REQUEST FOR CPRA REDACTION OF EMPLOYEE INFORMATION

Name:	Date:		
E-Mail Address:		Work Phone:	
Please explain how and why your safety could be compromised if your identity and the fact that you are employed by the County of Los Angeles in general were released publicly. (Provide additional sheets if necessary):			
County departmen		now and why your safety would be compromised if the your title, or your actual work location were released ecessary):	
Is the person(s) you fear a former client of yours or have you been associated with that person(s) through your employment with the County? If yes, please explain.			
described above?	If yes, please provid	er (Temporary or Permanent) against the person(s) le the effective date and a copy of the Restraining Order copy immediately available, state the court case number.	
Does the individua	named in the Restra	aining Order know you work for the County?	

Do you currently participate in the California Safe At Home Program? Current participation in the California Safe At Home Program will be considered as a factor supporting an employee's request for redaction. Material about the Safe at Home Program is available from the Secretary of State at http://www.sos.ca.gov/safeathome/.

I declare under penalty of perjury that the foregoing is true and corrected. Executed at this day of , 2010.

Print Name:	
Signature:	
Please submit your request <u>with original signature</u> along with any supporting documen to your Department Head. Your request will be reviewed and you will be notified of the determination. Thank you.	