



# DONNA

INDEPENDENT SCHOOL DISTRICT

## HUMAN RESOURCES DEPARTMENT PERSONNEL FILE REQUEST

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

SSN or Emp ID: \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

### Are you currently employed with DISD

Yes: \_\_\_\_\_

Location: \_\_\_\_\_

No: \_\_\_\_\_

Date Resigned: \_\_\_\_\_

### Information being requested (Per policy DBA-Legal, Service Record)

Service Record: \_\_\_\_\_

Other: \_\_\_\_\_

### Delivery of Documents (within DISD area, documents must be picked up)

Pick up: \_\_\_\_\_

Mail to: \_\_\_\_\_

Address

City

Zipcode

*If not picked up within two (2) weeks, documents will be destroyed*

Signature of person making request: \_\_\_\_\_ Date: \_\_\_\_\_

### HUMAN RESOURCES:

Office stamped: HR Received Date:

Time: \_\_\_\_\_ Initial \_\_\_\_\_

Comments:

Date completed: \_\_\_\_\_ Time completed: \_\_\_\_\_ Initials: \_\_\_\_\_