

FACILITATED CONVERSATION REQUEST FORM

Information about person requesting the facilitation:						
Date:		Dept:				
Name:		Location:				
Phone:		Email:				

List the per	son(s) you are requesting to particip	bate in the facilitatio	n:			
Will you (the	e requesting party) be attending the faci	ilitation?	□ NO			
Name Nature of your working relationship (attach additional names if necessary):						
	My supervisor	My subordinate	My co-worker	Other:		
	My supervisor	My subordinate	My co-worker	Other:		
	My supervisor	My subordinate	My co-worker	Other:		
	My supervisor	My subordinate	My co-worker	Other:		
Briefly descr	ibe the issue(s) to be addressed:					
Desired Outo	come:					
/lail to:	Employee Relations WSSU Office of Human Resources, 203 B	Eller Hall	For UHR II	nternal use only		
	Winston-Salem, NC 27110					
OR Fax to: OR Deliver to:	Employee Relations at 336-750-2838 Eller Hall Room 203, Office of Human Re	esources				
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The Office of Human Resources will contact you regarding the facilitation and will assign trained facilitators.