



**FACULTY GRIEVANCE DISPOSITION FORM**

It is the responsibility of the Signatory of this form to forward a copy of the completed form to the Grievant via YSU email and to the Office of Human Resources at [YSUOEAgrievance@ysu.edu](mailto:YSUOEAgrievance@ysu.edu). The Director, Labor and Employee Relations, or designee, will distribute this form pursuant to YSU-OEA Article 8.

Grievance #: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_

Step: \_\_\_\_\_

TO: \_\_\_\_\_  
Grievant

**DISPOSITION** (Attach additional sheets if necessary)

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Signature

Date