|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Request Date: | <Date> |  | Review Date: | <Date> |
| Employee/Reviewer (print): | <Name> |
| Employee File to be Reviewed: | <Name> |

**Reason for Review** *(check all that apply)*:

[ ]  Performance Appraisals

[ ]  Disciplinary Records

[ ]  Safety Performance

[ ]  Commendations

[ ]  Attendance

[ ]  Complete File Review

[ ]  OSHA Access to Exposure & Medical Records Review\*

**Employee/Reviewer Comments**:

|  |
| --- |
| <Enter Comments> |

|  |  |
| --- | --- |
| Employee/Reviewer Signature:  |  |
| Present for Review: |  |
|  | (Human Resource Representative) |

*A copy of this form will be placed in the employee’s personnel file.*

*\* By law, Messiah University has up to 15 days to gather these records as they may be in various locations/files. If a hard copy is requested for these exposure and medical records, please note that under comments.*