



Service Record Request Form

Please complete the following form. Scan the completed form to:
HRCustomerService@aisd.net

Name: _____ Employee ID #: _____

Other Name(s) Records May Be Under: _____

Social Security #: _____ Telephone #: _____

Mailing Address to Use if Not Picking Up

Address: _____

City: _____ State: _____ Zip Code: _____

Current Employee: _____ Former Employee: _____

Original Hire Date: _____ Current Separation Date: _____

Current AISD Service: Start Month/Year _____ to End Month/Year _____ Position: _____

Former AISD Service: Start Month/Year _____ to End Month/Year _____ Position _____

Former AISD 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.

Please check One of the Following:

Mail the Service Record to the Address Above

I will pick up the Service Record at the HR office. An HR Specialist will call when the record is ready. Records not picked up within 30 days will be returned to file and will need to be requested again.

Signature: _____ Date: _____