



Please allow 30 business days for processing

Date: _____ Employee Name: _____

HEB ISD ID number: _____ or Social Security number: _____

Other Name(s) Records May Be Under: _____

Contact number: _____ Total Years of Experience: _____

Email address: _____

Current HEB ISD employee: _____ yes _____ no

Dates employed: _____

I am requesting the following:

___ Copy of Service Record (for current employees, does not include current year)

___ Substitute Service Record (provide dates of employment) _____ thru _____

___ Original Service Record (for former or resigned employees, available after sick days are posted in payroll and you have received your final paycheck)

___ I am requesting a copy of my service record for graduate school

According to the TAC §153.1021(d)(5), “A scanned version of the original service record may be considered official if sent directly from one employing district to another employing district.”

Please email my service record to: _____

Email request form to: Kristinhyre@hebisd.edu

Auxiliary employees - Email request form to: Johannahernandez@hebisd.edu

HR use - Date Released _____