



LOCAL UNION No. 77

International Brotherhood of Electrical Workers

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May 8, 2024

Subject: Communication re: Protection Under RCW 42.56.250(i)

Dear Member,

In 2020, your union along with several other unions, secured an injunction from Thurston County Superior Court protecting the work location and other personal information pertaining to survivors of domestic violence, stalking or harassment from public disclosure to the Freedom Foundation. Based on the information you provided to your union in 2020, you were included in a confidential list and your employer was enjoined from releasing personal information about you to the Freedom Foundation. No records regarding your work location have been released to the Freedom Foundation since the injunction was issued. The Freedom Foundation appealed the court's decision and a decision was reached by the Washington Supreme Court.

In 2023, due in large part to the advocacy of the participating unions, the Washington State Legislature created a statutory exemption from the Public Records Act for workplace information for survivors of domestic violence, sexual assault, stalking or harassment, now codified in RCW 42.56.250(1)(i).

To continue to be protected, **it is critical that you take advantage of the protections offered by RCW 42.56.250(1)(i). To continue to be protected**, please submit the following to your employer:

- A. A sworn statement^[1] signed under penalty of perjury stating:
 1. that you or your dependent is a survivor of domestic violence, sexual assault, stalking or harassment;
 2. why you have a reasonable basis to believe that the risk of domestic violence, sexual assault, stalking or harassment is continuing;
 3. sufficient information so that your employer can verify your statement. To verify, you must provide documentation that identifies the perpetrator or perpetrators by name, and if possible, contains their photo, or you can provide a police report, protection order or other documentation of the allegations of domestic violence, sexual assault, stalking or harassment;

OR

^[1] A sworn statement should include the language that the signer signs it "under penalty of perjury." You, the employee, should sign and date the statement and also include the name of the city where you are signing the statement.

B. Documentation that shows that you or your dependent participate in the address confidentiality program under chapter 40.24 RCW.

Please also note that:

- Documentation that you submit to your employer is exempt from disclosure.
- Your exemption will expire after 2 years but it may be subsequently renewed by providing a new sworn statement to your employer.
- Please request that your employer notify the Department of Retirement Systems that it has verified that your personal information qualifies for protection pursuant to RCW 42.56.250(i).

IF YOU DO NOT SUBMIT THE DOCUMENTS TO YOUR EMPLOYER, WE CANNOT GUARANTEE THAT YOUR INFORMATION WILL CONTINUE TO BE PROTECTED.

A draft letter to your employer is attached for your use. After you provide the completed form to your employer, your employer will verify your eligibility for the exemption. Please also ask your employer to contact Department of Retirement Systems with verification of your exemption at drs.exemptionnotice@drs.wa.gov.

Please contact us if you have any questions.

Thank you.

DO NOT DISCLOSE - CONFIDENTIAL

Employer contact information:

Re: **Notice of Protection Under RCW 42.56.250(1)(i) (Exemption from Disclosure)**

Dear Employer:

I, _____, declare, under penalty of perjury under the law of Washington State that the foregoing is true and correct.

I am, or my dependent is, a survivor of domestic violence, sexual assault, stalking, or harassment.

I have reasonable basis to believe that the risk of domestic violence, sexual assault, stalking, or harassment continues to exist based on:

See attached documentation such as police report, protection order, petition for protection identifying the perpetrator(s). If no documentation is provided, the name of the perpetrator is included in the written statement above.

OR

I, or my dependent, participate in the Address Confidentiality Program under chapter 40.24 RCW.

Signed this _____ day of _____, 2024, at _____, _____ .
(day) (month) (city) (state or county)

(signature)

(printed name)

This statement exempts my personal information from public disclosure. Please provide the employee's name and Employer's verification date to the Department of Retirement Systems.

CONFIDENTIAL – do not disclose.
This communication is exempt from disclosure.
RCW 42.56.250(1)(i)(ii).

Verified by _____ Date _____
Notification sent by employer to DRS at drs.exemptionnotice@drs.wa.gov