| REQUEST TO INSPECT PERSONNEL FILE | |
|---|---|
| I request an opportunity to review (time) | w my personnel record on at |
| Date | Employee |
| I request copies of the following | document (s) in my file and understand that I may be |
| charged my employer's cost to d | uplicate the requested information. (25 cents per copy) |
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| | |
| Date | Employee |
| Review of the file done on: | |
| Date of prior review: | |
| PLEASE NOTE: Review Date S | Should be No Less Than Three (3) Working Days From |
| Request Submission Date. | |