

St. Clair County Community Mental Health Authority
Employee Communication Memorandum

This memorandum serves to document management efforts to acknowledge performance, provide accolades, provide training or guidance, or to clarify expectations of job performance and/or work behavior.

Employee Name: _____ Date: _____

Purpose of Meeting: ☐ Accolade **OR** ☐ Improvement Opportunity

☐ Follow-up on a Corrective Action Plan (CAP) ☐ Follow-up on Employee Action Plan (EAP)

Competency being addressed:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Respect for Individuals | <input type="checkbox"/> Accountability | <input type="checkbox"/> Continuous Improvement | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Teamwork | <input type="checkbox"/> Job Knowledge/Skill | <input type="checkbox"/> Job Performance Accuracy/Efficiency | <input type="checkbox"/> Effectiveness |
| <input type="checkbox"/> Judgement/Discretion | <input type="checkbox"/> Initiative | <input type="checkbox"/> Job Attitude | <input type="checkbox"/> Adaptability |
| <input type="checkbox"/> Follows Policies | | | |

Explanation:

For Improvement Opportunity:

Expected Conduct/Performance:

Review Date: _____

CAP Complete: ☐ Yes ☐ No ☐ N/A

EAP Complete: ☐ Yes ☐ No ☐ N/A

Additional/Employee Input:

_____	_____	_____	_____
Employee Signature	Date	Supervisor Signature	Date

Original: Personnel File