My representative is:

Public Health Service

Centers for Disease Control and Prevention (CDC) Atlanta, GA 30329-4027

DESIGNATION OF REPRESENTATIVE

The Alternative Dispute Resolution (ADR) affords the Aggrieved/Grievant the opportunity to be accompanied, represented, and advised by a representative of the Aggrieved/Grievant's choice. This may be an attorney, a union representative, family member, friend or other. However, in cases where the representation of an Aggrieved/Grievant would conflict with the official duties of the representative, such as a supervisor or manager, the agency may disqualify the representative.

It is the Aggrieved/Grievant's duty to immediately inform the Agency if representation is retained. Notification should be provided at least 72 hours in advance of mediation. More time will be required if the Aggrieved/Grievant's representative is an attorney, as the agency will need sufficient time to also assign counsel to the pending ADR.

Please complete the information below and provide this form to: (Mediator)

Name: Phone No.: E-mail:		
My re	epresentative is an attorney/Union/othe	r.
My re	epresentative is not an attorney/Union	
correspondence	ot: nerwise in writing, since I have designated shall be with me and my representative. or make a change in representation, I must	Additionally, if I choose to have
Name		 Date