

REQUEST TO EXAMINE PERSONNEL RECORDS

UNDER THE MICHIGAN "EMPLOYEE'S RIGHT TO KNOW" ACT
(Act 397, Public Acts of 1978)

PLEASE FILL OUT COMPLETELY:

Print name of person requesting information: _____

Date of Request: _____

Detailed description of personnel records requested: (Attach extra paper if necessary)

I request the right to: (Check appropriate box)

- Inspect
- Make a memorandum, abstract, or handwritten copy
- Receive a copy

I understand that the University has the right to charge a fee for the costs incurred in responding to my request for production pursuant to its published guidelines on fees (\$11.08/hour for labor and \$.15/each for copies).

Signature of Requesting Person

Address: _____

Phone: _____

THIS SIDE FOR HR OFFICE USE ONLY

Will the copies of the personnel records be picked up by the requesting person?
(**Note:** Copies will not be mailed if the requesting person owes a fee for actual costs.)

Yes _____ No _____

If NO, state the address to which the records should be mailed:

Estimated Cost: \$ _____ Actual Cost: \$ _____

Payment Received and Date: _____

Date Request Filled: _____

Date Request Denied: _____

If request is denied or not fulfilled in total, explain those parts fulfilled:

Certified copy requested: Yes _____ No _____

Signed: _____
Signature of Person Requesting Records

Date Received: _____