



SERVICE RECORD REQUEST

Name: _____ Employee ID: _____

Email Address: _____ Phone: _____

Employment Status: Current Employee _____

Former Employee _____ Years Worked: _____ to _____

ITEMS REQUESTED:

Original Service Record (ie. former employee) _____

Copy of Service Record (ie Master's Program) _____

FOR STAFF DEVELOPMENT DOCUMENTATION CONTACT 972-968-4364

DELIVERY OPTIONS:

_____ I will pick up at the C-FB ISD Personnel Services

Mail to the following address:

Name/District: _____

Address: _____

City/State/Zip: _____

Attention: _____

Signature: _____ Date: _____

Please send completed form to:

cfbprs@cfbisd.edu

or fax to 972-968-6197

C-FB ISD use only:

Received by: _____ Date: _____

Mailed by: _____ Date: _____

Picked up by: _____ Date: _____