7801 Neville Ave. Bldg. B, Hitchcock, TX 77563

(409) 316-6545 Office, 409-986-5141 Fax

## SERVICE RECORD REQUEST

Sharanda Harrison-Anderson Human Resources Coordinator sharrison@hitchcockisd.org

Employee Name *			
Prior Name Social Security* (Fo	prmat: XXX-XX-XXXX) Phone# * (Format: XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Coolai Coolainiy (i C			
Delivery Method*	☐ Pick Up (Notified By Phone When Available) ☐ Mail To Address Below		
	District Name:		
	Attention:		
	Street		
	City State Zip		
Employee Type*	Current Employee Campus:		
	Former Employee Date Separated (Required) *		
Document(s) Requested*	☐ Original Service Record		
	☐ Original/Official College Transcript(s)		
	□ Other:		
	ecord Request Form is the required document for all former and existing Hitchcock ISD employees are District. Please complete and submit the form to Human Resources.		
• Employees leaving dur to be processed.	ring the current school year: Please allow up to 30 days after your final work date for your request		
• Employees leaving the	District at the end of the school year: Service records will be processed in July.		
• Former employee: Plea	ase allow up to ten business days for processing.		
If the service record is rec the current service year w	uired for additional certification or a continuing education program during the current school year, ill not be included.		
	policy to prepare one original service record. If Hitchcock ISD has previously provided an original he past, please contact your most recent district to obtain the original service record.		
Employee Signature:	Date signed:		

HR Official use:	Date Request Received	Date Mailed
	Cert. Mail/Receipt #	
	Records Picked up by	Date