



BARSTOW COMMUNITY COLLEGE DISTRICT
Personnel File Access Request Form

To schedule an appointment to view your personnel file or request copies of documents, please complete each appropriate section of this form and return to HR. HR staff will respond within three (3) business days.

Form with fields: Last Name, First Name, Last 4 digits of Social (XXX-XX-), Date Submitted, Email Address, Phone, Department.

Please contact me by: [] email [] phone

What would you like to do during your appointment?

[] View my Personnel File

-OR-

[] Obtain a copies of documents from my Personnel File

After a copy of your document(s) has/have been made HR will contact you when the copy can be picked up.

Three horizontal lines for notes or details.

-OR-

[] Authorize a second party to access my Personnel File. List the name of the second party.

The second party will be asked to provide identification before access is allowed.

Name of authorized party: _____

[] View my Medical File

-OR-

[] Obtain a photocopy of my Medical File

[] Add rebuttal/correction information to my Official Personnel File.

Please submit written rebuttal/correction information and attach it to this request form.

[] Other. Please describe: _____

For HR Departmental use only

Approved by: _____

Date: _____

HR staff completing request: _____

Date: _____

Acknowledgement of receipt of requested information

Signature: _____

Date: _____