CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF

HUMAN RESOURCES

Service Record Request

Print Name _____ **Social Security Number** _____

Phone/Contact Number _____ **Campus/Department** _____

Position _____

INFORMATION BEING REQUESTED *[Please allow up to 30 business days for processing]*

Service Record(s) ~ (Including prior districts)

- ☐ **Copy**
- ☐ **Original** ***(only available upon resignation)***

SELECT ONE OPTION BELOW FOR THE DELIVERY OF DOCUMENTS

☐ **Pick up** ***(HR Department will call when documents are ready)***

☐ **Mail to:**

Name of District:	
Address:	
City, State, Zip:	
Contact Name:	

Employee's Signature _____ **Date** _____

For any questions regarding your service records, please contact:

Ysela Waters at 915-926-4071 or via email at ysela.waters@clint.net

For Office Use Only

Date Received	Date Mailed:	Date Picked Up:	Processed By:

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