

**General Personnel**

**Exhibit - Request to Inspect Personnel File**

<b>1. Employee Name:</b>	<b>Social Security Number</b>	<b>Date of This Request:</b>
<b>Department/Location:</b>	<b>Work Telephone or Extension</b>	
I request an appointment with the Personnel Department to inspect my personnel file. The last day if reviewed my file was _____  <div style="text-align: right; margin-right: 100px;">_____</div> <div style="text-align: right; margin-right: 100px;">Signature</div>		

<b>2. Appointment Scheduled:</b>						
<table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center; border: none;">_____</td> <td style="width:33%; text-align: center; border: none;">_____</td> <td style="width:33%; text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">Date</td> <td style="text-align: center; border: none;">Time</td> <td style="text-align: center; border: none;">Place</td> </tr> </table>	_____	_____	_____	Date	Time	Place
_____	_____	_____				
Date	Time	Place				
File review completed: _____ <div style="text-align: right; margin-right: 100px;">Date</div>						

<b>3. Employee comments regarding accuracy of information in this file.</b>				
_____ _____ _____ _____				
<table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;">_____</td> <td style="width:50%; text-align: center; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;">Personnel Representative Signature</td> <td style="text-align: center; border: none;">Employee Signature</td> </tr> </table>	_____	_____	Personnel Representative Signature	Employee Signature
_____	_____			
Personnel Representative Signature	Employee Signature			

Employee: Complete Section 1 of form and forward to Personnel Department.

Place copy of this form in Personnel File following inspection.

(June 1995)

