



**COUNTY OF SAMPSON
EMPLOYEE PERSONNEL RECORDS
RELEASE OF RECORDS REQUEST/AUTHORIZATION**

The undersigned employee does hereby authorize the County of Sampson to release his/her personnel records as specified below.

(Employee Full Name, please print.)

(Employee Signature)

(Date)

Records may be released to the following individual/agency:

Name of individual/agency: _____

Mailing Address: _____

(City) (State) (Zip)

The following records are authorized for release:

- All Records
- Payroll/Salary records
- Letters of Commendation
- Performance Evaluations
- Vacation/Sick Leave Records
- Employment Application
- Other (Specify)

Note: Sampson County Employee Personnel Records are maintained and/or released in accordance with North Carolina General Statute 153A-98(b) or other state or federal laws pertinent to the maintenance and disclosure of such information, and pursuant to the Sampson County Personnel Resolution Article XIII. Requests for review or release of personnel records shall be presented to the Human Resources Management Director and shall become a part of the official employee file.

(OFFICE USE ONLY BELOW THIS LINE)

Request Approved: _____
(Signature of Human Resources Management Director) (Date of Approval)

Fax Email

Form of Release: Tele Mail Date of Release: _____