

## Personnel

### **Exhibit – Employee Request Form for Personnel Records**

To be used when an employee requests to inspect, copy, or receive copies of their personnel records under the Personal Record Review Act. An employee must be granted at least two requests per calendar year, made at reasonable intervals unless otherwise provided in a collective bargaining agreement. 820 ILCS 40/2(b), added by P.A. 103-727, eff. 1-1-25.

Employee Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

The Personnel Record Review Act (820 ILCS 40/) grants every employee the right to inspect, copy, and receive copies of the following documents:

1. Personnel documents which are, have been, or are intended to be used in determining that employee's qualifications for employment, promotion, transfer, compensation, benefits, discharge, or other disciplinary action, except as provided in 820 ILCS 40/10;
2. Employment-related contracts or agreements that are legally binding on the employee;
3. Employee handbooks made available to the employee or that the employee acknowledged receiving; and
4. Written District policies or procedures the employee was subject to and that concern qualifications for employment, promotion, transfer, compensation, benefits, discharge, or other disciplinary action.

I request to (check one):

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Inspect | <input type="checkbox"/> Receive Hard Copies of       |
| <input type="checkbox"/> Copy    | <input type="checkbox"/> Receive Electronic Copies of |

my personnel records as follows (identify what records are sought): \_\_\_\_\_

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Will the records inspection, copying, or receipt of copies be performed by the employee?

- ☐ Yes ☐ No, by the employee's representative\*:

Representative's Name: \_\_\_\_\_

Representative's Role (check one):

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Family member          | <input type="checkbox"/> Lawyer     |
| <input type="checkbox"/> Union steward/official | <input type="checkbox"/> Translator |

\*If the request includes medical information and medical records, attach a signed waiver to release medical information and medical records to the employee's representative.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Completed by the Records Custodian or Privacy Officer.

Request received on: \_\_\_\_\_

Personnel records due to employee on: \_\_\_\_\_

Personnel records provided to employee on: \_\_\_\_\_

\_\_\_\_\_  
Record Custodian or Privacy Officer Signature

\_\_\_\_\_  
Date