

Weather/Emergency
Closure Compensation Form

Name:	AU ID: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
Department:	Date of Closure:						

This employee is an **essential worker** in the following department (please check):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Physical Plant | <input type="checkbox"/> Library |
| <input type="checkbox"/> Campus Safety | <input type="checkbox"/> Food Service |