

REQUEST TO INSPECT OR OBTAIN COPY OF PERSONNEL FILE

Employee Name: _____

Position: _____

Parish/School/Agency: _____

Supervisor: _____

Date: _____

Time: _____

I hereby request a copy of my personnel file or the opportunity to schedule a time to inspect my personnel file.

Note: If I am to inspect my personnel file, I would like to schedule the inspection on any of the following dates and times:

Employee Signature

CONFIRMATION OF COPY OF FILE PROVIDED OR INSPECTION DATE

The request to obtain a copy of your personnel file or to inspect your personnel file was received on _____

A copy of your personnel file was provided to you on _____

An appointment to inspect your personnel file has been scheduled for the following date and time:

Date: _____ Time: _____

Approved: _____ Title: _____

Site of approval: _____