



Date: [Date form is being completed]

Program: [Program employees work in]

Worker Group Title: [Operating unit or classification of worker(s)]

Worker Group Definition: [define the group and the group's basic duties in relation to how the group was essential in addressing the COVID19 emergency health crisis]

Health and/or Financial Risks Faced: [describe the health and/or financial risks faced by this group during the COVID19 emergency health crisis]

Why is it appropriate and essential that members of this Worker Group receive premium pay of up to \$1,250 to address the COVID19 emergency health crisis:

Supervisor signature: _____ **Date:** _____