

REQUEST TO REVIEW EMPLOYEE PERSONNEL FILE

File Requested: (circle one)

Active

Inactive

Employee ID#:

Name of Employee

Name of Requestor:

Section/Office:

(Print)

Requestor's Title:

Date of Request:

Requestor's Telephone Number:

Projected Return Date

(Not to Exceed 10 Working Days)

Reason for Request:

Signature of Person Requesting File

Date

File Released by CHRM Staff: _____

Returned File Received by CHRM Staff: _____

Date File Returned: _____