

CAL POLY
CORPORATION

**PERSONNEL FILE
INSPECTION/COPY REQUEST FORM**

Employee: _____

Date of Request: _____

Job Title: _____

Work/Cell Phone: _____

I am requesting to:

- Inspect my personnel file
- Obtain a copy of my personnel file

I understand the following:

- I may not add, remove or revise any document in my personnel file.
- Names of non-supervisory employees and other privileged and /or private, third party information will be removed from the records prior to my inspection and/or receiving a copy.
- CPC has 30 days from receipt of my written request to comply unless we agree to extend this date.
- I may be required to reimburse CPC for the actual cost of reproduction of my personnel file.
- If I am a former employee, I understand that I am limited to one request per year and I may be required to reimburse CPC for any postal expenses related to my request.
- I understand CPC may verify any representative designated by me.

Signature

Date

To be completed by Human Resources:	
Request Received by: _____	Date Received: _____
Date/Time of Appointment: _____	Date Copy Provided: _____
HR Representative: _____	Date: _____