



# Employee Records Request

Date of Request: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Employee's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Social Security # (last four digits only): \_\_\_\_\_ Email: \_\_\_\_\_

## Employee Status

Currently Employee      District Substitute      Former Employee

\*Campus Assigned: \_\_\_\_\_

\*Years Employed: \_\_\_\_\_  
(required format: yyyy-yyyy)

\*Last Employed: \_\_\_\_\_  
(required format: mm/yyyy)

\*Email address records will be sent to: \_\_\_\_\_

## Documents Requested

Service Records      Transcripts      Substitute Records

## Submit

Submit for  
Certified/Administrator  
Records Request

Submit for  
Auxiliary/Paraprofessional\*  
Records Request

Submit for  
Substitute  
Records Request

*\*Auxiliary - Building and Grounds, Facilities Management, Child Nutrition, Transportation*  
*\*Paraprofessional - Clerical, Educational Aides*

If you have issues submitting this form please contact one of the following:

For Certified/Administrator      For Auxiliary/Paraprofessional      For Substitutes  
Barbara.eubank@birdvilleschools.net      belinda.uriosteguimartinez@birdvilleschools.net      Karen.kearby@birdvilleschools.net

## HR Only

Date Released: \_\_\_\_\_ Additional Comments:  
Released By: \_\_\_\_\_  
Following Records Released to: \_\_\_\_\_

Service Record(s)      Transcript(s)      Highly Qualified Document(s)