



CHICAGO PARK DISTRICT
HUMAN RESOURCES DEPARTMENT

PERSONNEL RECORD REVIEW REQUEST

First Name:		Last Name:	
Other Name(s) Used While Employed by the Chicago Park District:			
Please Select One – I am a: <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee		Employee Number:	
Employment Dates:		Last Position Held:	
Please Select One – I wish to: <input type="checkbox"/> Inspect <input type="checkbox"/> Copy <input type="checkbox"/> Receive Electronic Copies <input type="checkbox"/> Receive Hardcopies			
Street Address:			
City:	State:		Zip Code:
Phone Number:		Email Address:	
Please specify whether inspection, copying, or receipt of copies will be performed by: <input type="checkbox"/> Family Member <input type="checkbox"/> Lawyer <input type="checkbox"/> Union Steward/Official <input type="checkbox"/> Translator <input type="checkbox"/> Self			
Name of Representative:			
I wish to inspect, copy, or receive the following record(s): <input type="checkbox"/> Employee Handbooks (820 ILCS 40/2(a)(3)) <input type="checkbox"/> Personnel Documents (820 ILCS 40/2(a)(1)) <input type="checkbox"/> Written Employer Policies or Procedures (820 ILCS 40/2(a)(4)) <input type="checkbox"/> Disciplinary Records <input type="checkbox"/> Employment-related Contract or Agreements (820 ILCS 40/2(a)(2)) <input type="checkbox"/> Medical Records*			
* A signed waiver must be included with this request to release medical information and medical records to your specific representative.			



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Acknowledgement: I understand that the Chicago Park District must comply with a request within seven (7) working days after the receipt of the request, or, an additional seven (7) days after receipt if the Chicago Park District reasonably demonstrates that the original deadline cannot be met. A request sent received after 5:00 PM, on weekends, or holidays will be marked as "received" on the following business day. If a request is sent by email, it is considered "received" if sent to humanresources@chicagoparkdistrict.com before 5:00 PM on non-holiday, weekdays.

Requestor's Printed Name: _____

Date: _____

Requestor's Signature: _____

FOR HUMAN RESOURCES ONLY:

Date Request Received: _____

Received By: _____

Date Records Produced: _____

Date of Previous Records Request (If Applicable): _____

Please retain a completed copy in the requestor's personnel file.