

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

**REQUEST TO REVIEW EMPLOYEE PERSONNEL FILE**

File review preparation by: \_\_\_\_\_(Technician's initials)

**Expected Review Date:** \_\_\_\_\_

Employee / File name (print):

Date of Request:

Reviewer's Name: \_\_\_\_\_

Department or agency of reviewer: \_\_\_\_\_

Position / Title of reviewer: \_\_\_\_\_

I request to review my own personnel file.

I request to review the personnel file of \_\_\_\_\_  
and have authorization from human resources to review the file without the employee's consent.

Human Resource Approver Initials: \_\_\_\_\_ Date: \_\_\_\_\_

I request to receive a copy of my own personnel file and have been notified of the charges associated with said request. (*Requests for copy of entire file must be made in writing.*)

**Statement of Understanding**

I understand it is not permissible to remove any documentation, or add any documentation to a Fairbanks North Star Borough School District personnel file. I am further prohibited from making any marks or notations on documents in the personnel file. I may request the Human Resources staff make copies of documents from the file. There is no charge for 20 or fewer pages. **There is a \$.25 per page charge for over 20 pages.** The Human Resources office will notify me when the copies are ready.

\_\_\_\_\_  
*Signature of Reviewer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Contact phone*

**To Be Completed By Human Resources Staff**

Review completed and witnessed on \_\_\_\_\_  
*Date*

Number of copies requested \_\_\_\_\_ Charge \_\_\_\_\_

Signature of Human Resources Staff \_\_\_\_\_