**PERSONNEL RECORDS POLICY**

**PURPOSE**

Maintaining employee records

[As required by state law,] [EMPLOYER'S NAME] keeps a confidential personnel file for each employee. These records are managed by the [DEPARTMENT NAME] Department and are kept secure. Employees are responsible for promptly informing the [DEPARTMENT NAME] Department of any changes to their personal details, such as:

* Address or phone number.
* Legal name or marital status.
* Dependents or beneficiaries.
* Any other relevant personal information.

Accessing your records

Employees may request access to their personnel file [orally/by following the process outlined in this policy].

[Former employees, who left [EMPLOYER'S NAME] within the last [NUMBER] years, are also allowed to review their records.]

[A representative may access personnel files on behalf of an employee or former employee, provided the employee has given written authorization.]

Identity verification

To protect confidentiality, [EMPLOYER'S NAME] may verify the identity of anyone requesting access to personnel records, including current or former employees and their authorized representatives.

Safeguarding confidentiality

Personnel files are strictly used for legitimate business purposes, such as verifying employment, managing payroll, and administering benefits. The [DEPARTMENT NAME] Department ensures all records are stored securely and that access is limited to authorized personnel.

[EMPLOYER'S NAME] complies with all applicable state and federal laws governing the maintenance and confidentiality of personnel files.

Questions or updates

For questions about accessing personnel files or updating personal information, employees should contact the [DEPARTMENT NAME] Department.

**REQUESTING ACCESS TO RECORDS**

Reviewing or copying your personnel file

Current [and former] employees have the right to inspect their personnel file[, request copies of relevant records, or both]. Requests [may/must] be submitted [orally or] in writing to the [DEPARTMENT NAME] Department[, using the designated form provided by [EMPLOYER'S NAME]].

Requests for access to personnel records will be handled in accordance with Indiana state labor laws, ensuring compliance with all statutory timeframes and limitations.

How to obtain the form

The form can be obtained:

* Directly from the [DEPARTMENT NAME] Department.
* By asking the employee’s supervisor for a copy.

Copying charges

If employees request copies of their personnel records, [EMPLOYER'S NAME] may charge a fee to cover the actual cost of photocopying.

**REVIEWING PERSONNEL RECORDS**

Access timeline

[EMPLOYER'S NAME] will provide an employee [or former employee] [(or their authorized representative)] with [access to/copies of] personnel records within a reasonable time after receiving a [written] request. In any case, access will be provided no later than [NUMBER] days after the request is received[, extendable to a maximum of [NUMBER] days if mutually agreed upon by the employee and [EMPLOYER'S NAME]].

Inspection location and notification

[EMPLOYER'S NAME] will inform the employee[ or their authorized representative] of the time and location for reviewing the personnel records. Inspections will occur at a reasonable place and time.

Inspection guidelines

The employee[ or their authorized representative] may review the personnel records in the presence of a representative from the [DEPARTMENT NAME] Department. Documents may not be removed from the file[, but employees may request copies or take handwritten notes].

**SCOPE OF ACCESS AND LIMITATIONS**

Records available for review

Employees may [inspect/copy] personnel records that include:

* Documents related to their performance and any grievances concerning them.
* Records signed by the employee.
* Documents used to evaluate the employee’s qualifications for employment, transfer, promotion, additional compensation, discipline, or discharge.

Restricted records

Employees may not [inspect/copy] or otherwise access records that include:

* [Examples: Confidential information relating to other employees, documents prepared in anticipation of a lawsuit, records protected by privilege, or those excluded by law or company policy].

**FREQUENCY OF REQUESTS**

[As required by applicable law,] [EMPLOYER'S NAME] will fulfill up to [NUMBER] request[s] for access or copies of personnel records per calendar [year/month] for [current/former] employees. The maximum number of requests permitted is [NUMBER] per [specified period], including those submitted by authorized representatives on behalf of the employee.

**COMMENTS TO PERSONNEL RECORDS**

Employees who disagree with information contained in their personnel records may request its removal or revision through the [DEPARTMENT NAME] Department. However, [EMPLOYER'S NAME] retains sole discretion to decide whether to remove or revise any information.

[If a mutual agreement cannot be reached, employees may submit written comments addressing the disputed information, and these comments will be included in their personnel records.]

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department is responsible for administering this policy. For any questions about this policy or guidance regarding access to personnel records not covered here, employees should contact the [DEPARTMENT NAME] Department.

[Employees who misuse or abuse this policy may face disciplinary action, up to and including termination of employment.]

This policy is designed to comply with all applicable Indiana state laws and regulations governing employee rights and access to personnel records.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The terms of this policy are intended to complement, not replace, modify, or supplement, any employment conditions outlined in a collective bargaining agreement between a union and [EMPLOYER'S NAME].

Employees should consult their collective bargaining agreement for specific terms and conditions. If any provisions of this policy conflict with the terms of the applicable collective bargaining agreement, the agreement’s terms will take precedence.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date