



Human Resources Operations and Compliance CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO 5500 University Parkway, San Bernardino, CA 92407

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REQUEST TO VIEW OR COPY PERSONNEL FILE

terms of your Collective Ba a non-represented class, y	irgaining Agreement to provide y	you with an appointment to view o ntment within five (5) business day	ll notify you in accordance with the r copy your personnel file. If you are in s of receipt of the request. Faculty
Employee Name: Employee ID No			
Department:	Ε	mail: Pho	ne No
Employment Status: 🗆 Cur	rent 🛛 Former		
via email to hr@csusb.edu	1		on from the employee should be sent
Union Rep Name:	Signa	ture:	Date:
 □ I request a copy of my p □ I request a copy of my p □ Union Rep. Name Document(s) Needed: Copy fee is \$0.10 per page □ Full personnel file 	rsonnel file. rsonnel file with my union repres ersonnel file. ersonnel file for both my union i	representative and me.	
Employee Signature:			Date:
-	: If I am reviewing my personnel sonnel file, I may submit a stater	-	ise any documents. If I do not agree
Your Coyote ID or valid gov	ernment issued identification w	ith a photograph is required for ide	ntification purposes.
HR Use Only:			
Date Request Received:			
Date Processed:	Processed By:	Date of File Re	eview: 🗆 ID confirmed