## TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

## ESSENTIAL PERSONNEL DESIGNATION AND NOTIFICATION FORM

Memor	andum To:			
Depart	ment:			
Title:				
R#:				
From:				
Depart	ment:			
Date:		(Complete prior to December 1st, every year)		
Effectiv	ve Date:	December 1,through November 30, unless rescinded by written notice.		
susper Essent	nsion of classes tial personnel ma	nated as an essential employee in the event that inclem and closing of offices or for other events deemed appropay be required to report to work if either contacted or the nly" staffing on the local broadcast news media.	priate by the President.	
closed	to the public an handle emerger	onnel Only" staffing is announced, it will normally indicated travel is extremely difficult or hazardous, but certain emocy situations which may arise or to conduct business that	nployees need to be on	
require memor	d to work during andum regardin	byees designated as essential personnel will be entitled ag an "Essential Personnel Only" staffing period. Please ag suspension of classes and closing of offices due tourther information.	refer to the President's	
IF CHE	ECKED BELOW,	THE FOLLOWING INSTRUCTIONS ALSO APPLY:		
( )	personnel; you it to the design	You should designate other managers, supervisors, etc., under your direction as essential personnel; you should notify each designee by completing an original of this form and submitting to the designee; and you should supply the offices listed below with a copy of all Essential Personnel Designation and Notification Forms that you initiate.		
( )	You should ma	intain at home the telephone numbers of essential personn	nel under your direction.	
Supervisor: Dat		Date		
Employee: Date: _				
xc:	Human Resour	rces.		