



Step II Appeal Form

Department of Human Resources

James K. Polk Building, 505 Deaderick Street, 1st Floor, Nashville, TN 37243

Phone: (615) 741-3829 Fax: (615) 401-6847

Email: DOHR.Step2Appeals@tn.gov

To file an appeal and commence Step II of the appeals process, the employee must submit a fully completed Step II appeal form and any relevant documentation (including written Step I decision, if issued) to the Commissioner of Human Resources. Relevant documentation includes, but is not limited to, any disciplinary letter from the agency, written decision from the appointing authority 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 argument to the Commissioner of Human Resources setting out why the Step I decision was in error and ought to be overturned, reduced, or amended. **An employee who fails to provide such information will be considered in default and will forfeit any ability to appeal to Step III.** The submission may be made either electronically, by hand delivery, by fax, or by U.S. certified mail to the address listed above. Submission of this information must be made no later than fourteen (14) days after the employee receives the written decision from the agency’s appointing authority. If the appointing authority does not issue a written decision within fifteen (15) days of receiving Step I appeal, the employee may proceed with Step II of the appeals process. **It is the responsibility of the employee to ensure the Step II form and all documentation has been received by the Department of Human Resources.** Confirmation of receipt can be made by contacting the Step II Appeals Administrator at DOHR.Step2Appeals@tn.gov or by dialing (615) 741-3829. The Department will confirm receipt by email unless the employee designates another preferred method of communication below.

- Are you / were you a preferred service employee? Yes No
- Have you completed your initial probationary period? Yes No
- Was a written decision issued by the appointing authority at Step I? Yes No

When completing this section, it is very important to include reliable contact information so that the agency can contact you throughout the appeals process.

What is your preferred method of communication/correspondence for Step II appeal purposes?
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.

Employee's name:

Mailing address:

Preferred phone number:

Personal email address:

Edison ID number:

Agency name:

Job title:

Immediate supervisor's name:

Employee's official station/work location:

What specific law, rule, or policy did the agency violate by issuing the suspension, demotion, or dismissal?

Which of the following actions does the alleged agency violation result from? (check one)

Dismissal:

Demotion:

Suspension; *If suspension, number of days:*

Give a brief description of the reason for the appeal:



Date of Step I discussion:

Corrective action sought by employee:

Reinstatement of job:

Reinstatement of leave:

Back pay:

Reduction of suspension:

Other (please specify):

Employee's signature:

Date:

For Completion by the Department of Human Resources

Date Step II appeal form/document received:

Written decision issued by appointing authority? Yes No

Submitted within fourteen (14) days of appointing authority's written decision? Yes No

Date initial procedural review completed:

Date decision letter issued:

Step I decision upheld?

Corrective action awarded: