

IMPERIAL COUNTY

REQUEST TO VIEW PERSONNEL FILE

Date: _____ **SS#** _____

Employee Name: _____

Department: _____

Requested Date and Time: _____

Please Circle: During Working Hours or Non-working hours

My signature below acknowledges my request to review my personnel file:

Employee Signature

Date

**DEPT. OF HUMAN RESOURCES RESPONSE TO REQUEST TO VIEW
PERSONNEL FILE**

Date: _____

Employee Name: _____

In response to your request to review your personnel file:

- You are scheduled for an appointment with the Department of Human Resources on _____ at _____ for the purpose of reviewing your own personnel file.**

Note that during your review, nothing may be removed from or added to your personnel file. A fee of \$. 25 will be charged for each copy you request. Your review of your personnel file is limited to one (1) hour.

OR

- You are not eligible to review your file at this time, during working hours. You last reviewed your personnel file on _____, during normal working hours. ***

Human Resources Verification

Date

**You are entitled to review your personnel file once a year during normal working hours and without loss of pay, not to exceed one (1) hour. You are also entitled to review your file more than once a year on non-working hours.*

White——Human Resources

Pink——Employee