

HR File Secure Shredding Authorization

This form authorizes the secure shredding of the following HR files in accordance with company policies and regulatory requirements.

Employee Information

Employee Name: _____

Employee ID: _____

Department: _____

Details of Files to be Shredded

File Type/Description	Date Range	Location	Reason for Shredding

Authorization

Requested by: _____

Date: _____

Approved by: _____

Date: _____

Shredding Confirmation

Shredded by: _____

Date: _____

Witnessed by: _____

Date: _____