



Central Office
1550 Main Street, 2nd Floor
P.O. Box 1410
Springfield, MA
01103-1410

PERSONNEL FILE REQUEST

Date Requested: _____
Employee Name: _____ Employee Number: _____
E-Mail Address: _____ Phone/Extension: _____
Date of Hire: _____ Position: _____

In accordance with Massachusetts General Laws Chapter 149, Section 52C, I request permission to review/copy my personnel file.

(check appropriate items)

_____ Review Personnel File

_____ Photocopy Personnel File

_____ Photocopy specific document(s) from my Personnel File (list below):

1. _____
2. _____
3. _____
4. _____

Signature _____ Date _____

Employers receiving a written request from an employee shall provide the employee with the opportunity to review their personnel file within five (5) business days of such request. The review shall take place at the place of employment and during normal business hours. An employee shall be given a copy of their personnel record within five (5) business days of submission of a written request for such copy to their employer. All requests follow Union contract standards.

FOR HUMAN RESOURCE USE ONLY

Date ready: _____ HR Signature: _____