

Date of Letter

Your Name

Your Address

Your Email/Tel Number

Employer's name

Employer's address

Employer Email/Fax Contact (as appropriate)

Dear _____:

I am hereby requesting a copy of my personnel file, including: all records pertaining to my employment, payroll, medical records (and any other documents relating to any medical leave or accommodations I may have had or requested) in your possession. This request is made pursuant to California Labor Code §1198.5 and §432. Please take note that my personnel records must be produced within 30 days of your receipt of this request, and my payroll records must be produced within 21 days of your receipt of this request.

Please produce my personnel file to me at the following address:

If there is a reproduction or postage fee for the records, please advise.

Sincerely,

[Your Signature]

[Your Name Printed]