



EMPLOYEE'S REQUEST TO REVIEW HIS/HER OWN PERSONNEL RECORD

NAME _____ DATE _____

HUMAN RESOURCES DEPT. REPRESENTATIVE _____

I request to view the contents of my Personnel File. I realize that I am not permitted to remove anything from my file or add anything to my file. I understand that I may request copies of documents from my file. I, also, agree to view my file in the presence of a member of the County's Human Resources Staff, as this is common procedure when any employee or former employee chooses to view his or her file.

EMPLOYEE'S SIGNATURE _____

Copies made for employee:

Comments:
