Public Record Exemption

Please print

Employee Name: __________________________________________________________

Department: ____________________________________________________________

Florida Statute, 119.07, provides confidentiality and an exemption from public disclosure of the home addresses, telephone number(s) and picture I.D. contained in employment records for Palm Beach County employees who fit into one of the following categories. If one of these categories applies to you, your spouse or former spouse, or your children, please check the appropriate box:

☐ Active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children & Family Services (DCFS) whose duties include the investigation of abuse, neglect, exploitation, fraud, theft or other criminal activities, and personnel of the Department of Revenue (DOR) or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.

☐ Fire fighters certified in compliance with S.633.35.

☐ Justice of the Supreme Court, District Court of Appeal Judge, Circuit Judge or County Court Judge.

☐ Former or current state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor.

☐ Current and former animal care and control officers with Florida Animal Care & Control 40 hour certification course.

☐ County or municipal code inspector or code enforcement officer.

☐ Human Resources/Labor Relations/Employee Relations Directors/Assistant Directors/Managers & Assistant Managers.

If you checked one of the boxes above, please complete the following information and supply proof of eligibility (i.e. copy of Law Enforcement or Corrections certification, pay stub, employer ID card)

Name: __________________________ Relation: __________________________ Agency: __________________________ Job Title: __________________________

☐ Above categories not applicable

I acknowledge the above as being true and correct.

_________________________ __________________________
Employee Signature Date

To Be Completed by HR: ☐ yes, the above meets the requirements  ☐ no, the above does not meet the requirements

_________________________ __________________________
HR Representative Title Date