TENNESSEEN WARNING FOR EMPLOYEES

In accordance with the Minnesota Government Data Practices Act, we are required to inform you of your rights regarding the collection, creation, storage, maintenance, and dissemination of, and access to, government data as it pertains to you. There is a presumption that data are public and are accessible by the public for both inspection and copying unless there is a federal law, a state statute, or a temporary classification of data that provides that certain data are not public. According to Minnesota Statutes §13.43, subdivisions 2 and 3, as a public employee or an applicant for public employment, most of the data we maintain about you are public.

Data is classified into three categories: (1) public (any one can see it), (2) private (data is not public and accessible to the individual subject of the data), or (3) confidential (data made not public by statute or federal law and are inaccessible to the individual subject of the data).

The information we request from you may be used by us for one or more of the following purposes:

- To distinguish you from all other applicants or employees and identify you in our personnel files;
- To determine your eligibility for employment or promotion;
- To contact you or other significant persons in an emergency;
- To enroll you and your family members for health insurance;
- To enroll you for pension plans;
- To account for wages paid;
- To justify travel expense reimbursement;
- To account for other employer paid fringe benefits;
- To compile Equal Opportunity and Affirmative Action reports.

You are not legally required to provide the requested data and may refuse to do so. However, without the requested information Ramsey County may not be able to determine your eligibility for employment or promotion, compute your wages, or grant you other fringe benefits.

If you provide the requested data, we may share it with the following individuals/entities holding a legal right to access the information you provide:

- Peace Officer Standards and Training Board or law enforcement agency doing an investigation of the subject of the data;
- Department of Employment and Economic Development;
- Law enforcement agency for the purpose of reporting a crime or alleged crime committed by an employee;
- Department of Administration for the purpose of worker’s compensation program;
- Exclusive bargaining unit representative;
- Minnesota Attorney General’s Office;
- Minnesota Legislative Auditor’s Office;
- Arbitrator/hearing officer;
- State and federal courts;
- State and federal enforcement agencies, including but not limited to the Federal Equal Employment Opportunity Commission, Minnesota Department of Human Rights, and the U.S. Department of Labor;
- Appropriate licensing entities and agencies;
- Counsel for parties in litigation;
- Persons/entities who have a legal document that authorizes them to act on your behalf;
- Ramsey County personnel whose work assignments reasonably require access to your data;
- Any other individuals or entities as provided or limited by state or federal law.
Federal law permits government agencies to require an individual to provide his/her social security number for the administration of any tax. Please be aware when you are asked to give your social security number on Revenue forms, this collection is mandated by section 1211 of the Tax Reform Act of 1976 and also Minnesota Statutes 270.66. This information will be shared with the State Department of Revenue, the Internal Revenue Services, and security tax programs. In most other cases the disclosure of your social security number is voluntary. If it is required by law, we will inform you of the statute which requires collection.

If you have any questions about this notice, Human Resources staff will explain it to you. The information on this form applies to your future contacts with Ramsey County whether the contact is in person, by mail, or by phone.

Employee: I have read and understand the above Tenessen Warning.

____________________  ________________________  __________
Print Name         Employee/Signature       Date