

REQUEST FOR PERSONNEL FILE ACCESS

INSTRUCTIONS: This form is for use in requesting the personnel file of a current or former employee and can *only* be completed by the employee or the employee's authorized representative. A request for personnel file access will be processed in accordance with *Policy H100* and in compliance with Indiana Access to Public Records Act (APRA). Complete and submit this form in person or via U.S. mail to Greene-Sullivan Special Education Cooperative, 77 A St NE, Linton, IN, on a regular business day between 8 a.m.-4 p.m.

Date _____

Name of Employee or Representative Requesting on Behalf of Employee (Circle One)

If this request is being made by the employee's authorized representative, what is the employee's name?

If you are requesting only a portion of the personnel file, please describe with reasonable particularity the type of personnel file record(s) you are seeking.

FOR OFFICE USE ONLY

Date received _____

Acknowledged _____

Copies provided _____