

SAMPLE LETTER – DISMISSAL LETTER
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 letters 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.

My decision to dismiss you is based on the following: **[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 AND/OR CONDUCT ISSUES. INCLUDE APPLICABLE TRAINING PROVIDED, SUPERVISORY COUNSELING, PERFORMANCE EVALUATIONS, OTHER DISCIPLINE RELATED TO THIS ISSUE, ETC.]

You will be paid for the workdays that fall within the ten (10) calendar day notice period but will not report to work during that time. In addition, 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 any other property belonging to 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 any other property belonging to 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]**. 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.

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You may find additional information regarding the appeal procedure 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 residence.