

Employee Request/Written Authorization for Release of Personnel Files

I, _____ /ID# _____, request release of the following HR
(Employee Name/Employee ID# - **Please Print**)

records to _____
(Employee or Designated Representative Name, Title – **Please Print**)

for inspection and/or copy, in accordance with Accessing Human Resources and Departmental Personnel Files guidelines.
(hr.iu.edu/relations/persFiles_guidelines.htm)

Employee must initial the appropriate file for release:

Campus Human Resources Records

For HR Records, FMLA, and medical files, contact the campus HR office.

If a request is made for both types of information, every effort will be made to schedule the inspection and/or copy of both HR records and FMLA/medical files for the same appointment.

_____ HR records
(Employee initials)

_____ Family Medical Leave Act
(Employee initials)

_____ Medical files (information related to programs other than FMLA, e.g., ADA or workplace modifications)
(Employee initials)

Define the files and information that may be inspected and/or copied _____

Departmental Personnel Files

For departmental personnel files, contact the immediate supervisor and/or department Human Resources person. The department should contact campus HR to review the request and/or files prior to release.

_____ Personnel files
(Employee initials)

_____ Family Medical Leave Act
(Employee initials)

_____ Medical files (information related to programs other than FMLA, e.g., ADA or workplace modifications)
(Employee initials)

Define the files and information that may be inspected and/or copied _____

Employee Signature: _____ Date: _____

Contact Information (used for verification and to set up appointment):

Employee Phone#: _____ Employee Email: _____

Designee Phone#: _____ Designee Email: _____

Note: When using this form review the policy, Management of Human Resource Records hr.iu.edu/policies/uwide/records.html.

This completed authorization must be provided at appointment time and retained in the requested file(s).

OFFICE USE ONLY
 All requested files, as indicated above, reviewed with employee. Date: _____
Employee Signature: _____ Records Manager Signature: _____
File materials gathered by: _____