

**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

Employee signature\*: \_\_\_\_\_ DATE \_\_\_\_\_  
(\*authorizing access to 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:  No  Yes      Amount: \_\_\_\_\_ Paid by:  Check  Cash

SHR representative: \_\_\_\_\_ DATE \_\_\_\_\_