



Request for Copy of Records

Employee Name: _____

Classroom/Department: _____

Description of records to be copied (include name/title/type of document(s) and date(s) if applicable):

☐ Personnel File

☐ Training File

Reason for request:

Employee Signature

Date

****ALL RECORDS REQUEST WILL HAVE APPROXIMATELY 5 DAYS PROCESSING TIME****

FOR OFFICE USE ONLY

Number of pages copied: _____

Comments:

DCCQA/AED Signature

Date Processed