

Jarrell Independent School District

HUMAN RESOURCES DEPARTMENT

EMPLOYEE RECORDS REQUEST

Date Requested: _____ Name: _____

Other Names Used: _____ SS #: _____

Email: _____ Phone: _____

Current Employee: ☐ YES ☐ NO Employment Dates: _____ to _____

Please indicate what items you need. Originals only sent when employment IS inactive.

☐ Service Records ☐ College Transcripts ☐ Other (Please Specify): _____

Please select one of the two options below:

☐ Self Pick-Up ☐ I would like to have records: ☐ Sent by Mail ☐ Emailed ☐ Both

Employee Name or School Name

Address/City/State/Zip

Email: Name/School District _____

Email Address (Required): _____

Signature: _____ Date: _____