**Note: Agencies should delete all unapplicable language from this template. For example, if the employee is not subject to weekly testing as an APPROVED accommodation OR PENDING REQUEST, delete all language referencing testing as part of an APPROVED OR PENDING accommodation REQUEST. AGENCIES SHOULD MODIFY LANGUAGE TO REFLECT THE CIRCUMSTANCES of each case.**

[Agency Department]

Date (Month Day, Year)

​Mr. Vee Hickle

12345 North Dakota AVE NE

Washington DC 20000

Subject: **COVID-19 Vaccination Policy – Verbal Counseling**

Dear Mr. Hickle:

As we discussed on **[Date]** at **[insert time of conversation]**, our agency relies on each member of the team to carry out our public mission. On [Date], it was determined that you have not provided proof of full vaccination against COVID-19 or you have failed to submit a COVID test for the week of **[Date]** as partof an approved or pending accommodation request. This is not consistent with the District’s COVID-19 vaccination policy and must be rectified. On this date, we discussed **[enter content of conversation]**.

**Standards**

In accordance with Mayor’s Orders 2021-099 and 2021-147, and Issuance 2022-3, all District government employees are required to be fully vaccinated against COVID-19 which includes receipt of a booster within six weeks of becoming eligible to receive one. Employees who have a pending or approved accommodation request must submit a COVID-19 test on a weekly basis. Employees must also only report to the workplace when such test result is negative**.** Employees who test weekly as part of an accommodation or accommodation request should only upload negative COVID-19 test results. Employees subject to weekly testing who test positive for COVID-19 should not upload their COVID-19 positive result, and instead contact their supervisor or Human Resources office.

**Failure to Meet Standards**

As of **[Date],** you have not submitted proof of full vaccination or you have not submitted proof of a COVID-19 test within the last seven days as part of an approved or pending accommodation request. You also have failed to notify your supervisor or Human Resources offices of an approved reason for being unable to upload a COVID-19 test result such as having tested positive for COVID-19 within the last week.

[*Delete if not Applicable:* In addition, while subject to the weekly testing requirement as part of your approved accommodation or pending accommodation request, you have reported to a District government facility without having supplied the required test documents on **[Date]**.]

**Expectations Going Forward**

You must receive your first vaccine dose within five days of the effective date of this verbal counseling which is [**insert date],** and both doses within 30 days. Once you have received your first dose, you must upload proof in PeopleSoft as soon as practicable, and similarly for your second dose. If you fail to become vaccinated and submit proof in accordance with this schedule, you shall be subject to further discipline in accordance with Issuance 2022-3. If applicable, as noted below in the compliance agreement, you must agree in writing, and thereafter, provide weekly testing results in accordance with Issuance 2022-3.

**Acknowledgement**

By signing our signatures below, we acknowledge the delivery and receipt of verbal counseling for violating the District government’s vaccination policy. We acknowledge that the management official who provided the counseling provided an explanation of the policy violation, and how the employee may comply. Consistent with 6-B DCMR § 1613.3, the employee, by their signature consents to the verbal counseling, and voluntarily waives any negotiated or regulatory right to file a grievance or appeal concerning any circumstances giving rise to this notice of proposed action under Chapter 16 or pursuant to the provisions of a negotiated labor agreement.

Sincerely,

Employee Supervisor

**Acknowledged by:**

|  |  |  |
| --- | --- | --- |
| Management Official’s Signature |  | Employee’s Signature |
| Management Official’s Name and Title |  | Employee’s Name and Title |
| Date Signed |  | Date Signed |

**Weekly Testing Compliance Agreement (if applicable)**

You must agree in writing, and thereafter, provide weekly testing results in accordance with Issuance 2022-3. If you fail or refuse to agree in writing to provide future weekly testing in accordance with the policy or fail to provide weekly testing results, you shall be subject to further discipline in accordance with Issuance 2022-3. By signing below, you agree to comply with these testing requirements, including providing proof of weekly testing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date