



## Service Record Request

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_  
*As it appears on your Pay Advice Statement*

SSN: XXX-XX-\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I CERTIFY THAT I HAVE/WILL HAVE TERMINATED EMPLOYMENT WITH FWISD AS A

(JOB TITLE) \_\_\_\_\_ on (DATE) \_\_\_\_\_

(If applicable) MY NEW EMPLOYER/SCHOOL DISTRICT \_\_\_\_\_

**THE FOLLOWING FILE DOCUMENTS ARE AVAILABLE TO YOU.  
PLEASE CHECK DOCUMENTS YOU ARE REQUESTING.**

**FWISD Service Record**

Start date: \_\_\_\_\_ month/year Last day worked \_\_\_\_\_ month/day/year

**Service Records from other Districts on file with FWISD**

Name of District(s) \_\_\_\_\_

**Transcript(s)**  **Highly Qualified Documentation**

**Certified Substitute Teacher Service Record** - if applicable

A certified teacher, librarian, counselor or licensed nurse who works as a substitute teacher is entitled to a service record for that service.

**Mail my records:**

Home address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Call me when my records are ready and I will pick them up.**

**PLEASE BRING OR SEND THIS COMPLETED FORM TO HR/EMPLOYEE RECORDS**

• U.S. mail HR/Employee Records  
100 N. University Drive  
Fort Worth, TX 76107

• E-mail [jane.cumbie@fwisd.org](mailto:jane.cumbie@fwisd.org)  
• School mail HR/Employee Records  
• Fax 817.871.2212