

**IDAHO DEPARTMENT OF CORRECTION
Problem Solving Request Form**

Before completing this form, you should already have met with your immediate supervisor in a good faith effort (informal) to resolve your issue.

To file a formal problem solving, please complete, sign and submit this form to your manager (appointing authority) within **ten (10) days** of becoming aware of or notified of any, job related (non-disciplinary) issue, including the time you informally met with your supervisor. Upon receiving this Problem Solving Request Form, the manager (appointing authority) will assign a level one supervisor to review your issue and will submit a copy to the HRS director (or designee) for tracking purposes.

Employee Information

Employee Name (Please Print): _____ Date: _____

Employee Work Unit/Position: _____

Date Employee Aware of the Issue: _____

Immediate Supervisor's Name: _____

Date Employee Met in Good Faith with Immediate Supervisor: _____

Step 1: Request for Formal Problem Solving

My Issue Is: (Attach additional pages as needed)

My Suggested Solution(s) is/are: (Attach additional pages as needed)

Employee Signature

Date

Step 2: Instructions for Level One Supervisor Meeting

To Employee: Within **five (5) working days**, unless an extension is granted, this problem solving request will be assigned to the level one supervisor who will hold a meeting with you to discuss the issue and offer a resolution for your acceptance.

Level One Supervisor's Name (Please Print)

Date of Meeting

Employee: I met with the level one supervisor and:

- I accept level one's solution. I disagree with level one's solution and request level two review.

Employee Signature

Date Signed

Important: Attach level one supervisor's response and suggested resolution and forward this form and response to the manager (appointing authority)

Step 3: Instructions for Level Two Supervisor Review (if held)

To Employee: Within **five (5) working days**, unless an extension is granted, this problem solving request will be assigned to the level two supervisor who will review your issue and offered resolutions and will determine whether your issue has been properly address or another resolution can be granted. Upon the level two supervisor's decision to you, this will conclude the problem solving process.

Level Two Supervisor Name

Level Two Supervisor Signature

Date Received _____ Date response given to employee _____

Important: Attach level two supervisor's response and suggested solution here and submit to the appointing authority who will forward all documents to HRS for repository.

Appointing Authority Signature of Approval (if applicable)

Date

MEDIATION REQUEST FORM

The employee has the option to request mediation with the department in writing. This can occur either at Step 1, the beginning of the formal problem solving request, or at the beginning of Step 3, level two process.

Employee: Submit this request to the Human Resource Service (HRS), located at Central Office. Submission can be in person, by mail, by fax, or by e-mail. The request will be reviewed and an answer forwarded to you.

Mediation Requested

Employee Name (Please Print):

Employee Signature

Date

Appointing Authority:

Approved Denied

Division Chief (or Designee) Signature

Date

If mediation is approved, the HRS director (or designee) will be responsible for retaining a mediator who is mutually acceptable to both parties.

Mediator's Name

Date of Mediation

Mediator's Signature

Date Signed

Attach Mediation Results