



**Your Agency Letterhead**

**TO:** Name, Title, Employee ID  
**FROM:** Agency Appointing Authority (**AA signs here**)  
**DATE:**  
**SUBJECT:** Dismissal – Initial Probation

This memorandum serves as official notice of your dismissal from the (**Department or Agency Name**) effective (**Actual DATE**).

As an initial probationary employee with this department, you are unable to appeal this separation through the appeal process pursuant to Rules of the Tennessee Department of Human Resources, Chapter 1120-11. You will receive a lump sum payment for any annual or compensatory time to your credit. You will be required to turn in your State issued property, e.g., keys, cell phone, ID card/badge and any other property belonging to State government before you leave the office today.

If you have any questions or need additional information, you may contact (**Human Resource Director or Other Appropriate Contact**) at (**Telephone Number**).

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

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

\_\_\_\_\_  
Date

CC: