

Personnel File Request Form

To view or obtain information from your official personnel records, please make selection(s) below, and send the form to humanresources@pusd.us. The appropriate Human Resources representative will respond to you within 24-72 hours to confirm receipt of your request and schedule delivery of the information.

**You must present photo ID for idea	itification purposes.		
Date Submitted:			
Last Name:	First Na	ame:	Employee ID:
Phone:	Depa	rtment/School:	
E-mail:			
Please contact me by:			
Email Phone			
What would you like to do du	ring your appointment?		
☐ View my entire Personnel	File		
Obtain a paper copy of m *Fee of .10 per page. Cash only	y Personnel File - What specif	fic information are you requesti	ing?
Specify below:			
AUTHORIZATION OF EM	IPLOYEE:		
By my signature below, I und reviewed and/or received a co		move or revise any documents.	I also certify that I have requested,
Employee Signature:		Da	te:
OFFICE USE ONLY: To be comp	pleted by Human Resources Staff		
Date Request was received:		HR staff completing request:	
Appointment date and time:			
Date conies available:	Date employee notified:	Date conies nicked ur	D confirmed: V N