



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

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Employee’s Name (Please PRINT)

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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.

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Employee Signature

Date

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Supervisor/Dept. Head Signature

Date

cc: Employee File  
HR Administration

