



DONNA

INDEPENDENT SCHOOL DISTRICT

"THE 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: _____ Intial _____

Comments:

Date completed: _____ Time completed: _____ Initials: _____