PERSONNEL FILE: INSPECTION/COPY REQUEST FORM

Employee/Former Employee Name: _____

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

I am designating, in writing, the following representative, _____, to:
☐ Inspect my personnel file ☐ Obtain a copy of my personnel file

I understand the following:

- If I am inspecting my personnel file, I may not add, remove or revise any documents.
- Names of non-supervisory employees and other privileged and/or private, third party information will be removed from the records prior to my inspection and/or receiving a copy.
- Unless we agree to extend this date, the University has 30 calendar days from receipt of my written request to comply with my request.
- I may be required to reimburse the University for the actual cost of reproduction of my personnel file.
- If I am a former employee, I understand that I am limited to one request per year and I may be required to reimburse the University for any postal expenses related to my request.
- I understand the University may verify any representative designated by me.

_____ _____
Signature Date

To be completed by Human Resources:

Date request received: _____

Date of review of file with employee/representative: _____

Date on which a copy of the personnel file was provided to the employee/representative: _____

_____
HR Representative Date