



**CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE
DEPARTMENT OF HUMAN RESOURCES**

PERSONNEL RECORD ACCESS/COPY REQUEST FORM

Date _____

Name of employee whose file is requested:

Name of person requesting access:

If access is by anyone other than the employee named, please state relationship to employee (i.e, supervisor):

The following access is requested (check appropriate items):

- Full access _____
- Limited to the following documents _____
- Copy of documents only _____

Signature/contact number of person requesting access:

Human Resources Department Authorization:

Date of Review: _____

Time of Review: _____

Notes:

Please be advised that file access request for separated employees are processed in approximately 30 days from requested date.