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: |  |  |
|  |  |  |