



Center for Developmentally Disabled

Administrative Office

1010 West 39th Street

Kansas City, MO 64111

Office: (816) 531-0045 • Fax: (816) 756-5612

www.cddkc.org

Personnel Records Request Form

Name of Document(s) needed:

Employee Name:

Last First Middle Initial

Last 4 digits of SSN:

Phone:

E-mail address:

Address:

Street

City

State

Zip

Date:

Signature:

If you are requesting any records from your personnel file to be copied, please be advised there is a charge of **\$1.00** per sheet.

You must allow 24-48 hours for your records request to be processed. Once request is completed, you will be notified.

The CDD Office of Human Resources appreciates your patience.

- * All employment information, records and reports, including, but not limited to: applications for employment; resumes, records of all positions held; job descriptions of positions held; payroll records; W-2 forms and W-4 forms; performance evaluations, attendance records; insurance claim forms; 401(k) records, records of payments made, and training materials.