

**SAMPLE LETTER – DEMOTION**  
**Letter from the Agency Appointing Authority**

**[HAND DELIVERED or CERTIFIED MAIL - RETURN TO RECEIPT REQUESTED\*]**

**[DATE]**

**[EMPLOYEE’S NAME ADDRESS]**

Dear **[EMPLOYEE’S NAME]**:

This letter serves to inform you of your demotion from your current classification of **[PRESENT CLASS TITLE]** to the classification of **[LOWER CLASS TITLE]** effective **[DATE]** and at a salary of **[NEW SALARY BASED ON DEMOTION POLICY]** per month.

My decision to demote 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 THE 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 EVALUATIONS, OTHER DISCIPLINE RELATED TO THIS ISSUE, ETC., OR INCORPORATE BY REFERENCING THE RECOMMENDATION LETTER.]**

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]**. You may direct questions regarding the appeal procedures to **[AGENCY HR DIRECTOR OR EMPLOYEE RELATIONS OFFICER AND TELEPHONE NUMBER]** or the Employee Relations Division of the Department of Human Resources at 615-741-1646. You may find additional information regarding the appeal procedures in the Rules of the Department of Human Resources, Chapter 1120-11.

Sincerely,

**[AGENCY APPOINTING AUTHORITY]**

cc: Commissioner, Department of Human Resources

\* 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 to the employee’s legal residence.