



Seventh-day Adventist® Church  
Northern California Conference

**Personnel Records Request**

Date: \_\_\_\_\_

Employee (Current/Former) Name: \_\_\_\_\_

- I request to inspect/receive a copy of (circle one or both) my personnel records.
- I authorize \_\_\_\_\_ (authorized representative) to inspect/receive a copy of (circle one or both) my personnel records.

I understand that if I have requested a copy of these records, I will be charged the actual cost of reproduction. (Former employees requesting receipt by mail may also be charged actual postal expenses.)

I further understand that only those records required by law will be made available to inspect/copy, and I will receive a copy or be able to inspect my records no later than 30 days from the date this request is received.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date