

REQUEST FOR NONDISCLOSURE OF EMPLOYEE HOME ADDRESS

PLEASE TYPE OR USE INK PEN – PRINT CLEARLY

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
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Pursuant to Government Code Section 6254.3:

(a) The home address and home telephone numbers of state employees of a school district or county office of education shall not be deemed to be public records and shall not be open to public inspection, except that disclosure of information may be made as follows:

- (1) To an agent, or family member of the individual to whom the information pertains.
- (2) To an officer or employee of another state agency, school district, or county office of education when necessary for the performance of its official duties
- (3) To an employee organization pursuant to the regulations and decisions of the Public Employment Board, except that the home addresses and home telephone numbers of employees performing law enforcement-related functions shall not be disclosed.
- (4) To an agent or employee of a health benefit plan providing health services or administering claims for health services to state, school districts, and county office of education employees and their enrolled dependents, for the purpose of providing the health services or administering claims for the employees and their enrolled dependents.

(b) Upon written request of any employee, a state agency, school district, or county office of education shall not disclose the employee's home address or home telephone number pursuant to paragraph (3) of subdivision (a) and an agency shall remove the employee's home address and home telephone number from any mailing list maintained by the agency, except if the list is used exclusively by the agency to contact the employee.

CHECK APPROPRIATE BOX

I request that my home address not be disclosed as provided by Government Code Section 6254.3 (b). I understand that my home address can be disclosed to specified individuals or organizations under Government Code Sections 6254.3.

I cancel my previous request of having my home address not be disclosed.

PRIVACY NOTICE

The Information Practice's Act of 1977 (California Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a, subd. (3)) require this notice to be provided when collecting personal information from individuals. Information requested on this form, which includes the social security number, is used for the purposes of identification and address withhold processing. Furnishing the requested information on this form is mandatory. Failure to provide the mandatory information may result in the address withhold action not being processed or being processed incorrectly.

Legal references authorizing the maintenance of this information include Federal Internal Revenue Code (26 USC Sections 3402(a), 6011, 6051, and 6109) and the regulations thereto; and California Government Code Sections 12470 through 12479 and 16391 through 16395; delegated authority from the State Personnel Board; and delegated authority from the Trustees of the California State University.

Employees have the right to review their own personal information maintained by the State Controller's Office unless access is denied by law. Contact: Personnel/Payroll Services Division, State Controller's Office, P.O. Box 942850, Sacramento, CA 94250-5878.

DRUG FREE WORKPLACE

POLICY

The Drug Free Workplace Act of 1988, effective March 18, 1989, requires that the University certify that it will provide a drug-free workplace.

In compliance with the Act, employees are hereby notified that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in our workplace. Violation of this policy may result in disciplinary action, including but not limited to suspension and/or termination or a requirement to participate in an approved drug abuse assistance or rehabilitation program.

Employees must be aware that as a condition of employment they will abide by the terms of this policy and will notify the University of any criminal drug statute conviction for a violation occurring in the workplace within five (5) days after such conviction.

The University must notify the federal agency involved of the conviction within 10 days of receiving such a notice. Within 30 days, the University will initial the appropriate personnel action or require satisfactory participation in an approved drug abuse assistance or rehabilitation program.

By signing below, I hereby certify that I have read, understand and will abide by the conditions of the Drug Free Workplace Policy.

EMPLOYEE SIGNATURE: _____ DATE: _____

BELOW TO BE COMPLETED PAYROLL DEPARTMENT ONLY

REVIEWER SIGNATURE: _____ DATE: _____