



**BRANCH OF  
DEDSEC SAN FRANCISCO  
HUMAN RESOURCES AGENCY**

DedSecSF.org/HRA  
☎ (628) 333-4490  
✉ HRA@DedSecSF.org



**RECORDS REQUEST FORM**  
Personnel File, Payment Records, Incident Records,  
Human Resources Information, General Information, etc.

<b>Name (FN, LN) <i>Optional</i></b>	<b>Phone Number <i>Optional</i></b>
<b>Email <i>*Required for Delivery</i></b>	<b>Other Requested File Format</b>

**Records Requested** (Please be as specific as possible)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Personnel File | <input type="checkbox"/> Payment Records     | <input type="checkbox"/> Incident Records      |
| <input type="checkbox"/> HR Information | <input type="checkbox"/> General Information | <input type="checkbox"/> Operation Information |

**OTHER** (Please be as specific as possible)

<b>Inclusive Dates of Records Requested:</b>	
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**Reason for Requested Records:**

**EXTRAORDINARY REQUESTS**  
A service fee may be charged for the requester of the records, on the  
actual cost for labor costs of personnel providing the services.

<b>Signature of Requester</b>	<b>Date of Request</b>
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**SUBMISSION**

Print this form out and fill it out  
or fill it electronically with Adobe PDF

Scan the filled document and email it back

After submission of this form, please  
wait for 5 business days for us to review your request and  
make a decision to facilitate the records.

If records are facilitated, you will receive the email to the email address attached here.