

CRMC

Central Records Management Centre File Request Form

REQUESTER DETAILS					
Name:			Cianatura		
Surname:			Signature		
District:			Persal No:		
Contact details	Office Tel:	Cell:	Email:		

REQUEST LOGGED

Requested File	HR FILE	PVR FILE	OTHER	

FILE REQUESTS						
Name and Surname	Persal Number	File Type (e.g. Leave)	Request Reason			
Count of PERSALS:						

DEPUTY DIRECTOR	HRA & HRP APPRO	OVAL			
Purpose of Request					
Name:			Signature		
Surname:			Date		
District:			Persal No:		
Contact details	Office Tel:	Cell:	Email:		
I. the above designated Education Department Official, hereby acknowledge that I am authorised to					

I, the above designated Education Department Official, hereby acknowledge that I am authorised to release the files to the above designated and authorised requester and furthermore confirm that the requester has approval from the HR Director to release the files.





Central Records Management Centre File Request Form

The attached list of files is being requested from the CRMC with the authority of the above departmental HR official, and will be returned to the CRMC on completion of the request reference listed above.

The attached files have not undergone the NMIR process and as such the liability of missing documents from the content of the box files passes to the recipient of the files as listed in the requester details section above.

Physical files will be released only for the following reasons and will be prioritised over other requests: *Court Order, Leave gratuity, Retirements/Pensions and Salary adjustment*

The ECDOE CRMC Official receiving the request must acknowledge that the above signatories are valid and can authorise the release of the request:

CRMC OFFICIAL RECEIVING THE REQUEST						
Name:			Signature			
Surname:			Date			
District:			Persal No:			
Contact details	Office Tel:	Cell:	Email:			

Before files are released for the above PERSAL numbers, the CRMC Call Centre Official must acknowledge that the files have been released:

CRMC OFFICIAL RELEASING FILES					
Name:			Signature		
Surname:			Date		
District:			Persal No:		
Contact details	Office Tel:	Cell:	Email:		