



Tennessee Department of Children's Services Employee Resignation Notification

To Be Completed By Employee

Name (Please Print)

Edison ID No.

Date

Please accept my resignation from State service. My last workday will be on: _____

My reason for resigning is: _____

Employee's Signature

Date

Please note that according to **Tennessee Department of Human Resources Policy Chapter 20, Revision 97-033, any terminal and/or compensatory leave payment method paid at separation (whether or not in a lump sum) is at the discretion of the appointing authority (Commissioner or YDC Superintendent).*

To Be Completed By Supervisor of Employee

The above mentioned employee should be considered for rehire in this Department: ☐ Yes ☐ No*

***If "No" is marked employee will not be recommended for rehire with this agency. This recommendation does not preclude them from being considered or hired by any other state agency.**

In other state agencies: ☐ Yes ☐ No**

****If "No" is marked employee cannot be rehired within the State of Tennessee.** This recommendation will result in his/her name being removed from **all** Civil Service registers for a period of two (2) years from the date of this separation. After the two-year period upon reapplication with the state, all state agencies will not be required to notify or interview him/her for any state job.

If you recommended "no rehire" on **either** of the above responses, give the reason for your decision below. **(This area must be completed before employee signs below to indicate their awareness of this recommendation.)**

Employee's Signature Acknowledging No-Rehire Status

Date

Supervisor's Name (Please Print)

Supervisor's Signature

Date

Appointing Authority's Signature (DCS Commissioner/YDC Superintendent)

Date

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Copies: Employee File

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