To:

From:

Date:

Subject: Inclement Weather Emergency Essential Personnel Designation

In accordance with ADVAP 2-4 “Inclement Weather Work Policy”, you are receiving this memorandum to confirm the position you hold as Recreational Activity Supervisor is “Emergency Essential Employee”.

“Emergency Essential Employee: designation for personnel deemed vital to the operation of the agency, whose presence is required regardless of the existence of an emergency condition and whose absence from duty would endanger the safety and well-being of the Veterans in our care. Emergency Essential Employees are expected to report to work or remain at work regardless of the conditions.”

“When the decision is made to excuse employees, all employees may be released, except for those identified as “emergency essential” personnel. Emergency Essential Employees will carry out their emergency essential tasks, but may be released at the discretion of their supervisor depending on the actual situation.”

By signing this memorandum, you are stating you understand you are an Emergency Essential Employee, critical to the safety and well-being of our Veterans in our care, and are required to report to work as scheduled regardless of weather conditions.

_________________________________________   ______________________
Signature         Date