



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)

*This form must be submitted to: **Employee Relations***

e-mail: EmployeeRelations@westernu.edu

Employee Name: _____ Date of Hire: _____

Title: _____ Termination Date: _____
(if applicable)

Campus Location: _____

Department/College: _____

I request an appointment with the Human Resources Department to inspect and review my personnel records. I understand that I can request for copies of documents in my file. I agree to pay for the actual cost of copying documents I request.

I would like to schedule the appointment for (must be at least 3 business days advance notice):

Date: _____ Time: _____

Alternate Date: _____ Alternate Time: _____

Employee Signature Date

For HR Use

Date Request Received: _____

Received by: _____ Title: _____

Appointment Date & Time: _____

HR Representative Signature Date

This request was completed on _____

Employee Signature Date