

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
PERSONNEL INFORMATION EXEMPTIONS**

Personnel Records Use Only
Personnel # _____

Purpose: To identify those Broward County Public School employees whose selected personnel information and records are exempt from public disclosure. This enables the District to comply with Florida's Public Records Law (F.S. 119.071).

- Instructions:**
1. Check all boxes that apply to you; complete and sign the bottom portion of this form.
 2. Complete and sign a "Name and Address Change Form": (This form must accompany the request).
 3. Submit both forms together to the HRIS Department for processing.

1. I am an active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.
 I am the spouse or child of any of the above.
2. I am a firefighter certified in compliance with S 633.35.
 I am the spouse or child of the above.
3. I am a justice of the Supreme Court, district court of appeal judge, circuit court judge, or county court judge.
 I am the spouse or child of any of the above.
4. I am a current or former state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor.
 I am the spouse or child of any of the above.
5. I am a current or former human resource, labor relations, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.
 I am the spouse or child of any of the above.
6. I am a current or former United States attorney or assistant United States attorney.
 I am the spouse or child of any of the above.
7. I am a current or former judge of the United States Courts of Appeal, United States district judge, or United States magistrate judge.
 I am the spouse or child of any of the above.
8. I am a current or former code enforcement officer.
 I am the spouse or child of any of the above.
9. I am a current or former guardian ad litem as defined in S.39.820 (Written statement required).
 I am the spouse or child of the above (Written statement from guardian ad litem required).

Under penalty prescribed by law, I hereby certify by my signature below, that all information checked above is true and correct as it applies to me.

Name: _____ Personnel Number: _____
(Print Clearly or Type)

Signature: _____ Date: _____

Form # 04092 Rev. 5/12/06

HRIS USE ONLY
__/__/__ Entry Initial

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA ADDRESS CHANGE FORM

This form is to be used by new hires eligible for personnel information exemption and by former employees requesting an address change more than 45 days after their job separation date. **Current employees and recently separated employees must update their address via Employee Self-Service (ESS).**

EMPLOYEE NAME:	PERSONNEL #:
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PERMANENT (HOME)/ALTERNATE ADDRESS: This information may be released to the public under Florida Statute 119.071			
PERMANENT ADDRESS:	CITY	STATE	ZIP CODE
HOME PHONE # (Include Area Code):	OTHER PHONE # (Include Area Code):		

<p>CONFIDENTIAL ADDRESS: Florida Public Records law (Florida Statute 119.071) requires government agencies to make available upon request for public inspection most written communications and records, including personnel information about employees except for Social Security number and other specific information. However, some employees are <u>exempt</u> from having selected personnel information disclosed due to their job responsibilities or family relationships. To be exempt from this disclosure, eligible employees must request this exemption and declare their status by completing and submitting a Personnel Information Exemptions Form to Compensation & HRIS Department.</p> <p>Only those employees falling into one of the identified categories on the Personnel Information Exemptions Form are eligible to have selected personnel information exempt from public release – if none of the categories apply to you, you are not eligible to request this exemption.</p> <p>After the personnel exemption is identified, the Confidential Address will be entered. <u>You must provide BOTH an Alternate Address (above) and a Confidential Address (below). If both addresses are not provided, you will not be recorded as a confidential employee.</u></p>			
CONFIDENTIAL ADDRESS:	CITY	STATE	ZIP CODE
CONFIDENTIAL PHONE # (Include Area Code):	OTHER CONFIDENTIAL PHONE # (Include Area Code):		

EMPLOYEE SIGNATURE:	DATE:
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Submit completed, signed form to the Compensation & HRIS Department, 7720 W. Oakland Park Blvd., Suite 101A, Sunrise, FL 33351