

## Step II Appeal Form

Department of Human Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Ave., 17th Floor, Nashville, TN 37243

Phone: (615) 741-4841

Email: DOHR.Step2Appeals@tn.gov

To file a Step II Appeal, the employee must submit a fully completed Step II Appeal Form, or otherwise notify DOHR, and provide any relevant documentation (including written Step I Appeal Decision, if issued) to the Commissioner of Human Resources. Relevant documentation includes, but is not limited to, any disciplinary letter from the agency, Step I Appeal Decision, and the Step I Appeal Form completed by the employee. Pursuant to T.C.A. § 8-30-318, it is the employee's obligation to provide written statement to the Commissioner of Human Resources detailing why the Step I Appeal Decision was in error and ought to be overturned, reduced, or amended. **An employee who fails to provide such information, within the designated timeframe, will be considered in default and will forfeit any ability to appeal to Step II or Step III.** The submission may be made either electronically, by hand delivery, or by U.S. mail (preferably certified) to the address listed above. Submission of this information must be made no later than fourteen (14) calendar days after the employee receives the Step I Appeal Decision. If an employee submits a Step II Appeal via U.S. mail, the appeal is deemed timely as long as it is postmarked within the fourteen (14) calendar day timeframe. If the appointing authority does not issue a Step I Appeal Decision within twenty (20) calendar days of receiving Step I Appeal request, the employee may proceed with Step II. **It is the responsibility of the employee to ensure the Step II Appeal Form and all documentation has been received by the Department of Human Resources.**

Are you / were you a preferred service employee?  Yes  No

Have you completed your initial probationary period?  Yes  No

Was a Step I Appeal Decision issued by the appointing authority?  Yes  No

What is your preferred method of communication/correspondence for Step II Appeal purposes? Choose one (1):

Email  Mail

***Please note that should your contact information change during the appeal process, it is your responsibility to notify appropriate parties and update contact information.***

**Step II Appeal Form**

Employee's name:

Mailing address:

Preferred phone

Personal email address:

Edison ID number:

Agency name:

Job title:

Immediate supervisor's name:

Employee's assigned office address/location

Which of the following disciplinary actions was issued? (check one)

Dismissal:       Demotion:       Suspension; *If suspension, number of days:*

Give a brief description of the reason for the appeal, explaining why the Step I Appeal Decision should be overturned, reduced, or amended. You may also submit alternative documentation to fulfill this requirement:

**Step II Appeal Form**

Date of Step I Appeal Discussion:

Corrective action sought by employee:

Reinstatement of job:  Reinstatement of leave:  Back pay:  Reduction of suspension:

Other (please specify):

Employee's signature:

Date:

If signing on behalf of an employee as a valid representative (i.e., attorney, employee representative), please indicate so on the signature line and indicate your contact information in boxes below.

Attorney/Rep. Name:

Mailing address:

Preferred phone/Email address

**For completion by the Department of Human Resources**

Date Step II Appeal Form/document received:

Step I Appeal Decision issued by appointing authority?

Submitted within fourteen (14) days of issuance of the Step I Appeal Decision?  Yes  No

Date Step II Appeal Decision issued:

Step I Appeal Decision upheld?

Yes  No

Corrective action awarded at Step II: