

**MOTT COMMUNITY COLLEGE**  
**Office of Human Resources**

**REQUEST TO REVIEW EMPLOYEE RECORDS**

I hereby request an appointment to review my personnel records. I understand that this review will be subject to the following conditions:

- **The request must be submitted at least 24 business hours in advance of the proposed review date/time.**
- A reasonable period of time will be allowed for the review.
- A representative from Human Resources will be present while the records are reviewed.
- Copies of materials, if desired, can be picked up **48** business hours after the request has been submitted.

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Please check applicable option(s) listed below:

- 1) \_\_\_\_\_ Review File in Person – Proposed Date/Time: \_\_\_\_\_
- 2) \_\_\_\_\_ Designee to Review File \_\_\_\_\_
- 3) \_\_\_\_\_ Request Copy of Entire Personnel File
- 4) \_\_\_\_\_ Request Copy of Specific Documents in Personnel File

\_\_\_\_\_  
Employee Signature Date

**\*\*HUMAN RESOURCES USE ONLY\*\***

Scheduled date to review personnel records _____	
Time _____ a.m. _____ p.m. _____	
Copy requested: Yes _____ No _____ Date Provided: _____	
Signature: Human Resources Representative _____	Date _____