

## **HUMAN RESOURCES DEPARTMENT**

## PERSONNEL FILE ACCESS REQUEST FORM

To schedule an appointment to view documents in your personnel file, please complete each appropriate section of this form and return it to the **HR Department**. An HR staff member <u>will</u> <u>contact you within (2) business days from receipt</u> of this form with scheduling options.

Last Name:		First Name:	Middle Initial:
Phone: (	)	Date:	
Current	Employee	Former Employee	
What would y	ou like to do during	your appointment?	
☐ View doc	uments in my Persor	nnel File	
Note: H	ard copies of the do	nents in my Personnel File ocument(s) will be provided within (i of the document(s) will be provided.	
Please list belo	ow the item(s) you ar	re requesting:	
Please list belo	Certain items mus	re requesting:  ot be picked up and signed for in pe	erson by the requestor and these
			related written material d/or derogatory in material
	Certain items mus include:	et be picked up and signed for in performance evaluations and any  Any items that are disciplinary and	related written material d/or derogatory in material
*NOTE:  Signature  HR Departmen	Certain items mus include:	Performance evaluations and any Any items that are disciplinary an Any medical information (excludi	related written material d/or derogatory in material