***	GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Human Resources	****		
	INDIVIDUAL NOTIFICATION OF DESIGNATION (ESSENTIAL <u>OR</u> EMERGENCY EMPLOYEES)	te "		
Agency:	Date:			
То:				
To:(Employee's Name	(Position Title)	(Organization Unit)		
From:	Position Title:			
l p ermente con esta en				
Designation (please check one)				
	Essential Employee 🗖 Emergency Emplo	yee		
Type of Designation (please ch	eck one):			
New Designation	Re-designation	Termination of Designation		
L New Designation	L r Ke-designation	Termination of Designation		
Pursuant to sections 1272 and 1273 of Chapter 12 of the regulations, Hours of Work, Legal Holidays and Leave, this notification is to advise you that you have been designated as <i>an Essential or Emergency Employee</i> . If an <i>Essential employee</i> , you will be required to report to work or stay at work during a declared emergency. If an <i>Emergency</i> employee, you will be required to either report to work, stay at work or telecommute during a declared emergency or during a period of				
	is have been deemed as critical District government functions/			
As an <i>Essential</i> or <i>Emergency Er</i> DPM Chapter 12, regarding Esse	<i>nployee</i> , you will be required to adhere to the policies set forth ential or Emergency employees.	in sections 1272 and 1273 of		
This designation is effective	(date) through	(date).		
Information to be provided by	the employee:			
Emplo	yee's Personal Cell #:			
Employee's Work Cell #:				
Employee's Home Telephone #:				
Emergency Contact (Name and Telephone #):				

	Acknowledgement of Receipt:			
I,(Employee's Name – Print)	, hereby acknowledge receipt of this Individual			
Notification of Designation as Essential / Emergency Employee.				
Employee's Name (Printed Name)	Employee's Name (Signature)	Date		
Supervisor's Name (Printed Name)	Supervisor's Name (Signature)	Date		
Agency Head's Name (Printed Name) (or designee)	Agency Head's Name (Signature) (or designee)	Date		
Return this form by way of the <u>dchr.policy@dc.gov</u> email address <u>or</u> to our office which is located at: D.C. Department of Human Resources Policy and Compliance Administration 441 4 th Street, N.W., Suite 330 South (Main) Washington, D.C. 20001 Phone: (202) 442-9689				
cc: Employee Official Personnel Folder				