Request to View/Copy Personnel File

To complete the form, enable the document and click in the highlighted brackets to begin typing.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | |  | | | | |  |
| Job Title: | |  | | | | |  |
| Date of Request: | |  | | | | |  |
| I, |  | | | | | , request an appointment with the | |
| Department of Human Resources to review my personnel file. | | | | | | | |
|  | | | | |  |  |  |
| Employee’s Signature | | | | |  | Date | |
|  | | | | | | | |
| COMPLETED by HUMAN RESOURCES DEPARTMENT | | | | | | | |
| Request Received by: | | |  | | | |  |
| Date Request Received | | |  | | | |  |
| Appointment Scheduled for: | | | | | | | |
|  |  | | | |  |  |  |
|  | Date | | | |  | Time | |
| File review completed by (HR Staff): | | | |  | | |  |
| Date file review completed: | | | |  | | |  |
|  | | | |  | | | |
|  | | | | |  |  | |
| Employee’s Signature | | | | |  | Date | |
| REQUEST COPY OF PERSONNEL FILE | | | | | | | |
| I, |  | | | | | , request a copy of my personnel file. | |
| I understand that I may incur a fee for the copying of my personnel file. | | | | | | | |
|  |  | | | |  |  |  |
| Employee’s Signature | | | | |  | Date | |
| COMPLETED by HUMAN RESOURCES DEPARTMENT | | | | | | | |
| File copy completed by: | | |  | | | |  |
| Date: | | |  | | | |  |
|  | | |  | | | |  |