

REQUEST BY EMPLOYEE FOR ACCESS TO PERSONNEL FILE FORM
(Be prepared to present personal identification.)

INSTRUCTIONS

Please review the [Access to Records](#) webpage and applicable policy and collective bargaining agreements. Please submit the completed form to academicpersonnel@ucmerced.edu.

You will be required to present identification that matches the name(s) on the request form. Arrangements will be made to verify identification via video conferencing (e.g, Zoom). Questions may be directed to academicpersonnel@ucmerced.edu.

PERSONAL INFORMATION

Employee Name: _____ Employee ID #: _____

Other names under which you may be identified: _____

Employee contact phone number: _____

Employee email address: _____

REQUESTED INFORMATION

I hereby request a copy of the following documents from my personnel file or other confidential non-academic file:
(225 character limit; provide attachment if needed)

I would like to receive the documents in the following format (you may select only one):

- ☐ Online file transfer (a link will be emailed to the employee from which the employee is required to download the documents within 7 calendar days)
- ☐ Paper, requires additional signature upon pick-up

EMPLOYEE SIGNATURE

Employee Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYEE UPON PICK-UP OF DOCUMENTS REQUESTED BY PAPER:

I have received the requested documents, as listed above:

Employee Signature*: _____ Date: _____

*ONLINE FILE TRANSFER DOES NOT REQUIRE PICK-UP SIGNATURE – RECEIPT IS TRACKED BY THE SYSTEM. DOCUMENTS WILL EXPIRE AFTER 7 DAYS OF NOTICE TO THE EMPLOYEE REGARDING AVAILABILITY OF DOCUMENTS.