

EMPLOYEE INFORMATION

Employee Last Name Employee First Name ABMS Number

Classification Position Number (Agency-Unit-Class-Serial)

Board/Commission/Branch/Division/Office Name

I request the following personnel documents be removed from my Official Personnel Folder (OPF):

Note: Official Personnel Folder material may be maintained no longer than the period of time required by law and in accordance with the approved departmental period established for the records.

I understand that the specified documents will be sent for destruction if request is approved.

Employee Signature Work Telephone Number Date

Submit to the Office of Human Resources for processing. If you have any questions, please contact your assigned Personnel Specialist.

PERSONNEL OFFICE USE ONLY

Request Approved (documents shall be scheduled for destruction)

Request Denied (provide explanation to employee)

Comments

Personnel Officer Name Personnel Officer Signature Date