

## 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).**

<b>EMPLOYEE NAME:</b>	<b>PERSONNEL #:</b>
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<b>PERMANENT (HOME)/ALTERNATE ADDRESS:</b> 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><b>CONFIDENTIAL ADDRESS:</b> 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 Personnel Records Department.</p> <p><b>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</b> – if none of the categories apply to you, you are <b>not</b> eligible to request this exemption.</p> <p>After the personnel exemption is identified, the Confidential Address will be entered. <b><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></b></p>			
CONFIDENTIAL ADDRESS:	CITY	STATE	ZIP CODE
CONFIDENTIAL PHONE # (Include Area Code):	OTHER CONFIDENTIAL PHONE # (Include Area Code):		

<b>EMPLOYEE SIGNATURE:</b>	<b>DATE:</b>
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Submit completed, signed form to the Personnel Records Department