



HUMAN RESOURCES SERVICE RECORD REQUEST FORM

Please complete this form and send to ServiceRecords@IDEAPublicSchools.org. All requests will be processed within 10 working days.

Employee Name:	Last 4 of Social Security Number:
Contact Phone Number:	<input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Home Phone
1. Are you currently employed with IDEA Public Schools?: YES / NO	
2. If "Yes", please indicate your current work location:	
3. If "No", please select one of the following options: <input type="checkbox"/> Retired- Date of Retirement: _____ <input type="checkbox"/> Resigned/Terminated – Last date of employment: _____	
4. Printed Name of person making request and association, if different than the employee:	
PLEASE ALLOW 10 WORKING DAYS FOR REQUESTS TO BE PROCESSED	
Delivery Method:	<input type="checkbox"/> Inter-Office (if currently employed) <input type="checkbox"/> Pick-Up <input type="checkbox"/> Mail (please provide address: _____ _____ _____ <input type="checkbox"/> Email (please provide email address) _____
Information Being Requested (copies only):	<input type="checkbox"/> Resume <input type="checkbox"/> Transcripts <input type="checkbox"/> Service Records <input type="checkbox"/> Other: _____ _____ _____
Employee Signature:	Date:
HR OFFICE USE ONLY	Date Received: _____ HR Initials: _____ Completed Date: _____ <input type="checkbox"/> Mail <input type="checkbox"/> Pick-Up <input type="checkbox"/> Email <input type="checkbox"/> Inter-Office