



Emergency Operations Personnel Waiver Request Form

The undersigned employee requests a waiver of his/her designation as an essential employee under Fort Bend County's Emergency Operations Personnel and Pay Procedures Policy for the reasons indicated.

Date Submitted: _____ Dept Number: _____

Employee Name: _____ Dept. Name: _____

Telephone Numbers: Home: _____ Work: _____

Cell: _____ Alt: _____

Describe, in full, your reason for this request for waiver of your designation as Essential:
(must include relevant documentation)

Employee Printed Name

Employee Signature Date

Department Head Signature Date

Approved Denied

Basis for Denial:

Lacks relevant documentation

Other: