

REQUEST TO REVIEW PERSONNEL FILE

| First Name: | Last Name: |
|---|--|
| I am a: Current employee | Former employee |
| Dates worked: | |
| From: | To: |
| I would like to: | |
| Inspect the contents of my personnel file | |
| Obtain a copy of my personnel fi | ile |
| Inspect my file and have a copy made | |
| I authorize my personnel file. | , my designated representative, to inspect |
| I authorize do not authorize a copy of my file. | my designated representative to receive |
| Signature | Date |
| For Office Use Only | |
| Date request received: | Date file inspected: |
| Date copy made and sent: | Copy given to: |
| Amount collected for copies: \$ | |
| Cash/check forwarded to Finance on: | ID checked: |