

PERMISSION TO VIEW/COPY FILE

My Union representative _____
has my permission to view and/or copy the contents of any
personnel file which may be maintained by my employer
regarding my performance, conduct, illness or disability
claim.

Date: _____

Name (Print): _____

Social Security Number: _____

Classification: _____

Department: _____

Employee Signature: _____

AFSCME District Council 57

Research and Training Program