attach additional sheets if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

When signed and approved by the parties and/or appropriate authorities, this Settlement Agreement shall be binding upon all parties to the agreement.

By signature below, I acknowledge that I have read, understand, and agree to this Settlement Agreement. I further agree that any and all information received or provided shall be kept confidential.

EMPLOYEE’S SIGNATURE ___________________________ DATE ______________

EMPLOYEE REPRESENTATIVE’S SIGNATURE ___________________________ DATE ______________

MANAGEMENT OFFICIAL’S SIGNATURE ___________________________ DATE ______________

AGENCY REPRESENTATIVE’S SIGNATURE ___________________________ DATE ______________

MEDIATOR’S SIGNATURE ___________________________ DATE ______________