## Sanilac County Community Mental Health Authority

**EMPLOYEE COMMUNICATION MEMORANDUM (ECM) -**

**IMPROVEMENT OPPORTUNITY**

This memorandum serves to document management efforts to acknowledge opportunities for performance improvement, provide training or guidance or to clarify expectations of job performance and/or work behavior. This employee communication is **NOT** a disciplinary action.

Employee Name:Click here to enter text.Date: Click here to enter a date.

Purpose of Meeting

Corrective Action Plan (CAP)/Improvement Plan **OR**

Follow-up on CAP/Improvement Plan Date (s) of previous CAP: Click here to enter text.

Competency being addressed:

Respect for Individuals Accountability Continuous Improvement Communication

Teamwork Job Knowledge/Skill Job Performance Accuracy/Efficiency Effectiveness

Judgment/Discretion Initiative Job Attitude Adaptability Follows Policies

Other Click here to enter text.

Explanation/Summary of Discussion: Click here to enter text.

*If follow up on CAP, was the improvement plan met? Explain.*

Click here to enter text.

Expected Conduct/Performance: Click here to enter text.

*Address what would be helpful for staff to meet goal?*

Click here to enter text.

Staff Comments/Input: Click here to enter text.

Corrective Action Plan Complete: Yes  No- Follow Up Required, Expected Review Date:Click here to enter a date.

Employee Signature Date

Supervisor Signature Date

(Signature doesn’t necessarily indicate agreement)

Cc: Original: HR Manager/ Personnel File

Copies to: Officer, Supervisor, Employee

Policy Committee 03/20/2025 Form #0526