



San Benito Consolidated Independent School District
Personnel Request Form

Police/ Security/ K9 Services



Please submit request two weeks in advance.

Date: _____

Date of Event: _____

Time Requesting Officer: _____

Estimated Time Of Conclusion: _____

Event: _____

Event Location: _____

Estimated Attendance: _____

Campus / Department: _____

Organization / Dept: _____

Personnel Requested: Security / Police / K-9

Number of Officers Requested: _____

Number of Buses: _____

Departure Time: _____

Contact Person: _____

Contact Phone #: _____

Account Number

_____-_____-_____-_____-_____-_____- A

Budget Code Number

If you have any questions please contact our office @ 361-6475.

E-Mail Request to : clopez2@sbcisd.net

Please fax your request form to 361-6483

Every Administrator / Department Head is responsible for having sufficient funds to cover services rendered.

(Signature of Administrator)

(Date)

For Department Use Only
Officers Assigned:

1 _____

6 _____

2 _____

7 _____

3 _____

8 _____

4 _____

9 _____

5 _____

10 _____

Date Assigned: _____

Assigned By: _____

Date Received: _____

Correction Date: _____

Forward Date: _____

Forward To: _____

