

Essential Personnel Acknowledgment

Employee Name:	Employee ID:
Department:	Department ID:
Title:	
Supervisor:	
Position #:	☐ This employee fills an OPS/temporary position
Please provide a justification for this	position being designated as essential:
The above-designated employee will	be responsible for the following:
event that an emergency or dis or for other events deemed	designation to maintain or restore University operations in the saster forces the suspension of classes and/or closing of offices d appropriate by the USF President. As such, Essentia report to work if instructed by their supervisor.
is closed to the public; how	ffing is announced, it will normally indicate that the University ever, designated Essential Personnel are required to handle may arise or to conduct business that cannot be postponed or
Completing training requirement	ents in accordance with USF Policy 6-037.
Regulations and Policies, and any	applicable federal or Florida law. Failing to attend to the designated as Essential Personnel may result in appropriate ag, termination.
This form shall be completed at the time Essential Personnel duties.	ne of hire or upon transfer/reassignment into a position requiring
Employee Signature:	Date:
	Date:
	Date:

Retain original form for departmental files, provide a copy to the employee, and send digitally to usf-emergencymgmt@usf.edu