



Ho-Chunk Nation Freedom of Information Act Form

Employee Name: _____ Employee #: _____

Department: _____ Date of Birth: _____

Mailing Address: _____

City/State/Zip: _____

The reason for my request: Authorization for the following individual to review my personnel file once.
(Check One)

If the named individual is a HCN supervisor, may they obtain a copy of your employment documents pertaining to their department?

Yes No

- To review my personnel file.
- A complete copy* of my personnel file.
- A copy* of selected items specified below, and/or on reverse side, and/or attached.

For Personnel Use Only
Date Received _____
Date Completed _____
↓ Personnel Staff Signature ↓

* Note: A onetime courtesy copy will be provided directly to the employee requesting. Thereafter, any document copies that have already been provided to the employee will be billed/paid (10¢ per side of print) prior to receiving the copy.

Employee Signature: _____ Date: _____

CERTIFICATE OF NOTARY PUBLIC:

State of _____

County of _____

This document was signed and acknowledged before me on this

_____ day of _____ 20 _____

Signature _____, Notary

My commission expires on: _____

(Legible Seal/Embossed Stamp)