



Personnel File Records Request

Date: _____

Employee Name: _____

Company Name: _____

I would like to request an appointment to review my personnel file
 receive a copy my personnel file (copy costs to be paid by employee)

I will be reviewing my own personnel file.

I authorize _____ (employee representative)
to review or receive a copy of my personnel file.

Employee Signature: _____

Note: Employers have up to 30 days to comply with this request.

Employer Response to Personnel File Request

Date: _____

Employer Representative: _____

You (or your representative) are scheduled to review your personnel file on <DATE>
from <TIME> to <TIME>.

Please contact us at <PHONE NUMBER> to confirm this appointment.