



SAN JOAQUIN COUNTY
Human Resources Department

**NOTIFICATION TO REPRESENTED EMPLOYEES REGARDING PERSONAL
CONTACT INFORMATION**

Employee Name: _____ Employee ID: _____

Class Title: _____ Department: _____

You are represented by one of the labor organizations formally recognized by the County of San Joaquin. Pursuant to California law, the County is required to provide your representative organization with your following information:

1. Name
2. Job title
3. Department
4. Work location
5. Work telephone number
6. Home telephone number
7. Personal cellular telephone number
8. Personal email address
9. Home address

You have the right to opt-out of the County providing your **home telephone number**, your **personal cellular telephone number** and your **personal email address** to your labor organization. If you want any or all of this information withheld, you can use the PeopleSoft self-service function to indicate your preference through Privacy Settings, or you may complete and submit this form to your department to process*:

**Note: If you edit your privacy settings directly in PeopleSoft, you do not have to complete this form.*

- 1) Log in to **PeopleSoft/HRMS** with your User ID and Password
- 2) To edit your Privacy Options, go to: **Self Service > Personal Information > Privacy Settings**
- 3) Check the appropriate boxes to mark the information you want private
- 4) Click **Save**

REQUEST TO WITHHOLD PERSONAL INFORMATION

Please fill out the top section of this form, complete your request below, sign and date, and submit to your department.

I, _____, do hereby opt-out of having the County provide the following
Print Name
information to my representative labor organization:

Home telephone number

Personal cellular telephone number

Personal email address

Signature

Date