

HUMAN RESOURCES

Joyal Administration Building, Room 211

**EMPLOYEE REQUEST FOR PERSONNEL
FILE/DOCUMENT REVIEW**

Name: _____
(Please Print)

Department: _____

Telephone No.: _____

Mail Stop: _____

Today's Date: _____

Request to Review File

Appointments shall be scheduled during normal business hours, employees and/or union representatives shall be notified of appointment time within 3 working days of said request.

Request for a copy of a specific document

(see below for specific information)

Date Appointment Made: _____	HR Manager's Initials _____
Date File Reviewed: _____	
Employee requested copies of documents from the Personnel File?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date Employee Reviewed file: _____

Documents Requested for Copying:

1. Document: _____ Dated: _____

Document Copied: Yes No

2. Document: _____ Dated: _____

Document Copied: Yes No

3 Document: _____ Dated: _____

Document Copied: Yes No

4. Document: _____ Dated: _____

Document Copied: Yes No

5. Document: _____ Dated: _____

Document Copied: Yes No

Documents will normally be available for pickup within 14 days of a written request received in Human Resources, unless you are notified otherwise.

Date Copies Made and Distributed: _____

Copied By: _____

Date Copies Pick-up by Employee: _____

Employee Signature: _____

File Completed Form in Employee Personnel File

EMPLOYEE REQUEST FOR DOCUMENT REMOVAL

Name: _____ **Department:** _____
(Please Print)

Telephone No.: _____ **Today's Date:** _____

Date Appointment Made: _____ **Date File Reviewed:** _____
HR Manager's Initials _____
Did employee request that documents be removed from the Personnel File? Yes No

Requested for Document Removal:

1. Document: _____ Date: _____
Action: Approved / Denied Document Removed: Yes / No

Requested for Document Removal:

2. Document: _____ Date: _____
Action: Approved / Denied Document Removed: Yes / No

Requested for Document Removal:

3. Document: _____ Date: _____
Action: Approved / Denied Document Removed: Yes / No

Requested for Document Removal:

4. Document: _____ Date: _____
Action: Approved / Denied Document Removed: Yes / No

Requested for Document Removal:

6. Document: _____ Date: _____
Action: Approved / Denied Document Removed: Yes / No

Requested for Document Removal:

6. Document: _____ Date: _____
Action: Approved / Denied Document Removed: Yes / No

**See applicable Collective Bargaining Agreement (CBA) for timeline of document removal*

Date documents were removed: _____ **Removed by:** _____

Employee Signature: _____