



Personnel File Review Request Form

Employee/Former Employee Name: _____

Home address: _____

Telephone: (work) _____ (Mobile) _____

Email address: _____

I am requesting to: Review my personnel file Obtain a copy of my personnel file

copy documents from my personnel

Authorizing an employee representative to inspect file (name) _____

I wish to have my records provided to me ____ as a hard copy or ____ as a n electronic copy

Employment Status: Current Former

I understand the following:

- If I am reviewing my personnel file, I may not add, remove or revise any documents.
- If I do not agree with documents in my personnel file, I may submit a statement in writing.

Documents Requested from File

- Entire personnel file
- Employment Application
- Employment Offer Letter
- Performance evaluation, improvement plan, or disciplinary letter
- Authorizations for a deduction or withholdings of pay
- Employment History (including salary information)
- Required Certifications and/or Job Related Certifications
- Transfer Records
- Continuing Education Records
- Payroll or Benefit Information
- Medical Information*

You must present a valid driver’s license or other government issued identification with a photograph for identification purposes.

AUTHORIZATION OF EMPLOYEE:

By my signature below, I certify that the contact information provided is accurate and that I have requested, reviewed and/or received a copy of my personnel file:

Employee Name: _____ Date: _____

<i>OFFICE USE ONLY: FILLED OUT BY HUMAN RESOURCES</i>		Date and Time Requested: _____
Date File Inspected: _____	Processed By: _____	ID confirmed: _____
*Signed waiver to release medical information received: _____		