



Leech Lake Band of Ojibwe  
**PERSONNEL FILE REVIEW**  
REQUEST FORM

**Requestor's Information**

Print Full Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Division: \_\_\_\_\_ Job Title: \_\_\_\_\_

Check all that apply:

- Self Request                       RTC Official / Executive Director                       Division Director  
 Program Manager                       Immediate Supervisor                       Other: \_\_\_\_\_

I am requesting to review the file of the employee named below for the following reason(s):

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

- I will also be requesting copies of documents from this personnel file for my department use only.  
I understand that the information contained in this employee's personnel file is the property of LLBO and permanent removal of its contents is prohibited.

**Employee Information**

Print Full Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Current Employee: Department: \_\_\_\_\_

Previous Employee: Year of Separation: \_\_\_\_\_

**Agreement**

- All information I read or hear regarding this employee is strictly confidential. I will respect that confidentiality and will not reveal any information regarding this employee to anyone not authorized to receive such information, except with full Tribal Council members written permission as stated in LLBO/GAPP 100.10.
- I understand that I will be subject to disciplinary action, up to , and including termination of employment if I release information unauthorized while performing my job duties and responsibilities or while off duty as stated in LLBO/GAPP 300.5 (m.).
- This agreement will bind me during and after my employment the LLBO. If I release information after my employment, it will be considered a violation of this agreement and I will be subject to any and all penalties provided by law.
- Refusal to sign this agreement will result in immediate denial of this request for review.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HR USE ONLY**

Review Completed on: Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Document copies released (list, if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_