|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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.*