



Chimes District of Columbia, Inc.
Employee Communication - Form C-17

EMPLOYEE NAME: _____ POSITION: _____

DEPARTMENT: _____ FACILITY: _____

DATE CONFERENCE HELD (if applicable): _____ REASON FOR CONFERENCE: (Explain below):

- 1. **VIOLATION:** Statement of the problem. Facts include: **Who, What, When, Where, and How.** (Describe the violation of rules, policies, procedures, practices, Agency or regulatory standards, or unsatisfactory job performance.)

- 2. **PRIOR DISCUSSION OR WARNINGS:** Prior documentation or discussion on this issue or related subject. This includes any supervisory action; effects of employee behavior on government personnel, building tenants, co-workers, department, and Agency. Documentation cited may include supervisory comments from prior Performance Evaluation, Employee Communication C-17, Memorandum, conversation with employee, date(s) of receipt of information such as Rules for the Workplace, and applicable training such as NEO Personnel Policies, etc.

3. **STATEMENT OF AGENCY POLICY:** Cite all Agency policies or procedures, Rules for the Workplace, building rules, security rules that were violated.

4. **CORRECTIVE ACTION:** Summary of corrective action to be taken or that was taken. This may include a description of what is expected on the job in the future. List any target dates for improvement and dates that follow up will occur, if applicable.

5. **FAILURE TO MEET PERFORMANCE EXPECTATIONS:** Consequences of failure to improve performance or correct behavior. Action that will be taken if employee does not meet objectives or change behavior.

COMPLETED BY: _____
Name and Title Date

EMPLOYEE SIGNATURE BELOW INDICATES THAT THE EMPLOYEE HAS READ AND DISCUSSED THIS EMPLOYEE COMMUNICATION.

I have read (or have had read to me) and discussed this report. _____
Employee's Signature Date

	Yes	No
Copy Received	<input type="checkbox"/>	<input type="checkbox"/>
Copy Declined	<input type="checkbox"/>	<input type="checkbox"/>
Others in Attendance	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____
Name: _____

ROUTE OR COPY TO THE FOLLOWING POSITIONS AS INDICATED: (Original to employee personnel file)

- _____ Project Manager
- _____ Contracts Administrator
- _____ Director, Human Resources, Training and Compliance
- _____ Human Resource Generalist
- _____ Other, specify by name and title: _____

