**Record Access Authorization**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant the Union and their authorized representatives permission to review my personnel file, payroll records, medical documents and/or any other applicable documents and make copies of any and all information contained in them they deem necessary on my behalf. I understand that these documents may contain personal and/or private information, but am authorizing the Union to use these documents in the investigation and defense on my behalf.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)