



AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES  
LOCAL 1550

**REQUEST FOR PERSONNEL FILES**



REQUESTOR'S INFORMATION	
NAME (FIRST AND LAST)	JOB CLASSIFICATION
EMAIL	JOB LOCATION
MANAGER'S NAME	AFSCME 1550 REPRESENTATIVE NAME

DO NOT INCLUDE ANY HEALTHCARE | PATIENT | PERSONAL PRIVATE PATIENT INFORMATION AS STIPULATED IN THE TEXAS GOVERNMENT CODE 552, PLEASE PROVIDE THE FOLLOWING INFORMATION.

DATA REQUEST DETAILS			
1. Any/all evidence used to support any/all disciplinary action(s) against me.	From:		To:
2. Any/all (my) employee performance evaluations and/or appraisals	From:		To:
3. Any/all witness statements used to support any/all pending disciplinary action(s) against me. <i>Note: Redact all personal private/private/healthcare information</i>	From:		To:
4. Any/all interview records of all applicants who were interviewed for position.	Position Title:		
5. Any/all (my) leave requests.	From:		To:
6. Any/all (my) Family and Medical Leave Act (FMLA) records.	From:		To:
7. Other			

REQUESTOR'S NAME (FIRST AND LAST)	REQUESTOR'S SIGNATURE	DATE

PLEASE FORWARD THE REQUESTED INFORMATION ABOVE TO THE ADDRESS BELOW:

**AFSCME LOCAL 1550**  
ATTN: CYNTHIA COLE  
5700 NW CENTRAL DR. Suite 320  
HOUSTON, TEXAS 77092  
PHONE: 713-928-3738  
FAX: 713-928-6869

*THIS IS NOT A REQUEST FOR HEALTH CARE INFORMATION, PATIENT HEALTH CARE INFORMATION, OR PERSONAL PRIVATE INFORMATION. PLEASE REDACT ANY & ALL DATA THAT WOULD BE DEFINED BY THE HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT (HIPAA) OR PERSONAL PRIVATE INFORMATION AS DEFINED IN THE TEXAS GOVERNMENT CODE TITLE 5 SUBCHAPTER 552 OR THE FREEDOM OF INFORMATION ACT.*