**COMPANY LOGO**

 **ESSENTIAL WORKER DESIGNATION LETTER**

**Worker Name:**

**Worker Job Title:**

**Worker Number:**

**Department:**

**Supervisor:**

You have been labeled as an **essential worker** in the event that an emergency or natural disaster requires the suspension of business operations or closing of offices, or for other events recognized as appropriate by the Senior Manager. Essential workers will be required to report to work if contacted by the supervisor or if the business officially announces “Essential Workers Only” through the communication system.

Once “Essential Workers Only” is announced, it officially indicates that the business is closed to the public and travel is restricted. In this case, essential workers are expected to be on duty to handle emergency situations or to perform and maintain processes that cannot be suspended or cancelled. Failure to attend work or uphold responsibilities associated with being an essential worker can result in disciplinary action or termination.

Only essential workers will be entitled to equivalent time off if required to work during an “Essential Workers Only” period. Please refer to **[business regulations or policies]** for additional information on worker pay during emergency scenarios.

This Essential Workers Designation Letter must be completed at the time of hire and each year during performance appraisals. It must be submitted to **[HR department or designated department]** by the **[date of submission]**.

Additional information regarding mandatory/essential workers is located [source of information].

*I have read and understand the above:*

 WORKER SIGNATURE

DATE

 SUPERVISOR SIGNATURE

 DEPARTMENT NAME