

San Diego County Credit Union (SDCCU)

Workforce Personal Information Request Form

INSTRUCTIONS: This form is to be used for submitting requests relating to the California Consumer Privacy Act of 2018 (CCPA) and, as amended, California Consumer Privacy Rights Act of 2020 (“CPRA”). For more information about the CPRA and associated rights, please refer to our privacy policy.

If you have a current employment or other workforce relationship with us, we will respond to your request using the contact information that we have on file for you.

1. Are you submitting this request on behalf of yourself?

☐ Yes.

☐ No, I am an authorized agent submitting this request for someone else.

2. This request relates to a:

☐ Current or Former Employee

☐ Job Applicant

☐ Beneficiary or Dependent

Please provide the following information for the individual identified above:

Name: Last	First	MI	Suffix
Mailing Address			
City	State	Zip	Country
Email	Telephone	Last 4 digits of SSN/Government ID	

3. Select request(s) type:

☐ Request to Know what personal information is collected and/or shared

☐ Request to Correct personal information

☐ Request to Delete personal information

Signature:

Date (MM/DD/YY)

If you are an authorized agent submitting a request on behalf of an individual, please complete the information below

Name: Authorized Agent Last	Authorized Agent First
Relationship to Data Subject:	
Authorized Agent Email	Authorized Agent Telephone

Signature:

Date (MM/DD/YY)

Please submit this completed form to hrhelpdesk@sdccu.com. If you are a current employee, please submit your completed form through the HR Help Desk portal.