BIRDVILLE INDEPENDENT SCHOOL DISTRICT
Human Resources

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: _____ *Last Employed: _____
(required format: yyyy-yyyy) (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	Barbara.eubank@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)