



**BAKER CITY, OREGON**  
 P.O. Box 650, Baker City, OR 97814-0650  
 541-523-6541 or 541-523-3711 Voice/TDD  
 www.bakercity.com



***CITY OF BAKER CITY  
 PERSONNEL FILE REVIEW/COPY REQUEST FORM***

To request a copy or to review your personnel file, please complete this form and submit it to Human Resources. City Hall room 205 or via email: [humanresources@bakercity.gov](mailto:humanresources@bakercity.gov)

Cadet or Former Cadet Name: \_\_\_\_\_

I am requesting:

- \_\_\_\_\_ Review my entire personnel file
- \_\_\_\_\_ Authorize my designated representative to review my entire personnel file: (ID will be required)

Documents to remove prior to review: \_\_\_\_\_

Obtain a copy of:

- \_\_\_\_\_ My entire personnel file
- \_\_\_\_\_ The following documents in my personnel file: \_\_\_\_\_

I wish to:

- \_\_\_\_\_ Pick up documents (Photo ID will be required)
- \_\_\_\_\_ Have documents sent electronically to: \_\_\_\_\_
- \_\_\_\_\_ Have my designated representative pick up documents (Photo ID will be required)  
 Name of person: \_\_\_\_\_
- \_\_\_\_\_ Have documents mailed to: \_\_\_\_\_

I understand the following:

- In review of a personnel file, I may not remove or revise any documents. I may add documents pursuant to City of Baker City's policy.
- The names of non-supervisory employees and other privileged and/or private third-party information may be removed from my file prior to my review and/or receiving a copy.
- Unless we agree to extend this date, a copy of the personnel file will be provided within 45 days of my request.
- I understand I may be required to pay a reasonable fee to recover the actual cost of providing a copy of the records, via hard copy or electronically, and any postage fees, if applicable.

Cadet Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Official Use		
This request has been received and will be processed within 45 days of the date below.		
City Human Resource Manager: <b>Andrew Crabtree</b>	Initials: _____	Date: _____