**TEMPORARY OFFICE POLICY AND PROCEDURE CHANGES**

**IN RESPONSE TO COVID-19**

The office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Tennessee, instituted the following temporary policy and procedure changes in response to the COVID-19 pandemic and the Declaration of Emergency issued by the Governor of the State of Tennessee on March 12, 2020 and the Declaration of Emergency issued by \_\_\_\_\_\_\_\_\_\_\_\_ County on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable):

1. **OFFICE HOURS & PUBLIC ACCESS**
	1. LIST ANY CHANGES TO OFFICE HOURS
	2. LIST ANY MODIFICATIONS TO PUBLIC ACCESS
2. **PERSONNEL**

[IF INDIVIDUAL OFFICE POLICY] The Personnel Policy for the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was revised effective \_\_\_\_\_\_\_\_\_\_\_ (date). The policy was reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_ (date) and is on file at \_\_\_\_\_\_\_\_\_\_\_\_. The revised personnel policy made the following changes:

LIST PERSONNEL POLICY CHANGES HERE (EX. TEMPORARY TELECOMMUTING/WORKING FROM HOME, REDUCTION IN HOURS/DAYS, CHANGES TO LEAVE POLICIES, etc.) INCLUDE EMPLOYEE TIME-KEEPING PROCEDURES.

[IF COUNTYWIDE POLICY] The Personnel Policy for the county was revised and approved by the county legislative body on \_\_\_\_\_\_\_\_\_\_\_ (date). The policy is on file at \_\_\_\_\_\_\_\_\_\_\_\_. The revised personnel policy made the following changes:

LIST PERSONNEL POLICY CHANGES HERE (EX. TEMPORARY TELECOMMUTING/WORKING FROM HOME, REDUCTION IN HOURS/DAYS, CHANGES TO LEAVE POLICIES, etc.) INCLUDE EMPLOYEE TIME-KEEPING PROCEDURES.

1. **OFFICE OPERATIONS AND PROCEDURES**

LIST OFFICE OPERATIONAL CHANGES HERE (EX. USE OF DROP BOX, RING CAMERA/BELL, REQUIRING APPOINTMENTS, METHODS OF RECEIPTING AND DEPOSITING FUNDS, etc.)

1. **OTHER/MISCELLANEOUS OFFICE POLICY CHANGES**

LIST ANY OTHER POLICY OR PROCEDURE CHANGES

The above-listed policy changes were in effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This form was completed and/or reviewed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Official] Date