



STATE OF MARYLAND
 MILITARY DEPARTMENT
 FIFTH REGIMENT ARMORY
 BALTIMORE, MARYLAND 21201-2288

State of Maryland Military Department

Emergency Essential Employee Designation

Name: _____

Program: _____

This is to acknowledge that I have been informed of my status as an emergency essential employee by my supervisor or manager. I further understand that I am required to report for work during emergencies unless specifically excused by my supervisor and recognize that failure to report may result in progressive disciplinary action up to an including termination from State service.

 Employee Signature

 Date

SUPERVISOR APPROVAL:

 Supervisor Signature

 Date

Copy: Payroll
 Employee
 Supervisor
 Personnel File