

INFECTED CO-WORKER DISPATCH FORM

Personal Information

Name: _____ UFID: _____

Work Phone: _____ Work Address: _____

Work Department/Unit: _____

Incident Information

Date of Incident: _____ Location: _____

This is to verify that at the time and place indicated above I was required to kill _____

(last name)

_____, UFID # _____ because he / she was displaying the following

(last name) (if known)

symptoms of ZBSD, or Zombie Behavior Spectrum Disorder (check all that apply):

_____ headache _____ fever

_____ chills _____ other flu-like symptoms

_____ unresponsive to most stimuli _____ moaning

_____ references to wanting to eat brains _____ recently dead but moving again

_____ large areas of decaying flesh or open wounds

_____ lack of rational thought (this can cause problems confusing zombies with managers)

_____ killed and ate another employee: _____

(name and unit of other employee)

Based on these symptoms I killed _____ using a:

(name of dispatched zombie)

_____ handgun _____ rifle

_____ shotgun _____ baseball bat

_____ chainsaw _____ piece of furniture

_____ explosive device - _____

(describe device)

_____ other - _____

(describe)

Dispatching Employee Signature: _____



Witnesses:

(last name) (first name) (UFID #) (unit)

(witness signature)

(last name) (first name) (UFID #) (unit)

(witness signature)

(last name) (first name) (UFID #) (unit)

(witness signature)

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY UNIVERSITY ADMINISTRATION

Reviewed by: _____
(name) (title)

Dispatch is: _____ Approved

- _____ Physical plant has been notified to send housekeeping for cleanup
- _____ Employee has been sent additional ammunition (as appropriate)
- _____ HR has been notified to stop salary payments to dispatched employee and victims (if any)

Dispatch is: _____ Not Approved

- _____ Physical plant has been notified to send housekeeping for cleanup
- _____ Employee supervisor has been notified to write letter of reprimand for employee file
- _____ HR has been notified to stop salary payments to dispatched employee and victims (if any)
- _____ This is a first offence *[If this is a repeat offence, employee supervisor should be notified to initiate termination procedures. Improperly dispatching UF employees shall receive little toleration.]*