



Our Mission To provide quality services which enhance the lives of people with disabilities.

Request for Documentation

An employee will complete this form when they require copies of information from their employee file. As per policy CR-03, Quest reserves the right to refuse some or all of the personal information the Agency holds regarding an employee/individual.

Employee Name: _____ Date: _____

Documents Requested: *Please clearly describe each document that you would like a copy of.*

Employee Signature: _____

Office Use Only

Comments and Follow-up:
