



HUMAN RESOURCES
PERSONNEL FILE REQUEST

First Name: _____
Middle Name: _____
Last Name: _____
SSN or Emp ID: _____
Cell phone number: _____
Email address: _____

Are you currently employed with SBCISD

Yes: _____ Location: _____
No: _____ Date Resigned: _____

Information being requested (Per policy DBA-Legal, Service Record)

Service Record: _____
Other: _____

Delivery of Documents (Within San Benito area, documents must be picked up)

Pick up: _____
Mail to: _____

Email to: _____

**** If not picked up within two (2) weeks, documents will be destroyed ****

Employee's Signature: _____
Date: _____

OFFICE STAMP: HR RECEIVED DATE

TIME

INITIAL

HUMAN RESOURCES DEPARTMENT

Comments:

DATE COMPLETED

TIME COMPLETED

INITIALS