



### **Adverse Weather Attestation Statement**

I certify that I have received the “East Carolina University Brody School of Medicine Adverse Weather Policy” and understand the process to follow in case of adverse weather. I will call the ECU BSOM Adverse Weather Hotline at 744-5080 to get up to date information regarding the operating instructions for the day. I also agree to follow the adverse weather chain of command in place for my department.

EMPLOYEE SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE RETURN THE SIGNED FORM TO YOUR SUPERVISOR.**

RECEIVED BY: \_\_\_\_\_  
(Supervisor)

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_