

REQUESTTO REVIEW PERSONNEL FILE

	Title/Department	Campus Phone
	Employee's Signature	Date
	Employee Name (Please Print)	
during normal business hours. The reason for the		тир ап арропппеп
As a University of Pittsburgh Employee, I hereby recalize that I may take notes, but may not remove representative must be present at the time of the re	the file or any of its contents. An appro	priate University