

## Office of Human Resources

Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762 Phone: 256.372.5835 Fax: 256.372.5881

## PERSONNEL AND BENEFIT FILE ACCESS FORM

I. REQUEST AN APPOI	INTMENT TO REVIE	EW PERSONNEL A	ND/OR BENEFI	T FILE
I,(printed name)	(A.Numb	<u>),</u> request t	o review my Pe	ersonnel and/or
Benefit File (circle one or both)	in the Office of Hun	nan Resources on	(date)	(time)
II. REQUEST TO RECEI	IVE COPY OF SECTI	ONS OF PERSONN	EL AND/OR BE	ENEFITS FILE
I,(printed name)	(	<u>),</u> request a	a copy of the	
(printed name)  following section(s) of my perso				sources:
I want to retrieve the document	s from the Office of	Human Resources	on(date)	<u>.</u>
III. ACKNOWLEDGEMENT SECTION(S) OF FILE	OF RECEIPT OF CO	OPY OF PERSONNI	EL AND/OR BE	NEFITS FILE OR
I,				
Signature Acknowledging Receip	ot of Documents:	(date)		·
Note: This form must be submitted at and/or copies of your personnel file. Happointment to review your personnel Resources will endeavor to accommod complimentary copy of their personnel fistandard AAMU per page fee for copies	uman Resources personne and/or benefits file or the ate the appointment date ile and benefits file each f	ours prior to the date el will notify you via el e date upon which a coand time identified on iscal year. Additional co	dectronic mail of the property of the file(s) which this form. Employ opies will be provided	he time and date of your will be available. Human rees may receive one (1)
Employee' Signature	Date	Employee's AA	MU Email Add	ress
Human Resources Representative Signature		Date		
Employee Notification via Email of App Human Resources Representative:		Resources Use Onl	<b>y</b> Date:	