

Jarrell Independent School District

HUMAN RESOURCES

FORMER EMPLOYEE RECORDS REQUEST

Date Requested: _____ Name: _____

Other Names Used: _____ SS #: _____

Email: _____ Phone: _____

Current Employee: YES NO Resignation/Termination/Retirement Date: _____

Employment Dates: _____ to _____

Documents Needed: Indicate what items you need. Originals only sent when employment IS inactive

___ Teaching Certificate

___ Service Records

___ College Transcripts

Please select one of the two options below:

___ I will pick up the records when ready.

___ I would like to have the above indicated information mailed to:

Name

Address/City/State/Zip

___ Email to School District: Name: _____

Email Address (Required): _____

Printed Name: _____ Signature: _____