



FACULTY AFFAIRS AND RECORDS

# Personnel Action File Faculty Request Form

Complete each section of this form and deliver it to Faculty Affairs and Records by email ([far@fullerton.edu](mailto:far@fullerton.edu)), fax (657-278-7597), or campus mail (PLS-290) to schedule an appointment to view or receive copies of your official Personnel Action File. FAR staff will respond to your request within three working days of receiving your request.

## Employee Information

First Name:	Last Name:	M.I.:	Date:
CWID:	Department:		
Phone:	Email:		
Appointment Type:    Tenure-Track/Tenured    Full-Time Lecturer    Part-Time Lecturer			

## What would you like to do during your appointment?

<input type="checkbox"/>	<p><b>View my personnel file</b> Important Note: Picture identification must be provided before access is allowed.</p>
<input type="checkbox"/>	<p><b>Obtain paper copies of the following document(s) in my personnel file</b> Important Note: Picture identification must be provided before access is allowed. Any copies will be provided directly to the employee only. The employee shall bear the cost of duplicating such materials. Only materials that have bearing on disciplinary action or pre-disciplinary matters shall be exempted from charge. Please refer to the collective bargaining agreement for details. The cost of duplicating materials shall be the amount provided in Civil Code Section 1798.33, or any substitute or successor provision of that code section (as of April 2006, the amount is \$0.10 per page).</p> <p><i>Please list documents here:</i></p>
<input type="checkbox"/>	<p><b>Obtain digital copies of the following document(s) in my personnel file</b> Important Note: Picture identification must be provided before access is allowed. Any copies will be provided directly to the employee only. The employee must bring a USB flash drive to the FAR office and .pdf versions of the files will be copied to the drive.</p> <p><i>Please list documents here:</i></p>
<input type="checkbox"/>	<p><b>Authorize my union representative to review my personnel file</b> Important Note: Picture identification must be provided before access is allowed. Any copies requested must be submitted by the employee and will be provided directly to the employee only.</p>
	Name of Union representative/steward: _____

## Employee Signature and Date

Sign Here >>	Date:
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### For FAR Office Use Only

FAR Staff Completing Request:			
Date/Time of Scheduled Review:	Date:	Time:	
Date/Time Copies Provided:	Date:	Time:	