



## Service Record Request Form

Please complete the following form. Scan the completed form to:  
[HRCustomerService@aisd.net](mailto:HRCustomerService@aisd.net)

Name: \_\_\_\_\_ AISD Employee ID #: \_\_\_\_\_

Other Name(s) Records May Be Under: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Mail To:**

**OR**

**Email To:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Current Employee  Former Employee

Original Hire Date: \_\_\_\_\_ Current Separation Date: \_\_\_\_\_

Current Service: Start Month/Year \_\_\_\_\_ to End Month/Year \_\_\_\_\_ Position: \_\_\_\_\_

Former Service: Start Month/Year \_\_\_\_\_ to End Month/Year \_\_\_\_\_ Position: \_\_\_\_\_

Copies will be provided for current employees. An original record of service with Arlington ISD will be provided within 30 days of resignation or written request for service record whichever date is later. University transcripts will need to be requested from the university.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_