

## Personnel File Request Form

For identification purposes, you must either present a valid driver's license or other government-issued photo identification, or submit your request from your official VSU email address.

Requested documents from your file will be sent to you **electronically** via email. Please allow 3–5 business days for processing.

Name of Employee: \_\_\_\_\_

Name of Person Requesting Information: \_\_\_\_\_

Requestor's VSU Email: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Please select the documents you are requesting from the list below:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Application/Resume                                    | <input type="checkbox"/> Hiring Checklist                   | <input type="checkbox"/> Return to Work Agreement               |
| <input type="checkbox"/> Background Check Certification                        | <input type="checkbox"/> Hiring Proposal                    | <input type="checkbox"/> Salary Calculation                     |
| <input type="checkbox"/> Banner Checklist                                      | <input type="checkbox"/> I.D. & Parking Authorization       | <input type="checkbox"/> Security Questionnaire                 |
| <input type="checkbox"/> Beneficiary Designation                               | <input type="checkbox"/> I-9                                | <input type="checkbox"/> Sick Leave Certification               |
| <input type="checkbox"/> Benefit Collection Email/Letters                      | <input type="checkbox"/> Intent to Retire Letter            | <input type="checkbox"/> Supplemental Pay Forms                 |
| <input type="checkbox"/> Benefit Payroll Deductions                            | <input type="checkbox"/> Job Description                    | <input type="checkbox"/> Telework Agreement                     |
| <input type="checkbox"/> Certifications Licenses                               | <input type="checkbox"/> Long & Short Term Disability Forms | <input type="checkbox"/> Telework Committee Checklist           |
| <input type="checkbox"/> Comp Time Acknowledgement                             | <input type="checkbox"/> Marriage License                   | <input type="checkbox"/> Telework Request                       |
| <input type="checkbox"/> Disability Claims                                     | <input type="checkbox"/> New Hire Training                  | <input type="checkbox"/> Telework Self Assessment               |
| <input type="checkbox"/> Disciplinary Action Form                              | <input type="checkbox"/> Non-Paid Affiliate                 | <input type="checkbox"/> Telework Training Certificate          |
| <input type="checkbox"/> Drug Testing Form                                     | <input type="checkbox"/> Offer Letter                       | <input type="checkbox"/> Telework Work Space Self-Certification |
| <input type="checkbox"/> Dual Appointment                                      | <input type="checkbox"/> ORP Election Form                  | <input type="checkbox"/> TIAA Approval Letters                  |
| <input type="checkbox"/> Employee Confidentiality and Non-Disclosure Agreement | <input type="checkbox"/> Out-processing                     | <input type="checkbox"/> Tobacco Use Certification Form         |
| <input type="checkbox"/> Employment Verifications                              | <input type="checkbox"/> PAR                                | <input type="checkbox"/> Transcripts                            |
| <input type="checkbox"/> Evaluations   | <input type="checkbox"/> Part Time Agreement Form           | <input type="checkbox"/> TRS Certification                      |
| <input type="checkbox"/> Faculty Contracts                                     | <input type="checkbox"/> Payroll Adjustments                | <input type="checkbox"/> TRS Membership Application             |
| <input type="checkbox"/> Family Medical Leave Form                             | <input type="checkbox"/> Policy Acknowledgement             | <input type="checkbox"/> TRS Opt-out Form                       |
| <input type="checkbox"/> GA Appointment Letter                                 | <input type="checkbox"/> Progressive Discipline             | <input type="checkbox"/> TRS-8                                  |
| <input type="checkbox"/> GA Defined Contribution Plan                          | <input type="checkbox"/> Rehired Retiree Application        | <input type="checkbox"/> Worker's Comp                          |
| <input type="checkbox"/> Health Insurance Declination                          | <input type="checkbox"/> Remote Hire Form                   | <input type="checkbox"/> All documents                          |
| <input type="checkbox"/> Health Insurance Enrollment Form                      | <input type="checkbox"/> Reprimands                         |   |
|  | <input type="checkbox"/> Retirement Application             |   |

Additional/Miscellaneous Document:

\_\_\_\_\_

### OFFICE USE ONLY: FILLED OUT BY HUMAN RESOURCES

Date Requested: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Chief HR Officer: \_\_\_\_\_