Authorized Release Personnel File Request Form

Name:

EEID:

Contact phone number:

Contact Email:

I am requesting to:

- ☐ Schedule a meeting to review my personnel file
- ☐ Obtain my entire personnel file
- ☐ Obtain copies of specific documents from my personnel file listed below:
  - ☐ My Statement of Earnings for the last three year (email Payroll at askpayroll@ohsu.edu)
  - ☐ Offer letters
  - ☐ Terms and Conditions of Clinical Employments
  - ☐ Coaching/Disciplinary letters
  - ☐ Required Certifications and Job Related
  - ☐ Certifications Training and Competency Records
  - ☐
  - ☐ Other: _____

File delivery options

- ☐ Pick up. HR will contact you at the email address above to schedule a pick-up time
- ☐ Secure email to the email address provided above
- ☐ Mail: Please email the copies to:

  Attention:

  Street:

  City/State/Zip:

I understand the following:

- OHSU will respond to my request completed within 45 calendar days.
- If I am reviewing my personnel file, I may not add, remove or revise any documents.
- If I do not agree with documents in my personnel file, I may submit a statement in writing.
- To defray the cost of time and material required to produce the document, there is a $30 processing fee (cash or check payable to Oregon Health & Science University). The fee is waived only if the requestor is an active OHSU employee.

Employee signature: _____ Date: _____

Return completed form to askhumanresources@ohsu.edu

Statement of Earnings are provided by the Payroll department; to obtain a copy please email askpayroll@ohsu.edu