



Request to Inspect Employee File

SECTION I. Completed by employee and forwarded to Human Resources (Fax # 732-431-7924). You will be contacted to schedule an appointment.

Name _____ Date _____

Department _____ MC Employee ID # _____

Work Telephone or Extension _____

I request permission to inspect my personnel file. I understand that such inspection must be conducted in the presence of a Human Resources Representative and must take place during non-work time such as lunch, break time, etc...

I further understand that nothing can be removed from the file.

I have read, understood and agree to the conditions stated above.

Signature _____

SECTION II. Completed by Human Resources

Appointment Schedule

Date _____ Time _____

SECTION III. File review completed / Signatures

File Review Completed

Date _____

_____ HR Representative Signature _____ Employee Signature

Completed original maintained in employee's personnel file.

HR-11