

UAF Office of Human Resources 3295 College Road, Room 108 Fairbanks, AK 99709 (907) 474-7700 | (907) 474-5859 http://www.uaf.edu/uafhr/resources/

Request To Review UAF Personnel Records

Employees, supervisors, administrators, or those with a legitimate need to know, who wish to review personnel records must complete and return this form to the Human Resources Department. The request form can be mailed, faxed or hand delivered.

Once the request has been approved, Human Resources will call to schedule an appointment to review the personnel file. All records <u>must</u> be reviewed in the presence of a Human Resource's employee. After the file has been reviewed, copies of the personnel records may be requested.

Individuals making requests for copies may be financially responsible for all reasonable and customary copying and handling costs.

Employee File to Be Reviewed:					
Last Name:	First Name:		M.I.		
UAF ID#:	TKL:		This is	my file	
		□ This is NOT my file			
Section of Employee File to Be Reviewed:					
Personnel File	Payroll File				
Reason to Review File (Please include specific request for copies if applicable):					
Please provide me with the copies requested above.					
\Box I understand that I may receive an invoice for copies. Initial:					
Name of Requestor:		U	AF ID# ((if UA Employee):	
Department:		Ph	one Nu	mber:	
Signature of Requestor:					
Date of Request:					

INTERNAL USE ONLY:					
Paper Records Found: OnBase Records Found: Employee File Prepped for Review:	□ Yes	Yes No Yes No No No N/A (Employee Reviewing)			
Consultant for Review: Request to Review:	UAF Recruitment Approved cation for Denial:	Department/Other Denied			
□ No legitimate need to review personnel file established.					
<u>Other</u> :					
HR Consultant Approver (Sign):		Date Request Approved:			
Requests for Copies:					
Requested Copies Prepared: Invoice for Copies Generated:		Yes N/A Yes N/A			
Scheduling the Review:					
Called to Schedule Appointment (Sign):	Appointment Date:	Appointment Time:			
Left Message for Reviewer					
Message Date					
Follow Up Message Date:					
Follow Up Message Date:					
After the Review:					
Appointment Cancelled Date File Reviewed:	Appointment No-Sho Reviewed With:	Appointment No-Show Reviewed With:			
File Returned Date:	File Returned By:				

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