Please allow 30 business days for processing

Date: _____ Employee Name: _____

HEB ISD ID number: _____ or Social Security number: _____

Other Name(s) Records May Be Under: _____

Contact number: _____ Total Years of Experience : _____

Email a ddress: _____

Current HEB ISD employee: ☐ yes ☐ no

Dates employed: _____

I am requesting the following:

☐ Copy of Service Record (for current employees, does not include current year)

☐ Substitute Service Record (provide dates of employment) _____ thru _____

☐ Original Service Record (for former or resigned employees, available after sick days are posted in payroll and you have received your final paycheck)

☐ I am requesting a copy of my service record for graduate school

According to the TAC §153.1021(d)(5), A scanned version of the original service record may be considered official if sent directly from one employing district to another employing district.

Please email my service record to: _____

Email request form to: . U L V W L Ø \ U H@hebisd.edu

Auxiliary employees - Em ail request form to: Johannahernandez@hebisd.edu

HR use - Date Released _____