



# COUNTY OF KNOX

## Request to View and/or to Receive Copies of Personnel File

**Request (select below):**

**Date:** \_\_\_\_\_

- Appointment to review personnel file only.
- Copies of my training file.
- Copies of my performance appraisals.
- Copy of my personnel file.     Include medical file.
- Other (explain in detail): \_\_\_\_\_

**If you are asking to receive copies from your file, please select from the following options:**

- Via inter-office mail (in a sealed envelope marked confidential).
- Via the USPS to your home mailing address.
- Neither; I intend to pick up the documentation in person.

**I authorize that a copy of my  personnel file and/or  medical file (check one or both) to be provided to the following individual:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Method:  Mail    Will be picked up    Other (specify): \_\_\_\_\_

**Requested by:** \_\_\_\_\_

*(Employee's name - please print)*

\_\_\_\_\_

*(Employee's Signature)*

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*For Administrative Office Personnel only:*

Received by the County Administrative Office on \_\_\_\_\_, 20\_\_.

Appointment to view personnel file has been scheduled for: \_\_\_\_\_ or

Copies  Picked up or  mailed on: \_\_\_\_\_.