



pennsylvania

Guidance for Designating “Essential Employees”

Partial or full-day closings of state owned or leased buildings may be authorized as a result of hazardous road conditions, emergency circumstances, or other reasons. **Agencies determine which of the essential functions must continue during a disruption or office closure and the employees needed to continue the function.**

Annual notifications of essential designations should be provided *in writing* to those employees who can reasonably be expected to be designated as essential at some point during the year. The notification should include a description of when they are considered essential and the employee’s signature should be obtained (see attached sample form). The signed form should be kept in the Official Personnel File.

Agencies should also remind employees who are designated as “non-essential” that their status may temporarily change depending on the timing, nature and scope of the disruption.

Where to Find More Guidance

Management Directive, 530.17 Amended, *Partial and Full-Day Closings of State Offices*, provides a definition and guidance on essential employees.

- The directive defines **essential employees** as: *Employees who are designated as required to work when an office closing is authorized, usually in operations that must provide services around the clock. The designation of essential can depend upon the employees’ duties, as well as the circumstances for the closing.*
- The directive defines **non-essential employees** as: *Employees who are not required to work when an office closing is authorized. Occasionally, non-essential employees may be required to work if skeleton crews must be maintained or if specific work must be performed to meet deadlines.*

Your agency continuity plan can also provide guidance regarding the functions your agency has prioritized as essential. The Human Resources Office and Continuity Manager should work together to make sure the essential business is documented accurately in your agency continuity plan.

Since every disruption is unique, managers should expect to evaluate *each situation as it arises* and determine which employees may be essential, given the circumstances. Managers should be trained and prepared to quickly communicate with their agency's HR office and their employees in disruptive circumstances.

Examples of Essential Employees

The Office of Administration, Bureau of Employee Benefits and Services, Absence and Safety Division provides the following examples of essential employees and how circumstances may impact the designation.

The designation of essential depends on an employee's duties as well as the *circumstances for the closing*. It is important that effective communications occur between supervisors and employees in circumstances where an employee may not always be deemed essential.

Example 1: A custodial worker in the capitol complex.

This employee may be essential to clear snow from sidewalks and steps around Capitol complex buildings. The employee may be required to report on time and may be designated as essential for delayed openings. However, the employee may not be essential if the Governor declares a state of emergency and offices are closed.

Example 2: An employee with a deadline responsibility.

This employee may have the responsibility to perform a certain task on a certain day *when the impact of not performing the task is so great that it cannot be delayed*. On the day this task must be performed, the employee may be essential. However, on any other day, the employee may not be essential.

Example 3: Employee responsible for custody or care of inmates or patients. This employee may be essential in all cases to ensure care or custody.

Badges for Essential Employees

For access to DGS buildings during certain closures , **contact your agency's Security Coordinator** in accordance with [Management Directive 625.10, Card Reader and Emergency Response Access to Certain Capitol Complex Buildings and Other State Office Buildings.](#)

Sample Written Notification for Essential Employees

To: (Employee Name)

From: (Employee Supervisor)

Subject: Essential Function Notification

As part of the agency's continuity of operations plan, the (Agency) may have to suspend operations due to events like severe weather, natural disaster, fire, or related hazard. When the (Agency) suspends operations only employees in positions that have been designated as performing an essential service report to and/or continue working. All other staff stays at or returns home until the operational suspension is lifted. Typically a suspension of operations is announced as an "office closing" through the media, Commonwealth's website, and/or notification from your agency leader

The position you hold as a (job title) is considered essential (choose one: under all circumstances/under certain conditions) and you will be considered an "essential employee" and be required to report to work or continue to work (choose one: at any time the agency suspends operations or under the following circumstances: (explain) when an office closing is announced. The essential business you perform is (essential service)

At any time that you are considered an "essential employee" and do not report to work or remain at work, you shall not be paid for hours that you do not work, unless there is a valid and compelling reason for your absence. (Add specific information about what the employee should do if there is a valid and compelling reason for the absence; you may also indicate that any unpaid time will be treated as absence without leave, if that is your agency's practice).

Please let me know if you have questions about your responsibilities during suspended operations.

I have reviewed the notification with the employee, explained that their position is considered essential and procedures to follow during an operational suspension.

Supervisor signature: _____ Date: _____

I understand that my position is designated as essential (and under what conditions), and that I am to continue working during operational suspensions.

Employee Signature: _____ Date: _____