

VERIFICATION OF SUBSTITUTE SERVICE REQUEST

DATE _____

EMPLOYEE NUMBER _____

YOUR REQUEST IS FOR:

Human Resources

Teacher Retirement System of Texas

YEAR/YEARS TO BE VERIFIED:

(Years where you believe you worked more than 90 days in a school year)
(For Human Resources, you must have been certified in the state of Texas during this time.)

NAME/NAMES YOU WENT BY DURING THESE YEARS:

SOCIAL SECURITY NUMBER:

CURRENT ADDRESS:

PHONE NUMBER:

SIGNATURE:

CYPRESS FAIRBANKS
INDEPENDENT SCHOOL DISTRICT
LEARN • EMPOWER • ACHIEVE • DREAM

Karina Castellanos
Payroll Specialist
Payroll / MHAB

(281) 897-4010
11440 Matzke Rd
Cypress, Tx. 77429

Fax (281) 897-1323
P.O. Box 692003
Cypress, Tx. 77429

Karina.castellanos@cfisd.net

Submit to Karina Castellanos