

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 is enforcement. As a Critical Personnel you will message. Are you enrolled to receive UCF Ale	s under a state of emergency, and be required to be enrolled to rec	access to campus is being controlled by law eive UCF Alerts via phone call or SMS text
Local Emergency Contact – Name:		Relation
Applicant Name:		
Dean/Director/Chair Name:		
-For Emerge	ncy Management Steering Comm	
Emergency Management Committee Approva	.l? Approved	Signature:
	Denied	
*** All applications must b	e submitted to UCF Emergency I	Management by April 1 st
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