EMPLOYEE RECORD REQUEST

Employee Name* **First**_____ **Last**_____

Prior Name **First**_____ **Last**_____

Last Four Digits of Social Security #*_____

Employee ID #_____ **Phone #**_____

*Indicates Required Fields

Delivery Method* (Check One)

_____Pick up (Notified by phone when available)
_____Email
_____Mail to Personal Address
_____Mail to District Address (if going to another district)

District Name (if applicable)_____

Attn. To (if applicable)_____

Street_____

City_____ **State**_____ **Zip**_____

Email Address_____

Employee Type* (Check all that apply)

_____**Current Employee** (Will receive COPIES ONLY)
(If you are leaving the district, check previous employee and enter last day of employment in order for original documents to be picked up or mailed to the address indicated above)

_____Previous Substitute Years Employed_____**(Format YYYY-YYYY)**

_____Previous Employee Years Employed_____**(Format YYYY-YYYY)**

Document(s) Requested*

_____MISD Service Records
_____Prior District Service Records
_____Transcripts
_____Other Documents Please Specify_____

Signature*_____**Date***_____

Please complete this form and email it to Amber Konchalski, at amberkonchalski@misdmail.org or fax it to 817.473.5488