

REQUEST TO REVIEW PERSONNEL FILE

Print Name: _ Signature: _				
Address: _				
Date: _				
This is a request to re Right-to-Know Act (Pu			nder the Bullard	d-Plawecki Employee
My Social Security number is			_, and	
My Date of Hire is				_, and
My Position is				_·
☐ I hereby	request permiss			to be my agent(s)
 I realize that I may take notes, but may not remove the file or any of its contents and that an appropriate District representative must be present at the time of the review and that the review is to take place during normal business hours. 				
Personnel Files Policy. review your personnel files must take place in may take handwritten reperiod of time from the fee to cover the copying	The Human Relile within a reas the Human Renotes or reques request.	sources Departme onable period of the esources Office. Vot t photocopies. Co	ent will schedule a ime after the requivalent While no docume opies will be prov	Avondale School District's an appointment for you to uest. Review of personnel nts can be removed, you rided within a reasonable e employee a reasonable
FOR OFFICE USE ONLY:		A	data.	Time.
Date Received by Human Resou Authorized by:				Time:

C:\Documents and Settings\briggss\Desktop\REQUEST TO REVIEW HR FILE HR 005.doc