Instructions for Submitting on Official Personnel Folder (OPF) Request Form

How to Request Information:

- To ensure prompt access, current and former employees and third parties should complete the Official Personnel Folder Request Form.
- If you are requesting to view the OPF in accordance with a court proceeding, please attach a copy of the certified subpoena or court order.
- If you are requesting to view the OPF pursuant to the Freedom of Information Act (FOIA), please attach the letter detailing the FOIA request.
- Emailing and/or mailing documents is based on the discretion of DCHR. If you prefer this method, please include what documents are needed.

Responding to Requests:

- All requestors must complete the Official Personnel Folder Request Form online.
- Requestors will be contacted by a member of the DCHR Records Management staff if additional details are needed for your request.
- DCHR Records Management will determine the sufficiency of all requests prior to disclosing any information.
- Requestors should receive an acknowledgement email within 24-48 business hours. You will also receive an email to schedule a date and time to view the OPF.
- When arriving to view the OPF, the requestor should ensure that:
    - They arrive at 441 4th Street NW Room 1C30N Washington, DC 20001 at the scheduled time.
    - They bring a photo ID that includes their name i.e. a driver's license or similar identification.
- Specific documents pertaining to the employee may be copied during the viewing time, per the discretion of the Records Management staff.
- If allowable, copies will be emailed or mailed when any required fees have been received.
- Requests may be denied if the above procedures are not followed or if the information is exempt as listed below. All denials will state the reason for denial.

Exceptions to Release of Information:

- The following information may not be released in response to customer, employee, or other individual requests for information about themselves.
    - *Confidential Sources.* Information that identifies an individual who has requested and has been expressly promised anonymity in providing information to DCHR. This exception applies records for which DCHR is the custodian, including but not limited to the following: pre-employment investigation records; recruiting, examining, training, and placement records; equal employment opportunity discrimination complaint investigations and counseling records; and information relating to drug testing.
    - *Civil Actions.* Records compiled in reasonable anticipation of a civil action or proceeding such as a lawsuit or administrative hearing.
    - *Law Enforcement.* Records of disclosures of information to law enforcement agencies.
    - *Testing Material.* Information within records that might compromise testing or examination materials.
    - *Medical Records.* Medical or psychological records (including those received from the Department of Veterans Affairs, Public Health Service, or Office of Workers' Compensation Programs) when the medical officer determines that disclosure could have an adverse effect on the subject individual. These records may be made available to a physician designated in writing by the individual. In such cases, an accounting of disclosure must be filed.
    - *Uncirculated Supervisors' Notes.* Information about individuals in the form of uncirculated personal notes kept by District personnel, such as employees, supervisors, counselors, or investigators, which are not circulated to other persons. If notes are circulated, they become official records in a system of records and must be shown on request to the employee to whom they pertain. Official evaluations, appraisals, or estimates of potential must be made available to the employee to whom they pertain.
    - *Government Audit Documentation.* Results of district agency audits and written inquiry investigations conducted by the Office of the Inspector General, Office of Risk Management, Mayor's Office, or other D.C. government regulatory body.
    - *Exempt Systems of Records.* Information contained in any system of records that is exempt from disclosure as allowed by the Privacy Act.

Official Personnel Folder Request Form

Requestor's Information

1. Last Name _____	2. First Name _____	3. Employee ID _____
4. Email Address _____	5. Phone _____	6. Agency/Department _____
7. Mailing Address _____	8. City, State _____	9. Zip Code _____

Preferred method of communication:

- ☐ Email
- ☐ Phone
- ☐ Mail

Type of Request:

- ☐ Review folder in-person
- ☐ Receive copy of documents from folder
- ☐ Receive email of documents from folder

If requesting a copy or email of documents, what documents are needed:

_____

_____

7. I am a/an:	8. Reason for request:
☐ Current Employee	☐ View Official Personnel Folder
☐ Former Employee	☐ Obtain a copy of Official Personnel Folder Documents
☐ Authorized Representative for a current or former Employee (Please attached corresponding paperwork)	☐ Produce documents in accordance with a subpoena, court order, FOIA request or other legal instrument.*
☐ Other (please specify) _____ _____ _____	☐ Submit document to be included in OPF.
	☐ Other (please specify) _____ _____ _____

* If your request is in conjunction with a subpoena, court order, FOIA request or other legal instrument, please attach the document and/or accompanying documentation to this request.
Failure to do so may result in a denial of your folder request.

By initialing, I affirm that I will take appropriate measures to protect the privacy and confidentiality of the information and will not disclose its contents to unauthorized persons for any reason. I fully understand that failure to do so may result in personnel action and/or monetary penalties. If at any point I become aware that the information is released to an unauthorized source, I will inform DCHR General Counsel immediately.

Signature:_____ Date:_____

Employee Information for OPF Requesting to View

In this section, please insert the information for the employee whose records you are requesting.

9. Last Name _____	10. First Name, Middle Initial _____	11. Employee ID Number _____
12. Email Address _____	13. Phone _____	14. Agency/Department _____
15. Date of Birth _____	16. Last 4 numbers of SSN/FNO _____	15. Dates of Service _____

If you are requesting information for more than one employee, please attach a spreadsheet, detailing the identifying information for each employee, along with the reason for your request.