

TO: Name, Title, Employee ID

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

DATE: (**Date of Notice**)

SUBJECT: Dismissal

This memorandum serves as official notice of your dismissal from the (**Department or Agency Name**) effective (**Actual DATE**). This includes a ten (10) calendar day paid notice.

During this ten (10) calendar day notice period, you will not report to work. In addition, you will receive a lump sum payment for any annual or compensatory leave to your credit.

My decision to dismiss 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**).

(**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.

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.

Employee Signature

Date

CC:

Notes:

A notice of termination shall include the reason for the termination in clear and concise language and shall state the facts that led to the termination

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.**