

Personnel File Review/Request Form

Employee/Former Employee ID Number	:	
Employee/Former Employee Name	:	
Home address Telephone	:	
	:(work/home)(mobile)	
Employment status	: Current	Former
I am requesting to	: Review my personnel file Dbtain a copy of my personnel file	
I understand the following: • I must present a valid identification with a photograph for identification purposes.		
 I will need to allow 7 working days If I am reviewing my personnel file (Current employees only) I will obto O Annual employee status I O Performance evaluation (s from the date the re e, I may not add, remo tain the following doc letters: www.andrews (staff): https://www.a	equest was made for the copy of my file to be available.
AUTHORIZATION BY EMPLOYEE		
I certify that the contact information provice	ded is accurate and th	hat I have requested a copy of my personnel file:
Employee Signature:		Date:
I certify that I have reviewed and/or receive	ed a copy of my perso	onnel file:
Employee Signature:		Date:
OFFICE USE ONLY: Completed by HUMAN R	ESOURCES	Date and Time Requested:
Date File Picked Up: Pro	ocessed By:	ID confirmed: