

CURRENT STAFF - OFFICIAL PERSONNEL RECORDS ACCESS REQUEST

To view or obtain information from your official personnel records, please make selection(s) below, and send to the appropriate Human Resources Operations office. We will respond to you within 5 business days to confirm receipt and arrange for transmission of your records.

| Legal Last Name: | Legal First Name: | Employee ID Number: | Date Submitted: | |
|--|-------------------------------------|-----------------------------|------------------|--|
| UW Email Address: | Phone: | Department: | | |
| ov Email/ladiess. | Thome. | Bepartment. | | |
| Please contact me by: UW email Phone | | | | |
| I am requesting: | | | | |
| To view my Official Personnel Records in person | | | | |
| Obtain a copy of my Official Personnel Records. Please note if you are requesting only specific documentation, e.g. background checks; position review documentation; pre-Workday performance evaluations (Medical Centers). | | | | |
| ☐ View my Medical Records in person | | | | |
| Obtain a copy of my Medical Records | | | | |
| To add a rebuttal or a correction to my Official Personnel Records Submit written rebuttal/correction information with this request form. | | | | |
| Petition for the removal of corrective action documentation that is 6 years or older Submit a written petition listing the documentation with this request form. | | | | |
| Other - Please describe: | | | | |
| Authorization for someone else to access my Official Personnel Records. Provide name and contact information for authorized party: | | | | |
| The person you authorize will be asked to provide identification before access is allowed. | | | | |
| | completed form to your HR Operation | | - dia-al-Caratan | |
| Campus HR Operations Box 354963 | UW Medical Center Box 359421 | Harborview Me Box 359715 | edicai Center | |
| Fax: 206-685-0636 | Fax: 206-598-4610 | Fax: 206-744-99 | 955 | |
| Email: campushr@uw.edu | Email: <u>kw23@uw.edu</u> | Email: johoope | r@uw.edu | |
| HR staff completing request: | Date Received: | | | |
| Reviewed by HRC: | Date Reviewed: | | | |
| Employee or their designated Authorized Personnel Signature Upon receipt: | | Date Received: | | |