PERSONNEL FILE: INSPECTION/COPY REQUEST FORM

Employee/Former En	mployee Name:		
I am requesting to:			
	spect my personnel file btain 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. I may be required to reimburse the District 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 District for any postal expenses related to my request. 			
Signature		Date	
Approved] Denied		
Assistant Superinter	ndent of Human Resources	_	Date
To be completed b	y Human Resources:		
Date request receive	ed:		
Date of review of file employee / represer		Number of pages in file at time of review:	
Date on which a copy of the personnel file was provided to the employee/representative:			
UD Doprocontation		Employee Cignature	
HR Representativ	ੇ ੮	Employee Signature	