



Resource Center Building (Library/Administration)  
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Office of Human Resource Management

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### Personnel File Request Form

Employee Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Empl ID \_\_\_\_\_

**I am requesting to:**

- Review my personnel file in person
- Obtain a copy of my entire personnel file
- Obtain copies of specific documents from my personnel file listed here:
  - Employment Application
  - Offer Letter(s)
  - Authorizations for a deduction or withholdings of pay
  - Employment History (including salary information)
  - Performance Development Documents
  - Open Enrollment/ Benefit Information
  - Retirement Information
  - Other :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, on \_\_\_\_\_ (date), am requesting a copy of my personnel file, and I give permission to Human Resource Management, HRIS Records Management, to release any and all documents to me in response to my request. I understand that this information may contain confidential information, including but not limited to my social security number, home address, age, date of birth, beneficiary information, tax information, bank information, paycheck deductions, and HIPAA protected information, and I understand that this confidential information will not be removed or redacted.

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

Employee Printed Name \_\_\_\_\_

HRIS Records Released by: \_\_\_\_\_ Date: \_\_\_\_\_