

EMPLOYEE REQUEST FOR ACCESS TO PERSONNEL FILE

EMPLOYEE NAME _____ DATE OF REQUEST _____

EMPLOYEE ID _____

EMPLOYMENT STATUS:

- LIMITED
 CAREER
 SEPARATED _____
(Approx. Separation Date)

Review Personnel File Obtain Photocopy of File

Please give _____ access on my behalf as indicated above.
Designated Representative

CAMPUS EXT. _____ OTHER PHONE _____

COMMENTS: _____

**** EMPLOYEE OR DESIGNATED REPRESENTATIVE WILL BE REQUIRED TO SHOW ID WHEN REVIEWING OR PICKING UP FILE ****

The first file copy requested is provided free of charge; subsequent or additional copies may be subject to a copying fee, as per PPSM 80-B, SHR Procedure E7 and appropriate collective bargaining agreements. You will be notified prior to production if such a charge is necessary. Please make checks out to UC Regents.

Date Processed: _____	Employee Contact Date: _____
Processed by: _____	# pages copied: _____
Comments: _____	

- I have reviewed requested material.
 I have received photocopies of requested material.

Employee: _____ DATE _____

Designated Employee Representative: _____ DATE _____

ID checked Fee Required: Yes No Amount: _____ Paid by Check Cash

SHR representative: _____ DATE _____