



REQUEST TO REVIEW PERSONNEL FILE

Complete this form and present to the Personnel Services Department:

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 file

Inspect my file and have a copy made

I authorize _____, my designated representative, to inspect my personnel file.

I authorize do not authorize my designated representative to receive a copy of my file.

Signature

Date

Your Contact Information: Telephone Number: _____

E-Mail Address: _____

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: _____

Every effort will be made to fulfill your request within seven (7) business days from date of request. Cost is \$.20 per page copied. Contact Rosa Flores with questions, (714) 647-5374.