

**REQUEST TO LIMIT ACCESS
TO AN EMPLOYEE AT WORK AND REQUEST TO RESTRICT
DISCLOSURE OF MY HOME ADDRESS AND TELEPHONE NUMBER**

The purpose of this form is:

- To inform my employer that I fear for my physical safety because of the actions of an individual.
 - To inform my employer that this individual may attempt to contact me at work
 - To inform my employer that I do not want this individual to contact me at work.
 - To request that my employer take steps to prevent this individual from contacting me at work.
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Today's Date:

To: _____ (Supervisor) From: _____ (Employee)

Statement from Employee (Why _____ [individual's full name] should not have access to me at work and why my home address and telephone number should not be released to anyone without my permission for the following time period (not to exceed 6 months from today's date) until _____ (date):

Reason(s)

If you have a temporary restraining order or injunction, please provide a copy.

I understand by making this request that Milwaukee County will do what it can to honor my request but that Milwaukee County accepts no responsibility/liability for any action(s) of the person I listed above, and that I hold Milwaukee County harmless for any steps it may/may not take in an effort to comply with this request.

Special requests

(Employee's Signature) _____ (Date) _____

Received:
(Employee's Supervisor) _____ (Date) _____

Received:
(Department Head or Designee) _____ (Date) _____

To be filled out by the employee's supervisor:

Notification to:

Human Resources Section of Employee's Department
(if applicable)

Departmental or Building Security Officer
(if applicable)

(Name)

(Date)

(Name)

(Date)

Department of Human Resources
Compensation Manager
Courthouse, Room 210

Other(s) who have a need to know

(Date)

(Name)

(Date)

(Name)

(Date)

Provide the following information about the individual who presents a safety threat:

Attach a photograph (if available) and provide the following information regarding the individual you do not want to have access to your worksite, home address, and/or work/home telephone number.

Name

Address

Apartment No.

Telephone No.

Cellular No.

Employer

Address

Race

Male/Female

Date of Birth

Weight

Height

Hair

Eyes

Eyeglasses Y N

Mustache Y N

Beard Y N

Visible Identifying Characteristics

Automobile Make

Color

License No.

Does the individual have a weapon? If so, what kind and where is it kept?