



## Request to Access Employee Records

The employer shall provide the inspection opportunity within seven (7) working days after the request is made. If the employer can reasonably show that such deadline cannot be met, the employer shall have an additional seven (7) calendar days to comply. Access to these records provided in accordance with the Personnel Record Review Act 820 ILCS 40.

**For submission**, please send the completed form to the appropriate email address based on your campus or system office:  
UIC: [uichrservicecenter@uillinois.edu](mailto:uichrservicecenter@uillinois.edu); UIS: [uishr@uis.edu](mailto:uishr@uis.edu); UIUC: [ihr-dataops@uillinois.edu](mailto:ihr-dataops@uillinois.edu); System Office: [erhr@uillinois.edu](mailto:erhr@uillinois.edu)

### Employee Request for Access to Own Record

Employee Status:  Current Employee  Former Employee — Last Day of Employment: \_\_\_ / \_\_\_ / \_\_\_\_\_

Employee's Name (Last, First, M.I.): \_\_\_\_\_ UIN: \_\_\_\_\_

Job Class Title: \_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

### Type of Access Requested:

Request to Inspect  Receive a Copy

If requesting to receive copies, please indicate how you would like to receive them:

E-mail: \_\_\_\_\_  Paper Copy (will include duplication costs)

**Personnel Record Inspection by Representative:** (If you are an employee requesting records for yourself, you do not need to complete this section)

Family Member  Lawyer  Union Steward  Other (please specify): \_\_\_\_\_

If you are requesting records for an employee other than yourself, please complete the following information:

Requestor's Name (Last, First, M.I.): \_\_\_\_\_ Requestor's Phone Number: \_\_\_\_\_

Employee's Name (Last, First, M.I.): \_\_\_\_\_ Employee's UIN: \_\_\_\_\_

\_\_\_\_\_  
*Requestor's Signature*

\_\_\_\_\_  
*Date*

### Copy Request

Complete to request copies of employee records

Copies are provided in accordance with the Personnel Record Review Act 820 ILCS 40/3 'Copies'

Description of requested document(s):

HR Personnel File  Unit Personnel File  Medical Documents  Benefits File  Other \_\_\_\_\_

Handbooks  Policies & Procedures  Employment Related Contracts or Agreements

### For Human Resources Use

Human Resource Representative: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Method of Delivery: \_\_\_\_\_

Copying Fee: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date Sent: \_\_\_\_\_

List of Documents Provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Denial – Letter Sent: \_\_\_\_\_