



CITY OF PORT ST. LUCIE
ESSENTIAL/NON-ESSENTIAL EMPLOYEE STATUS FORM

EMPLOYEE NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

Have the employee initial next to their assigned status and sign below.

ESSENTIAL: \_\_\_\_\_

I understand that as an Essential Employee I am directly involved in the response, recovery and/or rehabilitation before, during and after a civil emergency. I further understand that I am required to report to work as instructed by my supervisor once the City Manager declares a civil emergency. Failure to report to work as assigned may result in disciplinary action up to and including dismissal. It is my responsibility to make every reasonable effort to notify my supervisor if I am unable to report to work in response to a civil emergency.

NON ESSENTIAL: \_\_\_\_\_

I understand that as a Non-Essential Employee I am required to report back to work once the declared civil emergency is over and City Hall is re-opened. Failure to report to work as assigned may result in disciplinary action up to and including dismissal. It is my responsibility to make every reasonable effort to notify my supervisor if I am unable to report back to work after a civil emergency.

By my signature below I acknowledge my essential/non-essential status with the City of Port St. Lucie and the responsibility involved with such status.

EMPLOYEE SIGNATURE

DATE

DEPARTMENT HEAD SIGNATURE

DATE