

REQUEST TO REVIEW EMPLOYEE FILE FORM

Date of Request _____

Employee Name _____ Department _____

(print name)

Phone Number _____

Please check one of the following:

I will be reviewing my personnel file.

I am authorizing _____ of
_____ to review my personnel file.

Employee Signature _____

Appointment to Review Personnel file: (completed by Human Resources)

Date _____ Time _____ Location _____

Please notify the Human Resources Department of any schedule changes within 24 hours of the appointment.

Please send form to:

UCSF Medical Center Human Resources
350 Parnassus Avenue, Suite 210
San Francisco, CA 94143-0914
Fax #: 415-353-4029