

Official Personnel File (OPF) Access Request Form

Please Print - Complete each section of this form and send via fax or campus mail to the appropriate Human Resources (HR) Operations office to schedule an appointment to view to your official personnel file. HR staff will get back to you within three (3) business days with scheduling options.

Last Name	First Name	MI	Employee ID Number	Date: MM/DD/YY
_____ / _____ / _____	_____ / _____ / _____	_____	_____-_____-_____	_____/_____/_____
Email Address	Phone	Department		
_____	_____	_____		

What would you like to do during your appointment?:

- View my Official Personnel File
- Obtain a photocopy of my Official Personnel File
- Authorize a second party to access my Official Personnel File .

List the name of the second party. **Second party will be asked to provide identification before access is allowed.**

Name of authorized party: _____

- Add rebuttal/correction information to my OPF. **Attach your rebuttal/correction info to this request form.**
- Petition for the removal of corrective action documentation that is 6 years or older.
- Other. Please describe: _____

<input type="checkbox"/> Harborview Medical Center Box 359715, Fax 744-9955	<input type="checkbox"/> Upper Campus/Bothell/Tacoma Box 354561, Fax 685-0636
<input type="checkbox"/> Health Sciences Box 357250, Fax 685-2845	<input type="checkbox"/> UW Medical Center Box 356054, Fax 598-4610

For HR Departmental Use only:

HR Staff completing request: _____

Date: ____/____/____