

## **Personnel File Review Request Form**

Current/Former Employee or Employee Representative Request to Inspect or Receive Copy of Personnel File

I request to: ☐ inspect ☐ re	eceive a copy of my/an employe	ee's personnel file.
EMPLOYEE NAME:		
CURRENT EMPLOYEE:	FORMER EMPLOY	EE:
HOME ADDRESS:		
WORK LOCATION IF CURRENT EMPLOYE	EE:	
TELEPHONE: WORK:	MOBILE:	<u> </u>
CAMPUS IDENTIFICATION OR JPL BADGI	E NUMBER:	_
Employee:	Employee Representative:	
Print Name	Print Name	
Employee Signature	Employee Representative Signa	 ature
 Date	Date	
An employee representative or form other government issued identificati		
AUTHORIZATION OF AN EMPLOYEE REI	PRESENTATIVE:	
By my signature below, I authorize the inspect my personnel file, and to require	<u> </u>	• • •
NAME:	TELEPHONE NUMBER:	
ADDRESS:	+-	<del></del>
Print Employee Name Em	ployee Signature	 Date