



**Your Agency Letterhead**

**TO:** Name, Title, Employee ID

**FROM:** Agency Appointing Authority (**AA signs here**)

**DATE:**

**SUBJECT:** Separation – Job Abandonment

This memorandum serves as official notice of your separation from the (**Department or Agency Name**) effective (**DATE of Memo**) for job abandonment.

Tennessee Code Annotated § 8-30-316(d) states, “Any employee who is absent from duty for more than three (3) consecutive work days without giving prior written or electronic notice to the appointing authority or appropriate manager that specifies the reason for such absence, and without securing permission to be on leave, or who fails to report for duty or to the immediate supervisor or the appointing authority within two (2) work days after the expiration of any authorized leave of absence, is considered as having resigned not in good standing, absent extenuating circumstances beyond the control of the employee causing the employee’s absence or preventing the employee’s return. An employee deemed to have resigned in accordance with these circumstances shall have the ability to appeal such action through the appeal procedure.”

**(Detail the Pertinent Facts Concerning the Circumstances that Resulted in the Separation for Job Abandonment. Include any Information Provided to the Employee Regarding Leave Requests and Approval, Contacting the Supervisor When Absent, etc.)**

Based on the information outlined above, we consider you as having resigned not in good standing from your position with this department. You will receive a lump sum payment for any annual or compensatory leave to your credit.

**(If HAND-DELIVERED, Include the following)** You are required to return your State-issued property, E.G., keys, cell phone, State-issued Identification Badge/Card and other property belonging to the State government to **(Human Resources Officer or Other Appropriate Supervisor)** before you leave the office today.

**(If sent CERTIFIED MAIL, Include the following)** Return Receipt Requested - You are required to return your State-issued property, E.G., keys, cell phone, State-issued Identification Badge/Card and other property belonging to the State government. Please contact **(Human Resources Officer or Other Appropriate Supervisor)** to arrange return of any State property and to pick up your personal items.



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**If Applicable:** As a preferred service employee, you may appeal this decision by filing a written complaint within fourteen (14) calendar days to **(The Appointing Authority or Designee)**. Should you decide to file an appeal, you may obtain a Step I Appeal form from **(Indicate how they can locate the form)**. The Step I Appeal form (or your written complaint) should be sent as set out below:

- E-mailed to:
- Mailed to:
- Faxed to:

You may direct questions regarding the appeal procedures to **(Agency HR Director or Agency Employee Relations Officer)** at **(Telephone Number)**. You may find additional information regarding the appeal procedure in the Rules of the Department of Human Resources, Chapter 1120-11.

I verify by my signature below that I have received a copy of this memorandum.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

CC:

**Notes:**

Hand Delivered or Certified Mail – Return to Receipt Requested\*

**\*Written communication to the employee shall be considered received upon actual receipt as indicated by signature if hand delivered OR Three (3) days after a decision is sent via certified mail, return receipt requested the employee’s legal residence.**