



ALTERNATIVE RESOLUTION FOR CONFLICTS AGREEMENT
OPT OUT FORM

I have received and reviewed the Alternative Resolution For Conflicts Agreement. By signing below, I elect to opt out of the Alternative Resolution For Conflicts Agreement. I understand that there will be no adverse employment action taken against me as a consequence of that decision.

I understand that this signed Alternative Resolution For Conflicts Agreement Opt Out Form must be returned within the timeframe provided in the Alternative Resolution For Conflicts Agreement. By timely returning this signed Alternative Resolution For Conflicts Agreement Opt Out Form, I understand that the Alternative Resolution For Conflicts Agreement will not apply to me.

The date of its return will be determined by the date of the postmark on the envelope in which the form is mailed. Alternatively, I also may fax the form to the number indicated below, and the date of return will be determined by the date the form is faxed.

I am entitled to receive a copy of this form signed and dated by a Human Resources representative for my records. If I do not receive a copy from Human Resources within five business days of returning the form, I should request a copy from Human Resources to confirm receipt.

Date of Signature: _____

Employee Signature: _____

Date received by Human Resources: _____

Human Resource Signature: _____

RETURN THIS FORM TO YOUR HUMAN RESOURCE REPRESENTATIVE