



REQUEST FOR DOCUMENTS

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

PREFERRED METHOD OF DELIVERY:

MAIL E-MAIL

REQUESTED REPORT:

- Incident Report of the Employment Plan Officer
- HR Response to Incident Report
- Ineligible for Rehire List

REPORT NUMBER: _____

Please use this form to request the Employment Plan Officer's Incident Report, Human Resource's Response to an Incident Report, and the Ineligible for Rehire List. **Use a separate form for each requested Report or List.**

You must fill this form out completely and submit it via person, U.S. Mail, email or facsimile to:

Carrie L. Pramuk-Volk, Employment Plan Officer
Cook County Health & Hospitals System
1900 W. Polk Street, Suite 123 – Room 119
Chicago, Illinois 60612
Fax: (312) 864-9748
Email: cpramukvolk@cookcountyhhs.org

This request will be fulfilled within 10 days.