



YSU/FOP

Grievance # _____

Date Filed _____

Grievance Disposition Reaction Form

Complete the form and return it to the Chief Human Resource Officer or designee within 10 business days following receipt of grievance disposition.

1. Check the appropriate box:

I accept the disposition of my grievance at Step 1 2 3 4
(Circle the Appropriate Number)

I reject the disposition of my grievance and advance my appeal to Step 2 3 4
(Circle the Appropriate Number)

(Grievances advanced to arbitration must be in writing no later than thirty (30) days following the timely hand-delivering of the grievant's appeal to Step 4 to the Office of the Chief Human Resources Officer.)

I reject the disposition of my grievance since it fails to resolve the issue satisfactorily, but I do not intend to appeal further.

2. Signatures:

Grievant _____ Date _____

YSU/FOP _____ Date _____
Representative

Cc: YSU/FOP
Direction of Labor Relations
Grievance File