



# Lemoore Union Elementary School District

## Employee Request for Personnel File Records

*The Superintendent or designee shall maintain the confidentiality of any personnel records which, if inappropriately disclosed, would constitute an unwarranted invasion of the employee's privacy. Access to an employee's personnel file shall be granted only to the employee, persons authorized by the employee, district personnel, and others with a valid "right to know" or "need to know" who are authorized access by the Superintendent or designee.*

*Inspection shall take place in the presence of the Superintendent or designee. The Superintendent or designee shall keep a record of the date and time the file was reviewed and the name and title of the person(s) present during the review. In no instance shall any material be removed from the records. Requests for copies of material in a personnel record must be made in writing. (AR 4112.6/4212.6/4312.6)*

Therefore, any employee wishing to inspect or request a copy of his/her personnel records in the possession of the Lemoore Union Elementary School District, shall complete this form and submit it to Human Resources Department at the address listed below.

Date of Request:	Job Title/Position:
Name:	Signature:
Mailing Address:	
City, State, Zip Code:	
Phone (day/evening):	Cell Phone:
Description of item(s) requested:	

Please check appropriate box(es) below:

- Inspection.** *Personnel file records may be inspected free of charge. The Human Resources Department will contact you to arrange an appointment for your inspection during normal business hours.*
- Copies.** *\$.10 per page. Requests for copies of 10 pages or fewer shall be free of charge for a maximum of one request per month.*

**Method of Payment:**

- Cashier's Check or Money Order** – *made payable to: Lemoore Union Elementary School District*
- Cash** – *Must have exact amount*

**Human Resources Department Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Appointment Date/Time: \_\_\_\_\_

Name/Title of District Representative Present During Review: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Date of Copies: \_\_\_\_\_

Total Cost of Request: # of pages \_\_\_\_\_ @ \$0.10 per page = \$ \_\_\_\_\_ Payment Method:  Check  Cash

*(if copies were requested/made)*

**1200 West Cinnamon Drive • (559) 924-6800 • FAX (559) 924-6809**

**Mailing Address: 100 Vine Street • Lemoore, CA 93245**

On the Web: [www.luesd.k12.ca.us](http://www.luesd.k12.ca.us)