



## Human Resources and Employee Development

### REQUEST TO INSPECT CONFIDENTIAL PERSONNEL RECORDS

To: Employee (Please read and sign this form)

The Board of Trustees and the Administration wish to insure the confidentiality of all employee records. To do so, we ask that each individual provide an acceptable personal identification (driver's license) when requesting review of the individual's personnel file records. This precaution insures that unauthorized persons will not review an individual's personnel file.

You are asked to read and complete this form in order to review your file. Within two or three days our Personnel Staff will notify you of the time and date to review your file. This request will be included in your file. The law requires the following procedures:

1. **Personnel File Review is Supervised**  
A Personnel Department staff member supervises review.
2. **Removal, Alteration, or Change of Documents**  
Actions of this nature are prohibited for documents contained in employee personnel files.
3. **Addition of Information to Personnel Files**  
Possible **only** with approval of the Associate Superintendent, Human Resources.
4. **Other Person Authorized by Employee to Inspect Employee Personnel File**  
May be permitted only when accompanied by employee or with written permission of employee. In this instance, it is also necessary to have the reviewer sign the document. (The written permission statement is attached to this form and retained in the employee's personnel file.)

State **SPECIFICALLY** your request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
School or Department

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Senior Director, Human Resources

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of person completing request      Date