

Weather/Emergency  
Closure Compensation Form

Name:	AU ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department:	Date of Closure:						

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

- Physical Plant
- Library
- Campus Safety
- Food Service