

EMPLOYEE REQUEST TO REVIEW PERSONNEL FILE

Please Print	Date of Request:
Requestor:	Title:
Phone Number:	Email:
Social Security No: XXX-XX-()	A#:
Review my personnel file.	erminated Department: n my personnel file. (List specific documents below.)
Other	
	l be administered for each page. If the volume of echnical or clerical assistance, a special service
	o ID to obtain copies. While no personnel files or nandwritten notes or request photocopies. Copies
Requestor's Signature:	Date:
Human Resource Rep.:	Date:

Office of Human Resources 1000 ASU Drive #390 Lorman, MS 39096-7500