

5800 South Eastern Avenue • P.O. Box 910936 • Los Angeles • CA 90091-0936 • Telephone: (323) 728-9500 • Fax: (323)724-2327

EMPLOYEE REQUEST TO INSPECT AND/OR RECEIVE A COPY OF THEIR PERSONNEL RECORDS

(Current or former employee name)	(Da	ate)
[] I request to inspect/receive a copy (circle one or	both) of my perso	onnel records.
[] I authorize receive a copy (circle one or both) of my personnel in		epresentative) to inspect/
I understand that if I have requested a copy of these reproduction. Former employees requesting receipt be expenses.		_
I further understand that only those records required representative to inspect/copy.	by law will be ma	ade available to me or my
Signature:	Date:	
EMPLOYER'S RESPONSE TO EMPLOYER RECEIVE A COPY OF THEIR	PERSONNEL R	ECORDS
Employer representative signature:		Date:
Request to inspect and/or receive a copy of your pas a result:	personnel record	s has been approved and
[] You/Your representative (circle one) is schedule representative for the purpose of reviewing your personal schedule representative for the purpose of reviewing your personal schedule representative for the purpose of reviewing your personal schedule representative for the purpose of reviewing your personal schedule representative (circle one) is schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of reviewing your personal schedule representative (circle one) and the purpose of the purpose o	sonnel records.	•
(Name of Company representative)	(Date)	(Time)
[] A copy of your personnel records will be made Contact	to make arran	
(Name of Company representati	ve)	

You will be responsible for copying costs at the rate ofcent(s) per page. If you are a former employee requesting personnel records, you may receive a copy of these records by mail only if you reimburse the company for actual postal expense. The Company has the right to mak alternative arrangements for inspection of personnel records by former employees who have bee terminated for harassment or workplace violence.
Request to inspect and/or receive a copy of your personnel records has been denied for the following reason(s):
[] The Company is only required to comply with one request per year by a former employee to inspect and/or receive a copy of his or her personnel records.
[] The Company is not required to comply with more than fifty (50) requests to inspect and/or receive a copy personnel records filed by an employee representative(s) in one calendar month.
[] The Company is not required to comply with a request to inspect and/or receive a copy personnel records while you have a pending lawsuit against the Company relating to a personnel matter.