***REQUEST TO VIEW/COPY PERSONNEL FILE***

**Please select:**

[ ]  Current Employee Date of this Request:

[ ]  Former Employee

Please complete **Section 1** of this form online and return to the Human Resources Office via E-mail to humanresources@salisbury.edu or mail printed copy via U.S.P.S. to the above listed address.

**Section 1:**



|  |  |
| --- | --- |
|  | **For Former Employees Only** |
| Full Name (First, MI, Last) |       | **Address:** |       |
| Empl ID or last 4 digits of SSN |       | **City:** |       |
| Department/Former Department |       | **State & ZipCode** |       |
| Phone #: |       | **E-mail:** |       |

[ ]  I request to view my personnel file and would like to set up a date and time with the HR Office.

[ ]  I am authorizing the following individual to act as an authorized agent on my behalf to view my personnel file and I acknowledge that [ ]  I do [ ]  do not need to be present during the viewing:

 Agent Name:       Phone #:

[ ]  I am requesting a full copy of my personnel file and agree to pay SU for the copying cost of $0.25 per page.

[ ]  I am requesting copies be made of the following documents from my personnel file and agree to pay SU for the copying cost of $0.25 per page. Document(s) requested to be copied (if handwritten, use back side if needed):

Employee’s Signature:       Date:

 **(***If online, sign form by typing full name)*

**Section 2:**

Date Request Received by HR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointment Scheduled: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3:**

File reviewed or copies made on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s or Authorized Agent’s Signature HR Representative’s Signature

**View/Copies –** The appointed custodian for employee personnel files is the Human Resources Office. An authorized Human Resources representative must be present during the viewing and/or perform the request for copies.

**Response Time –** The University will provide a response and/or delivery to this request as promptly as possible, but not longer than 30 calendar days.

**Identification –** The employee and/or authorized designee must present valid identification prior to reviewing and/or receiving any of the above noted personnel file documentation.