SECURITY REVIEW REQUEST FORM

Per the Champaign County Security Systems Policy, the completion of this form is required for investigative purposes, including employee-related matters.

Submit completed form to County Human Resources (HR@champaigncountyil.gov).

Complete the information below IN DETAIL. Broad, general requests will not be fulfilled nor will requests made by anyone other than the Champaign County department head.

SECTION 1: REQUESTOR INFORMATION

- **Authorized Requestor Name:** _____
- **Authorized Requestor Department:** _____
- **Authorized Requestor Title:** _____
- **Date of Request:** _____

SECTION 2: REASON FOR REQUEST

- **Is this request related to an investigation concerning employee work performance, work quality, or potential violation of County policies and/or the law?**
  - ◯ Yes (proceed to Section 3)
  - ◯ No (Specify purpose below)
- **If 'No', briefly describe the nature of the investigation:** _____
  _____
  _____
  _____

SECTION 3: REQUEST JUSTIFICATION

- **Employee(s) Involved:**
  - **Name(s):**
    _____
    _____
    _____
  - **Department(s):**
    _____
    _____
    _____

- **Detailed Reason for Request:**

  Explain *why* access to these specific records is necessary and describe in detail:

  the incident, performance issue, or policy/legal violation being investigated, date and time range(s), detailed descriptors of person(s), place(s), object(s), and area(s).

  Be specific about how the requested records are expected to provide relevant information.)

  _____
  _____
  _____
  _____
  _____
  _____
  _____
  _____
  _____

SECTION 4: CONFIDENTIALITY ACKNOWLEDGEMENT

I understand that any records received are:

1) confidential and must be handled accordingly and

2) are being granted solely for the purpose stated in this request, and information must not be disclosed for any purpose not directly related to such.

- **Requestor Signature**

  (may not be on behalf of an authorized requestor and must be a valid wet signature, not a stamp)**:**

  _____

*********FOR COUNTY HR USE ONLY***********

- **Date Received:** _____
- **Decision:**
  - ◯ Approved
  - ◉ Denied
  - ◯ Approved with Modifications (See comments)

- **Reason for Denial or Modifications:**

_____
_____
_____
_____

- **Reviewer Signature:** _____**Date:** _____

- **Summary of Records Provided (if applicable):**

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