

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.<sup>1</sup> 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.

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.<sup>1</sup> 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.