

# City of Miami



## Administrative Policy Manual

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### APM 2-08: Social Security Numbers

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**Purpose:** To establish a policy concerning the collection and dissemination of Social Security numbers in accordance with Sections 119.071(4) and 119.071(5), Florida Statutes (2009).

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**Applicability** The City of Miami ("City") obtains the Social Security numbers of individuals, including but not limited to: applicants, employees, volunteers, board members, temporary-agency personnel, consultants, vendors, arbitrators, and hearing officers, for the purposes contained in this APM.

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**Collection and Dissemination** The City collects and/or disseminates Social Security numbers for one or more of the following purposes:

1. Identification and Verification
2. Validating Educational Credentials
3. Background Checks/Screening
4. Data Collection
5. Tax Reporting
6. Benefit(s) Processing
7. Retirement or Pension Board Reporting
8. Worker's Compensation Claims
9. Group Benefits, Life Insurance, and/or Dental Coverage
10. Source of Income Statement/Form
11. Direct Deposit
12. Positive Pay
13. Garnishment
14. Credit Checks
15. Billing and Payments/Collections Agencies

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**Collection and Dissemination**  
(continued)

- 16. Tracking
- 17. Classification of Accounts
- 18. Numeric Identifier and Search Purposes
- 19. Any other reason that is determined imperative for the performance of the City's duties and responsibilities as prescribed by law or any other reason specifically authorized by law.

**Personnel Information**

Pursuant to Florida Statute 119.071(4), the Social Security numbers of all current and former employees are confidential and exempt from disclosure unless otherwise authorized by state or federal law or disclosure is imperative for the performance of the City's duties and responsibilities as prescribed by law.

Policy Number: **APM 2-08**

Date:

Issued By:

**Carlos A. Migoya**  
*City Manager*

**REVISIONS**

<b><u>REVISED SECTION</u></b>	<b><u>DATE OF REVISION</u></b>
Created	1/28/08
Revised	06/2008
Revised	06/2010



## SOCIAL SECURITY NUMBERS APM ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have received a copy of APM 2-08 regarding the collection and dissemination of Social Security numbers by the City of Miami. The City of Miami is authorized to collect/disseminate my Social Security number for the reasons stated in this APM 2-08.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Date