

REQUEST FOR DOCUMENT REMOVAL FROM PERSONNEL FILE

Date: _____ TUSD ID#: _____

Name: _____ Contact#: _____

Address: _____

City: _____ ZIP Code: _____

Supervisor: _____ Site: _____

Item Requested to be removed: _____

Date of Item: _____

Brief explanation for removal request: _____

Signature of requesting employee: _____

You will be notified by mail with the final decision about your request.

FOR OFFICIAL USE ONLY

EMPLOYEE RELATIONS DECISION:

GRANTED _____

DENIED _____

FOR THE FOLLOWING REASON(S):

EMPLOYEE RELATIONS DIRECTOR SIGNATURE

DATE