

**TEMPORARY EMERGENCY POLICY ADDENDUM  
& STAFF ACKNOWLEDGMENT**

Policy Title(s) and Brief Description of suspended or changed policies:

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This form may be used for both initiation and expiration of the temporary policy change(s).

Note: Summary description and/or related waiver documentation supporting policy change(s) are attached to this acknowledgment.

These policy addendum(s) are effective as of (date) \_\_\_\_\_

Governing Body Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

These policy addendum(s) expire as of (date) \_\_\_\_\_

Governing Body Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that I have read, understand and will comply with changed agency policies.

Staff Name/Title	Effective Date Signature	Expiration Date Signature

**TEMPORARY EMERGENCY POLICY ADDENDUM  
& STAFF ACKNOWLEDGMENT (Continued)**

I acknowledge that I have read, understand and will comply with changed agency policies.

Staff Name/Title	Effective Date Signature	Expiration Date Signature