

REQUEST TO REVIEW PERSONNEL FILE

CHECK APPROPRIATE LINE

| ☐ I hereby request permiss | sion to review my per | sonnel file. | | |
|---|-----------------------|--------------|--|--|
| I hereby designate to be my a my personnel file to the limits listed below. | | | agent(s) and therefore authorized to inspect | |
| Please indicate below either the inspected by you and/or the des | | • | ar parts of your personnel file to be | |
| | | | | |
| | | | | |
| | | | | |
| | Signature | | Date | |
| | Title | | | |
| | Depart | ment | | |
| Your HR Strategic Partner or HF agent(s) to review your personn | | | | |
| Request received by | Date | | | |
| File provided by | Date | | | |