

tails.

Weather/Emergency Closure Compensation Form

Revised: 06/20/2002

Name:	AU ID:						
Department:	Date of	Closure	e:				
Supervisor: Please fill out the correct i	nformati	ion be	elow	-			<u></u>
This employee is an essential worker in the following de Physical Plant Li Campus Safety Fo Residence Hall Ot	brary od Servic	e					
Please credit this employee with hours of Paid L hours they worked during the hours of closure.¹ The hour Paid Leave bank as soon as this form is received in Huma	s will be	credit					
Supervisors Signature:	Today's I	Date:_					
1— Essential workers who work during a weather closure will be paileave time equivalent to time worked during a weather closure. See							
tails.					, 101 1	uruici	ae-
							: de-
Andrews 🐧 University	Clos ☐ AU ID:	sure			Revis r/En	nerg	20/2002 ency
Name:	AU ID:	sure	Con		Revis r/En	nerg	20/2002 ency
Name: Department:	AU ID:	Closure	Con	npen	Revis r/En	nerg	20/2002 ency
Name: Department: Supervisor: Please fill out the correct in	AU ID: Date of the state of th	Closure	Con	npen	r/Ennsati	nerg	20/2002 ency
Name: Department: Supervisor: Please fill out the correct is	AU ID: Date of conformation partment brary od Service her	Closure ion be	Con	npen	r/Ennsati	nerg	ency Form
Name: Department: Supervisor: Please fill out the correct in the following de Physical Plant Li Campus Safety Fo	AU ID: Date of or	Closure Closure Closure Con be Cplease ch is c	Con e: elow se ch	npen	r/Ennsati	nergon F	ency Form
Name: Department: Supervisor: Please fill out the correct is	AU ID: Date of order Information partment brary od Service her eave which is will be on Resource.	Closure (please	e: elow se ch	npen - neck) I to the	r/Ennsati	nerge on F	ency Form