

Village of Mount Prospect

Mount Prospect, Illinois 60056



Official Personnel File (OPF) - Access Request Form

Complete each section of this form and send via fax, mail or email to Human Resources Division to schedule an appointment to view your official personnel file. A staff member of HR will get back to you generally within seven (7) business days with scheduling options when practical.

Last Name: _____ First Name: _____ MI: _____

Date of Request: ____/____/____

1. Are you requesting to (1) inspect, (2) copy, or (3) receive a copy of your personnel records?

a. Will the inspection, copying, or receipt of copies be made by you or your representative, including family members, lawyers, union stewards, other union officials, or translators?

b. If you would like a copy of your records, do you want them in hard copy or electronic format? _____

c. If in hard copy format, do you want them provided to you in-person or mailed to you?

i. If mailed, what address would you like them sent to?

d. If in electronic format, what email address should they be sent to?

2. Have you made a request to inspect, copy or receive a copy of your personnel records in the last 12 months? **No**

a. If yes, when was the request made? _____

3. Which records are you specifically requesting?

a. Personnel documents which are, have been or are intended to be used in determining my qualifications for employment, promotion, transfer, additional compensation, benefits, discharge, or other disciplinary action. **No**

b. Employment-related contracts or agreements that were binding on me? **No**

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- c. Employee handbooks that were made available to me and/or which I acknowledged receiving during my employment tenure. No
- d. Written employer policies or procedures that I was subject to and that concern my qualifications for employment, promotion, transfer, compensation, benefits, discharge, or other disciplinary action. No
- e. My medical information and records. (If medical information and records are being requested and sent to a representative, the attached signed waiver must be completed).
No
- f. Other. _____

If you marked yes to one or more of the categories above but only want specific or certain documents from that category, please specify that here.

Employee Signature: _____

Village of Mount Prospect

50 S. Emerson Street

Mount Prospect, Illinois 60056

Phone: (847) 392-6000; Fax: (847) 818-5354

For HR Department Use Only: _____

HR Staff completing request: _____

Date: _____

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Medical/Benefits Records Release and Authorization

I, _____ (employee name) voluntarily authorize Village of Mount Prospect to provide access to and/or a copy of the following medical/benefits information and records:

_____ but not including

_____ to:

Name of authorized party: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: () _____

Relation: _____

Email Address: _____

I understand that I may revoke this Medical/Benefits Record Release and Authorization at any time, provided I notify the Human Resources Division in writing of my intent to revoke. Such revocation shall be effective on the date it is received by the Human Resources Division.

This Medical/Benefits Release and Authorization is valid for one (1) month from the date indicated below.

Employee Name (please print)

Date

Employee's Signature