



Catholic
Charities
of Los Angeles, Inc.

File Inspection Request

NAME: _____

POSITION: _____

DEPARTMENT: _____

TEL. NO: _____

EMP. NO: _____

I would like to make an appointment at your earliest convenience to inspect my personnel file. I understand that I can make copies of any and all documents that contain my signature. I have previously identified myself to certify that I am in fact the person named in this document.

SIGNATURE

DATE

RETURN THIS FORM TO HUMAN RESOURCES FOR AN APPOINTMENT