

Request to Examine Employee Records



20-705
1-2010

I request an appointment to examine my record containing personally identifiable information: (Name of Record)

Employee's Name:		Title:	
Department:	Location:	Employee ID #:	
Supervisor's Name:		Address:	

My examination of such records is subject to the following conditions:

1. I may inspect my records in the manner specified by the Company.
2. A representative of management is present during such an examination.
3. These records are to be reviewed within approximately 30 days of the request.
4. The time allowed for the inspection is limited to 30 minutes.
5. I may not remove or alter any portion of my records.

I acknowledge that I have read, understood, and agree to the foregoing conditions:

Employee's Signature:	Date:
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Individual employee records concerning the following are not available for employee review:

1. Investigation of a possible criminal offense on or off the job.
2. Letters of reference.
3. Any document developed or prepared for use in civil, criminal, grievance or arbitration procedures.
4. Materials used by the Company to plan future operations.
5. Information already available to an employee under the "FAIR CREDIT REPORTING ACT"

The Requested Records Are (check as appropriate)

AVAILABLE			NOT AVAILABLE		
Locally	Personnel	Other	Confidential	Personnel	Other

I acknowledge that I have examined the records requested above:

Employee Signature:	Date:
Management Representative's Signature:	Date:

Record Examination Time:
From: _____ To: _____

2 copies – District Office

1 copy – Privacy Coordinator