

***From the Desk of***

### Michelle Passamano

***Human Resource Manager***

## Southington Public Schools

**REQUEST TO REVIEW PERSONNEL FILE**

Please accept this form as notice that I wish to review my personnel file on:

|  |  |
| --- | --- |
| Date: |       |

|  |  |
| --- | --- |
| Approximate time\*: |       |

I understand that twenty-four (24) hours’ notice is required.

|  |  |
| --- | --- |
| Signature: |       |
| School/Department: |       |
| Date of Request: |       |

*\*Include a time that is within the normal working hours of the human resource office. Files may not be taken from the office.*