

Official Personnel Folder Request Form

Requestor's Information

1. Last Name	2. First Name	3. Employee ID
4. Email Address	5. Phone	6. Agency/Department
7. Mailing Address	8. City, State	9. Zip Code

Preferred method of communication:

- ☐ Email
☐ Phone
☐ Mail

Type of Request:

- ☐ Review folder in-person
☐ Receive copy of documents from folder
☐ Receive email of documents from folder

If requesting a copy or email of documents, what documents are needed:

7. I am a/an:

<input type="checkbox"/> Current Employee
<input type="checkbox"/> Former Employee
<input type="checkbox"/> Authorized Representative for a current or former Employee (Please attached corresponding paperwork)
<input type="checkbox"/> Other (please specify) _____ _____ _____

8. Reason for request:

<input type="checkbox"/> View Official Personnel Folder
<input type="checkbox"/> Obtain a copy of Official Personnel Folder Documents
<input type="checkbox"/> Produce documents in accordance with a subpoena, court order, FOIA request or other legal instrument.*
<input type="checkbox"/> Submit document to be included in OPF.
<input type="checkbox"/> Other (please specify) _____ _____ _____

* If your request is in conjunction with a subpoena, court order, FOIA request or other legal instrument, please attach the document and/or accompanying documentation to this request.
Failure to do so may result in a denial of your folder request.

By initialing, I affirm that I will take appropriate measures to protect the privacy and confidentiality of the information and will not disclose its contents to unauthorized persons for any reason. I fully understand that failure to do so may result in personnel action and/or monetary penalties. If at any point I become aware that the information is released to an unauthorized source, I will inform DCHR General Counsel immediately.

Signature: _____ Date: _____

Employee Information for OPF Requesting to View

In this section, please insert the information for the employee whose records you are requesting.

9. Last Name	10. First Name, Middle Initial	11. Employee ID Number
12. Email Address	13. Phone	14. Agency/Department
15. Date of Birth	16. Last 4 numbers of SSN/FNO	15. Dates of Service

If you are requesting information for more than one employee, please attach a spreadsheet, detailing the identifying information for each employee, along with the reason for your request.