



### Information Practices Act Request for Personnel Records

<b>DATE OF REQUEST</b>		<b>SOCIAL SECURITY NO.</b>	
<b>EMPLOYEE'S NAME</b>			
<b>TELEPHONE NO.</b>			
<b>EMAIL ADDRESS</b>			
<b>MAILING ADDRESS</b>			
<b>RECORDS REQUESTED</b> (Please itemize)			
<b>SEND ME COPIES OF THE RECORDS:</b>	<input type="checkbox"/> By Email (no charge if records currently exist in electronic format) <input type="checkbox"/> By US Mail (10¢ per page + postage)   Phone number: _____ <i>(We will contact you to let you know the total due. Copies will not be sent until payment is received.)</i>		

\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE**

**INSTRUCTIONS TO THE EMPLOYEE:**

You do not need to complete this form to see your official personnel file (OPF). To view your OPF, please contact Human Resources to make an appointment. When viewing your OPF, you can flag the items you want copied. If you prefer to use this form, please follow the below instructions.

The [CalHFA Information Practices Act Policy](#) requires employees to provide all of the above-requested information for proper authentication when submitting a written request for personnel records. This form is provided to assist you to submit a properly authenticated request. You are not required to use this form. However, you must provide all of the above-requested information. Your request must be in writing and must be signed by you. Please submit your request in person or by postal mail. **Information Practices Act requests will not be accepted by telephone or email.**

**If you are not the employee:**

A request by someone other than the employee requires proof of legal authorization, such as a release signed by the employee, in addition to all of the above-requested information.

**Submit your request to:**

Public Records Coordinator  
Office of General Counsel, MS 1440  
California Housing Finance Agency  
500 Capitol Mall, Suite 1400  
Sacramento, CA 95814  
(916) 326-8475

**For questions about your employment:**

Please contact the Human Resources Unit.

Please see our [Privacy Notice on Collection](#) on reverse side.

## **PRIVACY NOTICE ON COLLECTION:**

Your personal information is requested by the Records Compliance Management Unit, Office of General Counsel, California Housing Finance Agency ("CalHFA"). The authority which authorizes the collection of your personal information by CalHFA is the [Information Practices Act of 1977](#) ("IPA") (California Civil Code Sections 1798-1798.78). Personal information collected by CalHFA on this form is subject to the limitations in the IPA and state policy. The principal purpose for which this information is used is for proper authentication when submitting an IPA request pursuant to the [CalHFA Information Practices Act Policy](#). The only known or foreseeable disclosure which may be made of this information is to units within CalHFA which maintain the requested information or which process the IPA request. When completing this form, you should not provide personal information that is not requested. Submission of your information is voluntary. The consequences of not providing all of the requested information is that CalHFA will be unable to process your IPA request. You have the right to access records containing your personal information maintained by CalHFA by submitting an IPA request to the Public Records Coordinator. Please see the reverse side of this form for the business address and telephone number. Please refer to the [CalHFA Information Practices Act Policy](#) and the [CalHFA Privacy and Information Safeguarding Policy](#) for more information.