

REQUEST FOR PERSONNEL FILE ACCESS

INSTRUCTIONS: This form is for use in requesting the personnel file of a current or former employee and can *only* be completed by the employee or the employee’s authorized representative. A request for personnel file access will be processed in accordance with *Policy H150* and in compliance with Indiana Access to Public Records Act (APRA). This form must be completed in writing and submitted, by e-mail, facsimile, or USPS mail to the BHMSD Administration Building, 805 East Harrison Street, Bluffton, IN 46714 on a regular business day between 8:00 a.m. and 3:00 p.m.

Date _____

Name of Employee or Representative Requesting on Behalf of Employee (Circle One)

If this request is being made by the employee’s authorized representative, what is the employee’s name? _____

If this request is limited to only a portion of the personnel file, please describe with reasonable particularity the type of personnel file record(s) you are seeking:

If the request is granted, the Corporation will notify the requester when the requested records are available at the BHMSD Administration Building. Please consult *Policy H150* for additional information.

FOR OFFICE USE ONLY

Date received _____

Acknowledged _____

Copies provided _____