

Personnel File Review Form

Memo To: Personnel Department

From: _____
(Please print your name)

Status: **Active** _____ **Inactive** _____
 Full-Time _____ **Substitute** _____ **Part-Time** _____

Position: _____

Date: _____

Phone Number: _____

I am requesting the following information to include in my verification letter:

**All file review appointments will be scheduled within 72 Hours from the date requested..*

Signature: _____