THE SCHOOL DISTRICT OF HERNANDO COUNTY PERSONNEL INFORMATION EXEMPTIONS

Full I	Legal Name		
	Last	First	Middle
Empl	oyee ID Number	Site	
are e		es whose selected personnel info This enables the District to com).	
Com	plete the top section; check all	that apply to you; and sign the	bottom.
Based your		lentiality purposes, you MUST ad merly employed in any of the follove".	
	correctional probation officers. Services whose duties include theft, or other criminal activities are to support the investigation	= =	Children and Family t, exploitation, fraud, f Health whose duties rsonnel of the
	Firefighters certified in compli I am the spouse of any of the a		
	Justice of the Supreme Court, Judge or County Court Judges I am the spouse of any of the a	District and U.S. Court of Appeal bove.	Judge, Circuit Court
	State Attorneys, Assistant State Prosecutors, General, Special I Compensation Claims, Admin	ney's and Assistant U.S. Attorney e Attorneys, State Prosecutors, an Magistrates and U.S. Magistrates, istrative Law Judges of Departme ort enforcement hearing officers bove.	d Assistant State Judges of
	directors, assistant directors, magency or water management of	ource, labor relations or employee nanagers, or assistant managers of district whose duties include hiring istration or personnel-related dution bove.	any local government g and firing employees
	Current and former Code Enfo I am the spouse of any of the a		
	Current and former guardians a I am the spouse of any of the a	ad litem as defined in s. <u>39.820, F</u> bove.	<u>.s.</u>

	detention superintendents, assistant detention superintendents, senior juvenile detention officers, juvenile detention officers, juvenile detention officers, house parents I and II, house parent supervisors, group treatment leaders, group treatment leader supervisors, rehabilitation therapists, and social services counselors of the Department of Juvenile Justice I am the spouse of any of the above.		
Ш	1 am the spouse of any of the above.		
	Current or former public defenders, assistant public defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel		
	I am the spouse of any of the above.		
	Current or former personnel of the Department of Health whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health		
	I am the spouse of any of the above.		
	Current or former member of the Armed Forces of the United States, a reserve component of the Armed Forces of the United States, or the National Guard, who served after September 11, 2001.		
	I am the spouse of any of the above.		
	None of the Above		
	penalty prescribed by law, I hereby certify by my signature below, that all information ed above is true and correct as it applies to me.		
Signat	ture Date		