



SWEETWATER UNION HIGH SCHOOL DISTRICT
Human Resource Services Division

REQUEST FOR DATA FROM PERSONNEL FILE/REVIEW FILE

NAME: _____ **DOB:** _____

POSITION: _____ **SITE:** _____ **SSN:** _____ - _____ - _____

✦ **IF REQUESTING DATA (note that we do not give fingerprint, drug test or physical results).** ✦

Please list information/material you want from your personnel file:

Please send to site I will pick up I need this data by: _____
DATE

✦ **IF REQUESTING TO REVIEW PERSONNEL FILE** ✦

Date you would like to review your personnel file: _____

Contact Phone #: _____ Alternate Phone #: _____

PLEASE ALLOW THREE (3) DAYS FOR PERSONNEL STAFF TO PREPARE MATERIALS

This form is to be filled out when requesting any information or materials from your personnel file, i.e., transcripts, salary placement, number of units, total years of service, copies of evaluations, etc.

Request Date

Employee's Signature