AB119 Opt-Out Form

Pursuant to California Law (AB 119), your employee information is collected only for communication purposes and is only provided to the employee organization that represents your bargaining unit. You have the right to opt out of providing your home address, home phone number, personal cell phone number and personal e-mail address to the employee organization that represents your bargaining unit.

If you elect to opt out, please complete the information below and return it to the Personnel Department or your departmental personnel liaison.

Employee Name:		County Employe	County Employee Number:	
I elect to opt out of providing	the following:			
Home Address				
Home Phone Num	ıber			
Personal Cell Pho	ne Number			
Personal E-mail A	ddress			
Employee Signature:		D	ate:	
For County Personnel Use:				
Effective Date:	Code: Key	Date:	Staff Initials:	