



Office of Human Resources
(909) 706-3751 • FAX (909) 469-5489

REQUEST TO INSPECT PERSONNEL FILE

In accordance with California Labor Code Section 1198.5(b)(2)(A)(ii) and
Oregon Labor Code Section 652.750

*This form must be submitted to: **Employee Relations** (EmployeeRelations@westernu.edu)*

Employee Name: _____

Date of Hire: _____

Title: _____

Termination Date: _____
(if applicable)

Campus Location: _____

Department/College: _____

I request to inspect and review my personnel records maintained by the Human Resources (HR) Department. I understand that I may request copies of documents contained in my file and agree to pay the actual cost of duplication for any copies I request.

(Per CA Law, employers must provide employees with the opportunity to inspect or receive a copy of their personnel records within 30 calendar days upon receiving the request. Per OR Law, employers must provide employees, or former employees, with the opportunity to inspect or receive a copy of their personnel records within 45 calendar days upon receiving the request):

Employee Signature

Date

For HR Use

Date Request Received: _____

Received by: _____

Title: _____

HR Representative Signature

Date

This request was completed on _____

HR Representative Signature

Date