



**Inclement Weather/Severe Conditions
“Essential Employee” Designation Form**

Employee’s Name (Please PRINT)

Department

Job Title

I have been designated an “essential” employee, as defined by the [Inclement Weather/Severe Conditions Policy #06.05.08](#). I have been given a copy of the policy and understand my role and responsibility should the Chancellor/designee activate this policy. If I am a union member, I have also reviewed and understand the terms and conditions as described in my contract.

Employee Signature

Date

Supervisor/Dept. Head Signature

Date

cc: Employee File
HR Administration