

## REQUEST TO INSPECT PERSONNEL FILE

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Parish/School/Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

I hereby request the opportunity to schedule a time to inspect my personnel file. I would like to schedule the inspection on any of the following dates and times:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

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### CONFIRMATION OF INSPECTION DATE

The request to inspect your personnel file was received on \_\_\_\_\_  
and has been approved for the following date and time:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved: \_\_\_\_\_

Date of approval: \_\_\_\_\_