

Personnel File Review/Request Form

Employee/Former Employee Name: _____

Home address: _____

Telephone: (work/home) _____ (mobile) _____

Email address: _____ ID: _____

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

Obtain copies of specific and/or entire documents listed below from my personnel file:

Employment Status: Current Former

I understand the following:

- I will need to allow **5 business days** from the date the request was made.
- If I am reviewing my personnel file, I may not add, remove, or revise any documents.

You must present a valid 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 a copy of my personnel file:

Employee Signature: _____ Date: _____

I certify that I have reviewed and/or received a copy of my personnel file:

Employee Signature: _____ Date: _____

<i>OFFICE USE ONLY: FILLED OUT BY HUMAN RESOURCES</i>		Date and Time Requested: _____
Date File Picked Up: _____	Processed By: _____	ID confirmed: _____