

Office Emergency Closing Form

If PGP should close due to inclement weather, we will communicate with you through Text and/or Home (Personal) Email.

You must fill out all portions regardless of how you are notified.

Please print clearly or type so all information is legible.

Employee Nam	ployee Name:							
PGP Office loca	ation: (check	one)	Ц	NYC	NJ			
Home Phone#:								
Cell Phone#:					_			
Home (personal) email:								
P will determine ce(s).	how you will	be notified	based	on the circ	umstanc	es surrou	ınding the	closure of the
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