



EMERGENCY PREPAREDNESS EMPLOYEE ACKNOWLEDGEMENT FORM

Date Submitted: _____ **Dept Number:** _____

Employee Name: _____ **Title:** _____

Telephone Numbers: **Home:** _____ **Work:** _____

Cell: _____ **Alt:** _____

EMERGENCY PERSONNEL DESIGNATION:

Essential

Non Essential

THE FOLLOWING ARE DEFINITIONS OF ALL EMPLOYEE EMERGENCY CLASSIFICATIONS. ONCE THIS FORM IS COMPLETED BY YOU AND REVIEWED BY YOUR DEPARTMENT HEAD, A CLASSIFICATION WILL BE ASSIGNED.

Essential: Employees with specific responsibilities who are designated to remain in the County on the job or at a designated location during an emergency.

Non-Essential: Employees whose presence is not essential in carrying out the emergency plan, but who cannot leave their positions until released by their supervisor, and must return to work as usual.

INSTRUCTIONS: READ CAREFULLY THE FOLLOWING STATEMENTS AND INITIAL EACH STATEMENT INDICATING THAT IT HAS BEEN READ AND IS UNDERSTOOD.

_____ 1 I acknowledge that it is my responsibility to be familiar with the Fort Bend County Emergency Operations Personnel And Pay Procedures and any departmental emergency plans as they apply to me. I understand that a copy of these documents will be made available to me upon request. I also acknowledge that I have received a copy of Fort Bend County Policy 413, Emergency Operations Personnel And Pay Procedures.

_____ 2 I understand that in the event of an emergency while I am at work, I must remain at work until my direct supervisor or his/her designee releases me. If so released, I understand that I am encouraged to follow instructions as issued by the Fort Bend County Office of Emergency Management.

_____ 3 I understand that in the event of an emergency, all employees can be classified as Essential depending on the needs of Fort Bend County; therefore, if I am not at work, it is my responsibility to contact my supervisor, or other designated hotline, regarding assignments. In weather-related events I must stay abreast of the situation by monitoring radio/television/internet for instructions or by calling the Emergency Operations Center or designated hotline for return to duty information.

_____ 4 I understand that if I am classified as an “Essential” employee, I must report for work as scheduled or requested. Failure to comply with these requirements may result in disciplinary action up to and including termination in accordance with the Fort Bend County Policy 413, Emergency Operations Personnel And Pay Procedures. I will arrange to have the supplies I need during the emergency when I report to work.

_____ 5 I understand that if I am classified as a “Non-Essential” employee, I must report to work immediately following the resumption of normal operations for my next regularly scheduled shift (unless I have prior supervisory approval). Failure to comply with these requirements may result in disciplinary action up to and including termination in accordance with Fort Bend County Policy 413, Emergency Operations Personnel and Pay Procedures.

If Classified as Essential:

_____ 6 I agree to make the necessary personal phone calls to my family members before coming to my work assignment informing them as to my whereabouts. I understand that a telephone will be available should I need to contact my family members unless the weather disrupts the telephone services to Fort Bend County.

_____ 7 I understand that I may be working under emergency conditions for an extended period of time and that I may be assigned 12-hour shifts.

Employees Family:

_____ 8 I understand the importance of making prior arrangements for my family out side Fort Bend County so that at the time of an emergency, I will already know where they will be and who will be taking care of them.

_____ 9 I acknowledge that if I am classified as an “Essential” employee during an emergency, food and shelter will be provided for me, and may be provided for my dependents, if necessary. I also understand that my assigned place to sleep may be shared by other employee(s) working on a different shift.

IN SIGNING BELOW, I AM INDICATING THAT I UNDERSTAND, AND FAILURE TO COMPLY WITH THE TERMS STATED IN THIS ACKNOWLEDGEMENT AND ANY FORT BEND COUNTY AND/OR DEPARTMENTAL EMERGENCY PREPAREDNESS PLAN MAY LEAD TO DISCIPLINARY ACTIONS UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

Employee Printed Name

Employee Signature Date

Department Head Signature

Date