

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

PERSONNEL EXEMPTION OF INFORMATION FOR SELECTED OCCUPATIONS

As authorized by Florida Statute 119.071 (4), designated personal information is confidential and exempt from public disclosure for individuals in certain occupations, as well as their spouses and children.

As an employee of The School Board of Broward County, Florida if you or your spouse hold one of the occupations listed below and want the exemption to be applied, please check the applicable box. You also must complete the Change of Address Form. Sign and submit these forms with your hire documents or submit directly to the HR Support Services department at HRSupportServices@browardschools.com.

1. ☐ * I am an active or former sworn law enforcement personnel, active or former civilian personnel employed by a law enforcement agency (including correctional officers and correctional probation officers), personnel of the Department of Children and Families 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, or personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.

*** Exemption automatically applied for employees holding this position.**

a.) ☐ I am the spouse or the child of the above.

2. ☐ I am a current or former nonsworn investigative personnel of the Department of Financial Services whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations.

a.) ☐ I am the spouse or the child of the above.

3. ☐ I am a current or former nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations.

a.) ☐ I am the spouse or the child of the above.

4. ☐ I am a current or former firefighter certified in compliance with s. 633.408.

a.) ☐ I am the spouse or the child of the above.

5. ☐ I am a current or former justice of the Supreme Court, district court of appeal judge, circuit court judge, county court judge, or current judicial assistant.

a.) ☐ I am the spouse or the child of the above.

6. ☐ I am a current or former state attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor.

a.) ☐ I am the spouse or the child of the above.

7. ☐ I am a general magistrate, special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, or child support enforcement hearing officer.

a.) ☐ I am the spouse or the child of the above.

8. ☐ 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

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

PERSONNEL EXEMPTION OF INFORMATION FOR SELECTED OCCUPATIONS

district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.

a.) ☐ I am the spouse or the child of the above.

9. ☐ I am a current or former code enforcement officer.

a.) ☐ I am the spouse or the child of the above.

10. ☐ I am a current or former guardian ad litem, as defined in s. 39.01.

a.) ☐ I am the spouse or the child of the above.

11. ☐ I am a current or former juvenile probation officer, juvenile probation supervisor, detention superintendent, assistant detention superintendent, juvenile justice detention officer I or II, juvenile justice detention officer supervisor, juvenile justice residential officer, juvenile justice residential officer supervisor I or II, juvenile justice counselor, juvenile justice counselor supervisor, human services counselor administrator, senior human services counselor administrator, rehabilitation therapist, or social services counselor of the Department of Juvenile Justice.

a.) ☐ I am the spouse or the child of the above.

12. ☐ I am a current or former public defender, assistant public defender, criminal conflict and civil regional counsel, assistant criminal conflict or civil regional counsel.

a.) ☐ I am the spouse or the child of the above.

13. ☐ I am a current or former investigator or inspector of the Department of Business and Professional Regulation.

a.) ☐ I am the spouse or the child of the above.

14. ☐ I am a county tax collector.

a.) ☐ I am the spouse or the child of the above.

15. ☐ I am a current or former employee of the Department of Health (DOH) whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the DOH.

a.) ☐ I am the spouse or the child of the above.

16. ☐ I am a current or former impaired practitioner consultant who is retained by an agency, or current or former employee of an impaired practitioner consultant, whose duties result in a determination of a person's skill and safety to practice a licensed profession.

a.) ☐ I am the spouse or the child of the above.

17. ☐ I am a current or former emergency medical technician or paramedic certified under chapter 401.

a.) ☐ I am the spouse or the child of the above.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

PERSONNEL EXEMPTION OF INFORMATION FOR SELECTED OCCUPATIONS

18. ☐ I am a current or former personnel employed in an agency's office of inspector general or internal audit department whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline.
- a.) ☐ I am the spouse or the child of the above.
19. ☐ I am a current or former director, manager, supervisor, nurse, or clinical employee of an addiction treatment facility.
- a.) ☐ I am the spouse or the child of the above.
20. ☐ I am a current or former director, manager, supervisor, or clinical employee of a child advocacy center that meets the standards of s.39.3035(2) and fulfills the screening requirement of s.39.3035(3), and the members of a Child Protection Team as described in s.39.303 whose duties include supporting the investigation of child abuse or sexual abuse, child abandonment, child neglect, and child exploitation or to provide services as part of a multidisciplinary case review team.
- a.) ☐ I am the spouse or the child of the above.
21. ☐ I am a current or former staff or domestic violence advocate, as defined in s. 90.5036(1)(b), of a domestic violence center certified by the Department of Children and Families under chapter 39.
- a.) ☐ I am the spouse or the child of the above.
22. ☐ I am a current or former inspector or investigator of the Department of Agriculture and Consumer Services.
- a.) ☐ I am the spouse or the child of the above.
23. ☐ I am a current county attorney, assistant county attorney, deputy county attorney, city attorney, assistant city attorney, and deputy city attorney.
- a.) ☐ I am the spouse or the child of the above.
24. ☐ I am a current or former commissioner of the Florida Gaming Control Commission.
- a.) ☐ I am the spouse or the child of the above.
25. ☐ I am a current clerk of the circuit court, deputy clerk of the circuit court, or clerk of the circuit court personnel
- a.) ☐ I am the spouse or the child of the above.
26. ☐ * I am a current Armed Safe School Officer
- * Exemption automatically applied for employees holding this position**

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

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Pursuant to Florida Statute 119.071, HR Support Services will redact exempt information of employees as outlined in the Statute when responding to public records requests. If the information is not exempt by law, it is a public record, and the District will comply with the Florida Public Records Act in responding to public records requests.

Under penalty of perjury, I hereby declare that all information checked above is true and correct as it applies to me.

Employee Name (Print): _____ Personnel No: _____

Employee Signature: _____ Date: _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
ADDRESS CHANGE FORM

This form is to be used by employees eligible for personnel information exemption and by current or former employees requesting an address change. **Please note that current and recently separated employees may also 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):		

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 the HR Support Services Department. <i>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</i> – if none of the categories apply to you, you are <u>not</u> eligible to request this exemption. After the personnel exemption is identified, the Confidential Address will be entered. <u>You may provide BOTH an Alternate Address (above) and a Confidential Address (below). However, if only one address is provided, you will still be recorded as a confidential employee and the address of your work location will become your default address.</u>			
CONFIDENTIAL ADDRESS (If different from permanent 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 HR Support Services Department via email (hrrsupportservices@browardschools.com).