DATE

Employee Name (EMPL ID#\_\_\_\_\_\_\_\_\_\_\_\_\_)

Department

Title

Subject: Essential Employee Designation / Back-Up Essential Employee Designation

The University of Minnesota may need to reduce or close normal operations due to a variety of circumstances. The [Campus and Building Closing policy](https://policy.umn.edu/operations/emergencyclosing) governs the overall process. An important part of a change in operations is understanding who is deemed an essential employee and would need to report to or remain working when an event is declared. Additional information about designated work can be found in the [University State of Emergency: Human Resources Implications policy](https://policy.umn.edu/operations/uemergency).

[If applicable, this section for essential employees]

This letter serves to inform you that you have been **designated as an essential employee**. In the event of a declaration of reduced operations, you are expected to report to your regularly scheduled work assignment. In the event of a campus closure, you are expected to report to work unless notified by your supervisor that you are not to report to work.

[If applicable, this section for back-up essential employees]

This letter serves to inform you that you have been **designated as a back-up essential employee**. Back-up essential employees may be designated essential during a declared event of reduced operations or campus closing. A back-up essential employee must contact their department for instructions on reporting to or remaining at work for their assigned schedule.

Pay during emergency closings or reduced operations may include additional provisions as [outlined in the Appendix](https://policy.umn.edu/operations/emergencyclosing-appd) of the Campus and Building Closing policy.

Thank you in advance for your cooperation and response should the need arise to work during a time of declared reduced operations or a campus closing.

Sincerely,

Signatory Name

Department

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

CC: Personnel file