

City of Decatur

Essential Personnel Designation and Notification Form

Employee Name: _____ Employee ID: _____

Department: _____

Title: _____

Supervisor Name: _____
(Printed)

Director Name: _____

You have been designated as an **essential** employee in the event that an emergency or disaster forces the suspension of classes and/or closing of offices, or for other events deemed appropriate by the City of Decatur President. **Essential personnel** may be required to report to work if either contacted by your supervisor or the City of Decatur announces "Essential Personnel Only" staffing through the City of Decatur Notification system.

When "Essential Personnel Only" staffing is announced, it will normally indicate that many City of Decatur offices are closed to the public and travel is restricted, but certain employees need to be on duty to handle emergency situations which may arise or to conduct business that cannot be postponed or cancelled.

Please refer to City of Decatur Personnel Policy Section 15.9 for additional information on employee pay during emergency situations. Failing to attend to the responsibilities associated with being designated as **essential personnel** may result in appropriate disciplinary action up to, and including, termination.

This form shall be completed at the time of hire and shall be submitted to Office of Emergency Management.

IF CHECKED BELOW, THE FOLLOWING INSTRUCTIONS ALSO APPLY:

The employee noted above is a supervisor and is required to maintain the work, home, and cell phone numbers of **essential personnel** under his or her direction. This information will not be shared without the consent of the employee to which it applies.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Director Signature: _____ Date: _____

Once this form has been discussed and signed by all parties, provide a copy to the employee, retain a copy for departmental files, and forward the copy to Office of Emergency Management.