TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

ESSENTIAL PERSONNEL DESIGNATION AND NOTIFICATION FORM

Memorandum To: ________________________________________________
Department: _________________________________________________
Title: _______________________________________________________
R#: _________________________________________________________
From: _________________________________________________________
Department: _________________________________________________
Date: _________________________________________________________
(Complete prior to December 1st, every year)

Effective Date: December 1, ______ through November 30, ______
unless rescinded by written notice.

You have been designated as an essential employee in the event that inclement weather forces the suspension of classes and closing of offices or for other events deemed appropriate by the President. Essential personnel may be required to report to work if either contacted or the institution announces "Essential Personnel Only" staffing on the local broadcast news media.

When "Essential Personnel Only" staffing is announced, it will normally indicate that the institution is closed to the public and travel is extremely difficult or hazardous, 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.

Only nonexempt employees designated as essential personnel will be entitled to equivalent time off if required to work during an "Essential Personnel Only" staffing period. Please refer to the President's memorandum regarding suspension of classes and closing of offices due to inclement weather or HSC OP 10.02 for further information.

IF CHECKED BELOW, THE FOLLOWING INSTRUCTIONS ALSO APPLY:

( ) You should designate other managers, supervisors, etc., under your direction as essential personnel; you should notify each designee by completing an original of this form and submitting it to the designee; and you should supply the offices listed below with a copy of all Essential Personnel Designation and Notification Forms that you initiate.

( ) You should maintain at home the telephone numbers of essential personnel under your direction.

Supervisor: ___________________________ Date: _______________________
Employee: ___________________________ Date: _______________________

xc: Human Resources, 1B100 HSC Bldg.
Regional Dean (If designee employed in Amarillo, El Paso, Permian Basin or Abilene/Dallas)