



DESIRE TO WORK WAIVER

I, _____ have been identified as an employee of Okaloosa County that either falls under the category of age 65 or older or as having a significant underlying health condition as defined by the Governor's Executive Order 20-91. The County has informed me of eligible leave programs that are available as a result of my qualifying characteristic. The County has also strongly encouraged me to seek and follow guidance related to my personal health, the activities I participate in, and the actions I take in relation to the COVID-19 pandemic.

I understand that by completing this waiver, I am waiving any liability the County may have related to any conditions associated with my personal health as tied to the COVID-19 virus. Despite the information I have received, I complete this form freely and without undue pressure from any County authority in order to be authorized to continue to physically report to my assigned work location(s).

I understand that by completing this waiver, I may be permitted to change my mind, and utilize available leave benefits in the future with approval and coordination with the County. I have been advised to contact the Human Resources Department if I have any questions regarding available leave programs/provisions.

_____ Employee Name Print	_____ Employee Signature	_____ Date
_____ Director Name Print	_____ Director Signature	_____ Date
_____ Deputy County Administrator Name Print	_____ Deputy County Administrator Signature	_____ Date
_____ County Administrator Print	_____ County Administrator Signature	_____ Date