

POLICY NUMBER:

APM- 2 - 08

ISSUED BY:

Pedro C. Hernandez
City Manager

SIGNATURE

CITY OF MIAMI



ADMINISTRATIVE POLICY

DATE:

June 26, 2008

REVISIONS

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

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SUBJECT: SOCIAL SECURITY NUMBERS

PURPOSE: To establish a policy regarding the collection and dissemination of Social Security numbers in accordance with Section 119.071(5), Florida Statutes (2007).

THE POLICY WILL BE AS FOLLOWS:

I APPLICABILITY - INDIVIDUALS

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 stated below in Section II.

II PURPOSE OF COLLECTION/DISSEMINATION

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

- A. Identification and Verification
- B. Validating Educational Credentials
- C. Background Checks/Screening
- D. Data Collection
- E. Tax Reporting
- F. Benefit(s) Processing
- G. Retiring or Pension Board(s) Reporting
- H. Workers' Compensation Claims
- I. Group, Life and/or Dental Coverage
- J. Source of Income Statement/Form
- K. Direct Deposit
- L. Positive Pay
- M. Garnishment

- N. Credit Worthiness
- O. Billing and Payments/Collection Agency
- P. Tracking
- Q. Classification of Accounts
- R. Numeric Identifier and use for search purposes
- S. 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.

City of Miami



PEDRO G. HERNANDEZ, P.E.
City Manager

ACKNOWLEDGMENT FORM

I hereby acknowledge that I have received a copy of APM 2-08 regarding the submission of Social Security number(s) to the City of Miami. The City of Miami is authorized to collect/disseminate the Social Security number(s) for the reasons stated in APM 2-08.

PRINTED Name of Applicant/Employee/Vendor, etc.

SIGNATURE of Applicant/Employee/Vendor, etc.

DATE