

EMERGENCY OPERATIONS PERSONNEL WAIVER REQUEST FORM

FORM 413B

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 below.

Employee Name _____ Emp. ID _____

Department Name _____ Dept. # _____

Please describe in full the reason for this waiver request. Relevant documentation may be required.

Employee Phone Numbers Work _____ Cell _____

Employee Signature _____ Date _____

This waiver request is Approved Denied

Comments

Supervisor Signature _____ Date _____