REQUEST FOR AN OPF/OPF INFORMATION FROM THE HRSC-NORTHEAST
FAX THIS REQUEST TO (215) 697-0354

Date of Request: **Time of request:**

OPF INFORMATION:

Employee's Last Name, First Name, Middle Initial:

Employee's SSN:

REQUESTER'S INFORMATION:

HRO REQ Full Name:

REQ PHONE NUMBER:

REQ FAX NUMBER:

REQUESTER'S MAILING ADDRESS:

INFORMATION / DOCUMENT REQUEST:

☐ **Information Request** ***(Check one of the following):***

☐ **Mail to Employee's home address:**

☐ **Mail/fax to HRO**

☐

Information /Documents Requested

REQUEST FOR OFFICIAL PERSONNEL FOLDER (OPF):

☐ **OPF Request** ***(Entire OPF to be mailed to HRO address above)***

(Check one:)

☐ **HRO Review** ☐ **EEO Review**

☐ **Employee Review** ☐ **LR/Legal Review**

☐ **Agency Official Review**

Specific information needed/explanation:

Reason for request:

(Note: Requester assumes full responsibility of OPF during borrow period.)

EMPLOYEE REQUEST:

If the employee is requesting information from the OPF or to review the entire OPF, this form must be signed or the information/OPF will not be released.

_____ _____

Signature of Employee **Phone Number**

HRSC-NORTHEAST USE ONLY.

Date OPF sent to HRO:

Date OPF Received in HRO: **Date OPF Returned to HRSC:**

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