

STATE OF NEVADA

STEVE SISOLAK
GOVERNOR

TERRY REYNOLDS
DIRECTOR



OFFICE OF THE LABOR COMMISSIONER
3300 W. SAHARA AVENUE, SUITE 225
LAS VEGAS, NEVADA 89102
PHONE: (702) 486-2650
FAX (702) 486-2660

OFFICE OF THE LABOR COMMISSIONER
1818 COLLEGE PARKWAY, SUITE 102
CARSON CITY, NV 89706
PHONE: (775) 684-1890
FAX (775) 687-6409

EMAIL: MAIL1@LABOR.NV.GOV

Department of Business & Industry
OFFICE OF THE LABOR COMMISSIONER
www.labor.nv.gov

REQUEST FOR PERSONNEL RECORDS

The employee requesting this information must have been employed for at least 60 days. This request must be made within 60 days of the employee's termination or resignation. The undersigned employee has requested, in writing, that a copy of their personnel records be provided to them.

Employee Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Person to Contact: _____ Phone #: _____

Starting Date Requested: _____ Ending Date Requested: _____

I am/was employed for 60 days or more: Yes _____ No _____

In accordance with Nevada Revised Statutes 613.075(b), I authorize the Nevada State Labor Commissioner to make a demand upon my former employer to secure my personnel records.

If I do not pick up records within 30 days of being notified, I understand the records will be destroyed and I cannot ask for them again.

Signature

Date

Request # _____
OLC 2022

