

DOCUMENTATION REQUEST



COMPANY: _____

DATE: _____

SUPERVISOR: _____

BRIEF DESCRIPTION:

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION FOR:

_____ WORKSHEETS: _____

_____ DISCIPLINARY MEMOS: _____

_____ COMMENDATIONS: _____

_____ TRAINING RECORDS: _____

_____ MEDICAL INFORMATION (Release Attached): _____

_____ ATTENDANCE RECORDS: _____

_____ PERFORMANCE REVIEWS: _____

_____ TIME RECORDS: _____

_____ COMPANY POLICY: _____

_____ DEPARTMENT POLICY: _____

_____ INVESTIGATION NOTES: _____

_____ WITNESS STATEMENTS: _____

_____ MEMORANDUM OF INTERVIEW: _____

_____ ADDITIONAL INFORMATION: _____

_____ DISCIPLINE TRACKING SELECTION: _____

_____ INDIVIDUAL HISTORY REPORT: _____

PLEASE PROVIDE THE REQUESTED INFORMATION NO LATER THAN: _____

REQUESTED BY: _____

TITLE: _____ PHONE NUMBER: _____