



**REQUEST FOR COPIES OF PERSONNEL RECORDS**

Requestor's Name: \_\_\_\_\_

Employee File: \_\_\_\_\_

Record(s) Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of Copy Receipt:

\_\_\_\_ Personal Pick-Up at District Office    \_\_\_\_ Inter-Office Mail    \_\_\_\_ US Mail

Contact Number for Pick-UP: \_\_\_\_\_

Address for US Mail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site for Inter-Office Mail:

\_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature and Date Requested

FOR DO USE ONLY	
Date Request Received	
Request Received by:	
Date Copies Made:	
Date Copies Picked Up/Mailed	

**REQUESTS WILL BE FULFILLED WITHIN 5 BUSINESS DAYS**