



REQUEST FOR ALTERNATIVE CONFIDENTIAL COMMUNICATION

Employer Name: _____

I understand that I have the right to request that my Employer communicate confidential information to me by methods and at locations that will assure my privacy. I also understand that my Employer will comply with my reasonable requests if I can demonstrate that an accommodation is necessary to protect me from harm.

(Please Print Clearly)

Employee Name: _____ Date: _____

Address: _____ Telephone: _____

In most circumstances the Employer communicates confidential information to employees by written correspondence to their home address or by telephone to their home or office.

1. Describe the alternative method you would prefer for confidential communications from your Employer and the reason(s) why this accommodation is necessary to protect you from harm.

2. Identify the alternative location (s) at which you would prefer to receive confidential communications from your Employer (post office box, friend's home, etc.).

Employee Signature

Date

(For office use only)

Request Denied

Approved as Requested

Approved Per Comments

Comments:

Privacy Officer Signature: _____

Review Date: _____

Employee Informed in Writing: Yes

Contact Date: _____