



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