

UNIVERSITY OF DETROIT MERCY HUMAN RESOURCES & PAYROLL DEPARTMENT

Request Access to Employment File & Records Form

Please *PRINT LEGIBLY* and **sign and date the form.**

To be completed by the Requestor of the Employment File

Date _____

Requestor Name: _____ Employee ID# _____

Requestor Phone Number: _____ Requestor Email address: _____

Relationship to Employee (*Check one*): _____ Employee _____ Manager/Supervisor

I formally request access to review the employment file of:

Employee Name: _____ Employee ID# _____

For the following reason (*Check appropriate reason*):

<input type="checkbox"/>	I am the employee and I wish to review my file
<input type="checkbox"/>	I am the employee and would like a copy of my file
<input type="checkbox"/>	I am a former employee and would like a copy of my file
<input type="checkbox"/>	I am the Manager/Supervisor of this employee Reason for Request:
<input type="checkbox"/>	I am the hiring Manager/Supervisor for a position in which this employee is being considered Position Title:

I attest that I have read and understand the Access to Employment Records policy and my review of the employment file is for a legitimate business reason or is my right as the employee.

Signature of Requestor/Employee

Date

To Be Completed By the Human Resources Department

Please check the appropriate action:

<input type="checkbox"/>	The identity of the above individual requesting access to this file for review was verified. This file was reviewed in my presence, and I verify that no documents were altered, added or removed from the file.
<input type="checkbox"/>	The identity of the employee or former employee requesting copies of the file was verified. I made the allowable copies and submitted them to the employee. I verify that no documents were altered, added or removed from the file

Signature of Requestor/Employee

Signature of Human Resources Representative

Date