

**REQUEST FOR AN OPF/OPF INFORMATION FROM THE HRSC-NORTHEAST
FAX THIS REQUEST TO (215) 408-5025**

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

Other

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:

(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: