

Critical Designation Application

This application is to designate personnel whose job duties affect the security, safety, or physical operation of the university, and who may be required to work in conjunction with the Emergency Operations Center when normal campus operations have been suspended, the campus is under a state of emergency, and access to campus is being controlled by law enforcement. Critical Personnel may have access to the incident scene upon request from Incident Command Staff.

Name:	Empl. ID #:	Date:
Title:	Email:	
Department/Unit:		
Job Description (Day to Day):		
Role During Campus Closure:		
UCF will utilize the UCF Alert System to operations have been suspended, the campus i enforcement. As a Critical Personnel you wil message. Are you enrolled to receive UCF Al	s under a state of emergency, an l be required to be enrolled to re	d access to campus is being controlled by law acceive UCF Alerts via phone call or SMS text
YES	NO	
Local Emergency Contact – Name:	Phone Number	Relation:
Applicant Name:	Signature: _	
Dean/Director/Chair Name:		
-For Emerge	ency Management Steering Com	mittee only-
-For Emerge Emergency Management Committee Approva		-
-		mittee only- Signature:
Emergency Management Committee Approva	al? Approved	Signature: