STATE OF CALIFORNIA **REQUEST TO REMOVE DOCUMENTS FROM OFFICIAL PERSONNEL FOLDER**DGS OHR 16 (Rev. 09/2019)

Personnel Officer Name

DEPARTMENT OF GENERAL SERVICES
Office of Human Resources

Date

EMPLOYEE INFORMATION Employee Last Name		
Employee Last Name	Employee First Name	ABMS Number
	Employee First Name	ADIVIS INCINIDEI
Classification	Position Number (Agency-Unit-Class	Social)
Classification	Position Number (Agency-offit-Class	-361181)
D	SS' NI	
Board/Commission/Branch/Division/C	TTICE Name	
I request the following personnel docu	iments be removed from my Official Personnel	Folder (OPF):
Note: Official Personnel Folder materi	al may be maintained no longer than the perio	d of time required by law and in
	mental period established for the records.	d of time required by law and in
accordance with the approved departs	mental period established for the records.	
I understand that the specified do	ocuments will be sent for destruction if reques	t is approved.
Employee Signature	Work Telephone Number	Date
Submit to the Office of Human Resou	rces for processing. If you have any questions	. please contact your assigned
	i con processing, in you make any queestions	, produce continue your decidence
Personnel Specialist.		
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Personnel Officer Signature