[Please print this document on organization letterhead.]

Staff Name: [Staff Member Full Name]

From: [CEO/ED Name and Job Title], [Community Name]

Date: [Date]

You have been designated as an emergency/ essential staff member for [Community Name] in order to care for our residents. Should an emergency arise, you may be required to perform essential duties for [Community Name] to serve our elderly population.

Please keep this letter in your vehicle and available to show to law enforcement if you have difficulty getting to work. Please keep your [Community Name] identification badge with you.

We appreciate your commitment to [Community Name] residents and the care that is so vitally important.

Thank you,

[Insert signature]

[CEO/ED Name]