TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

ESSENTIAL PERSONNEL DESIGNATION AND NOTIFICATION FORM

Memor	andum To:		
Depart	ment:		
Title:			
R#:			
From:			
Depart	ment:		
Date:		(Complete prior to 6 H S W H P E H U 1st, every year	·)
Effectiv	ve Date:	September 1, through August 31, unle rescinded by written notice.	ess
suspen Essent	sion of classes a	ated as an essential employee in the event that incleme and closing of offices or for other non-weather events d y be required to report to work if either contacted or the nly" staffing on the local broadcast news media.	eemed appropriate.
closed	to the public and handle emerger	nnel Only" staffing is announced, it will normally indicat I travel is extremely difficult or hazardous, but certain eacy situations which may arise or to conduct business the	mployees need to be on
for hou the Pre	rs worked if requesident's memora	yees designated as essential personnel will be entitled ired to work during an "Essential Personnel Only" staff andum regarding suspension of classes and closing of a .02 for further information.	ing period. Please refer to
IF CHE	CKED BELOW,	THE FOLLOWING INSTRUCTIONS ALSO APPLY:	
()	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 it 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 pers	onnel under your direction.
Supervisor:			.
Employee:			:
xc:		ces, 1B100 HSC Bldg. (If designee employed in Amarillo, Permian Basin or A	bilene/Dallas)