



Building Closure Tasks and Trainings Form

Pursuant to Section 4 of the Washington County Inclement Weather Policy, I verify that I pursued or completed the following tasks or trainings included in the County's Inclement Weather Procedures. This work was authorized by my supervisor and performed away from my usual workplace due to a building closure announced by the County Administrative Office. Additional documentation is attached to this form.

Name: _____ Date range of remote work: _____

Department/Office: _____

Tasks or Trainings

Task/Training: _____ Date: _____ Hours: _____

Task/Training: _____ Date: _____ Hours: _____

Task/Training: _____ Date: _____ Hours: _____

Task/Training: _____ Date: _____ Hours: _____

Task/Training: _____ Date: _____ Hours: _____

Task/Training: _____ Date: _____ Hours: _____

Task/Training: _____ Date: _____ Hours: _____

Task/Training: _____ Date: _____ Hours: _____

Task/Training: _____ Date: _____ Hours: _____

Task/Training: _____ Date: _____ Hours: _____

(Add sheets as necessary)

Employee signature: _____ Supervisor signature: _____