

AB 119 Information Collection Form

Pursuant to California Law (AB 119), the County of Santa Cruz is required to collect new employee contact information and provide it to the employee organization that represents the employee's bargaining unit.

Please fill out highlighted fields, writing N/A if the field does not apply to you.

Home Phone Number (landline): _____ Cell Phone Number: _____

Home Address: _____
street city state zip code

Personal E-mail Address: _____

Pursuant to Government Code section 6254.3(c), upon written request of an employee, the County will not provide the above personal contact information from the above-referenced list (to the extent on file) to the employee organization that represents the employee and will remove such information from any mailing list maintained by the County except to the extent used exclusively by the County to contact an employee.

FOR DEPARTMENT USE ONLY

Employee Name: _____ Employee Number: _____ User ID: _____

Department Name: _____

Employee Job Title: _____

Anticipated End Date: _____
(for Extra Help only)

Work Location (address): _____

Work Phone Number: _____