

REQUEST FOR ASSISTANCE IN THE EVENT OF AN EMERGENCY EVACUATION

Purpose

The information provided will be used only for purposes of creating a comprehensive emergency evacuation plan that ensures all employees will have their safety maintained in the event of an emergency. **Completion of this form is voluntary.**

Confidentiality

This form is in compliance with EEOC guidelines and federal disability discrimination laws. This information may be shared with first aid and safety personnel but will otherwise be kept confidential.

Routing

Once completed, please return this form to your supervisor to share with personnel responsible for your departmental emergency evacuation plan. Your supervisor may have questions relating to your specific situation and may follow up with you regarding this form.

Employee Name: _____

Employee Work Location _____

Be specific, e.g., Hoover Building, Level A, DAS-HRE, SW corner.

Type of assistance required. (Do not include detailed health information.)

Are there one or two co-workers who you would feel comfortable assisting you in the event of an emergency evacuation? If so, please list their names below.
