



## Employee Statement of Qualification for Public Records Exemption Request

|                     |                   |                    |
|---------------------|-------------------|--------------------|
| <b>Employee ID:</b> | <b>Last Name:</b> | <b>First Name:</b> |
|---------------------|-------------------|--------------------|

Florida Law (F.S. 119.07(3),(i) Exemption Statement defines classes of employees who qualify for non-disclosure of limited information in response to a request to view or copy a public record related to such persons. This form is used by an employee to notify his or her employing agency that the employee qualifies for limited public record exemptions.

**I certify** that I am covered\* under the provisions of Florida Statute *119* for the reasons indicated below:

- I (am) (was) a member of one of the classifications listed below; and/or
  - My spouse (is) (was) a member of one of the classifications listed below: and/or
  - Either of my parents (is) (was) a member of one of classifications listed below.

I hereby request exemption maintenance by your agency based on the following category/categories for which I qualify. Please check (✓) the appropriate classification:

|   |   |
|---|---|
| <input type="checkbox"/> Code Enforcement Officer.  | <input type="checkbox"/> Justice of Florida Supreme Court; or judge of district court of appeal, circuit court, or county court.  |
| <input type="checkbox"/> Dept. of Business and Prof. Reg. investigators and inspectors. †   | <input type="checkbox"/> County Tax Collector. †  |
| <input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities.  | <input type="checkbox"/> Inspector general or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or admin. discipline. †  |
| <input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect.   | <input type="checkbox"/> Judicial or quasi-judicial officer (general/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer). †   |
| <input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/ prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health. † | <input type="checkbox"/> Juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I/II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice. |
| <input type="checkbox"/> Dept. of Financial Services personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations.   | <input type="checkbox"/> Law enforcement personnel, including correctional officers and correctional probation officers.  |
| <input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement.   | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor).   |
| <input type="checkbox"/> Emergency medical technicians or paramedics certified under chapter 401, F.S. †  | <input type="checkbox"/> Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel).   |
| <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S.  | <input type="checkbox"/> Member of U.S. Armed Forces, reserve component of U.S. Armed Forces, or National Guard who served after 9/11/2001. †   |
| <input type="checkbox"/> Guardian ad litem as defined in s. 39.820, F.S. †  | <input type="checkbox"/> U.S. Attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge, or U.S. magistrate judge. †   |

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.

Victim\* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence— Please attach official verification that crime occurred—Exemption for 5 years from date of this request.

Impaired practitioner consultant, retained by an agency, whose duties result in determination of person's skill and safety to practice licensed profession (includes consultant's employees). †

Certified Participant\* in Address Confidentiality Program under s. 741.403, F.S.—Exemption applies only to participant's name, address, and telephone number in voter registration and voting records—Please attach copy of certification or renewal.

† If specially indicated category selected, person also certifies, by signature herein that he or she has made reasonable efforts to protect information from being publicly accessible through other means available to the public.

**OR**

I **certify** that I am NOT covered under the provisions of Florida Statute 119 or for the reasons indicated above.

|                            |  |              |  |  |
|----------------------------|--|--------------|--|--|
| <b>Employee Signature:</b> |  | <b>Date:</b> |  |  |
| <b>Verified by:</b>        |  | <b>Date:</b> |  |  |

\*Supporting documentation is required.