REQUEST TO EXAMINE PERSONNEL RECORDS

BULLARD-PLAWECKI EMPLOYEE'S RIGHT TO KNOW ACT (Act 397, Public Acts of 1978)

Please fill out form 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 which are \$20.00 per hour for labor and \$.20 for
each copy.
Signature of Requestor
Address
Phone

THIS SIDE FOR 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
digitation of person requesting records
Date Received