

Name: _____ Today's Date: _____
 Department: _____ Employee ID Number: _____
 E-mail: _____ Phone Number: _____

Appointment Information

Pursuant to California Labor Code §1198.5, the Employee named above requests the following within thirty (30) days of the date of this written notice (check appropriate box(es)):

View personnel file

Obtain a photocopy of personnel file

Duplication charge is \$0.05 per page. HR will contact you once your file is ready for pick up.

Add items to file

Please submit written request of items to be added and attach to this form.

Remove items from file

Please submit written request of items to be removed and attach to this form.

Other: (please specify) _____

I would like to request my appointment for the following date & time:

Date:	_____	Time:	_____
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The signature below acknowledges request to review my personnel file

Signature (Employee or Employee Representative)

Date

For Human Resources use only

Request reviewed by:	Name:	_____		
	Title:	_____		
	Signature:	_____	Date of review:	_____

Appointment Date:	_____	Appointment Time:	_____
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On/After the appointment day:

File viewed in the presence of:	Name:	_____		
	Title:	_____		
	Signature:	_____		

If photocopies are requested:	<i># Pages to Copy</i>	<i>Total Cost</i>	<i>Date Paid</i>	<i>Date Delivered</i>
	_____	_____	_____	_____