



Your Agency Letterhead

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

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

**DATE:**

**SUBJECT:** Suspension Without Pay

This letter serves to inform you of your suspension without pay for **(Number)** workday(s). You will serve this suspension on **(Provide Suspension Dates)**.

My decision to suspend you is based on **(Provide Applicable Section(s) of Tennessee Code Annotated, Rules of the Department of Human Resources, and/or any Internal Agency Rules or Policies which serve as a basis for the discipline)**.

**(Detail the Times, Places, and other Pertinent Facts concerning the Performance or Conduct Issues. Include Applicable Training Provided, Supervisory Counseling, Performance Reviews, other Discipline Related to this Issue).**

As a preferred service employee, you may appeal this decision by filing a written complaint within fourteen (14) calendar days to **(The Agency 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.

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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.**

A suspension without pay on the day immediately preceding a state holiday results in the employee not receiving pay for the holiday(s) and increases the actual number of suspension days served.

The notice must include the reason for the suspension in clear and concise language and shall state the facts that led to the suspension, including statute, rule or policy allegedly violated by the employee, the beginning and ending dates of the suspension and information about the appeal process.

SAMPLE