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OFFICIAL PERSONNEL FILE ACCESS REQUEST FORM

To schedule an appointment to view your official personnel file please complete each appropriate section of this form and send via fax or mail to the Human Resources Office. **HR Department will get back to you within 3 business days with scheduling options.**

<i>Last Name, First Name</i>		<i>Employee ID Number</i>	<i>Date Submitted:</i>
<i>Email Address</i>	<i>Phone</i>	<i>Department</i>	
<i>Mailing Address</i>			

Please contact me by: **Email** **Phone** **US Mail**

What would you like to do during your appointment?

View my Official Personnel File

-OR-

Obtain a photocopy of my Official Personnel File

After a copy of your file has been made HR will contact you when the copy can be picked up.

-OR-

Authorize a second party to access my Official Personnel File. List the name of the second party.

The second party will be asked to provide identification before access is allowed.

Name of authorized party: _____

View my Medical File

-OR-

Obtain a photocopy of my Medical File

Add rebuttal/correction information to my Official Personnel File.

Please submit written rebuttal/correction information and attach it to this request form.

Petition for the removal of corrective action documentation.

Please submit a written petition listing the documentation to be removed and attach the petition to this request form.

Other. **Please describe:** _____

Signature of Employee: _____

Date: _____

For HR Department Use Only

Reviewed by HR:

Date:

Reviewed ID & Made/Kept Copy

HR Staff Completing Request:

Date: