

Name:	AU ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department:	Date of Closure:						

Supervisor: Please fill out the correct information below -

This employee is an **essential worker** in the following department (please check):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Physical Plant | <input type="checkbox"/> Library |
| <input type="checkbox"/> Campus Safety | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Residence Hall | <input type="checkbox"/> Other _____ |

Please credit this employee with _____ hours of Paid Leave which is equal to the number of hours they worked during the hours of closure.¹ The hours will be credited to the employees Paid Leave bank as soon as this form is received in Human Resources.

Supervisors Signature: _____ Today's Date: _____

1— Essential workers who work during a weather closure will be paid for hours worked and will be given paid leave time equivalent to time worked during a weather closure. See Employee Handbook 4:2-250 for further details.

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