



Service Record Request Form

Please allow 30 business days for processing

Date _____ Employee Name: _____

Employee ID number: _____ or Social Security number : _____

Previous/Maiden name: _____ Contact number: _____

Email address: _____ Current employee: ___ yes ___ no

Dates employed: _____ Total Years of Experience: _____

I am requesting the following documents:

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

Original Service Record (for former or resigned employees, available after sick days are posted by Payroll and final paycheck has been received)

Substitute Service Record (provide dates of employment) _____ through _____

Auxiliary Service Record (Child Nutrition, Transportation, Custodian, Maintenance)

Select one option below:

Email my service record to: _____

Mail my service record to:

Name: _____

Address: _____

City/State/Zip: _____

Fax my service record to: _____ Fax Number: _____

Please make sure you save this file prior to sending. Failure to do so will result in a blank page being received by HR. Email form to MargaretOtt@hebisd.edu.

MargaretOtt@hebisd.edu

HR use - Date Released _____