

“CRITICAL EMPLOYEE” VOLUNTEER FORM

Please fill out the information below and return this form to your Supervisor.

I would like to be considered a “Critical Employee” in the event of an official University closing. I understand the role of a “Critical Employee” and the expectations of Facilities Management and the University of Minnesota in these situations.

Name: _____
(Please print)

Signature: _____

District/Squad: _____

Supervisor: _____

Date: _____