

REQUEST TO INSPECT PERSONNEL FILE

Employee Name: _____

Position: _____

Parish/School/Agency: _____

Supervisor: _____

Date: _____

Time: _____

I hereby request the opportunity to schedule a time to inspect my personnel file. I would like to schedule the inspection on any of the following dates and times:

Employee Signature

CONFIRMATION OF INSPECTION DATE

The request to inspect your personnel file was received on _____
and has been approved for the following date and time:

Date: _____ Time: _____

Approved: _____

Site of approval: _____