ALISAL UNION SCHOOL DISTRICT HUMAN RESOURCES DIVISION

□ Certificated
□Classified

EMPLOYEE RECORDS/INFORMATION REQUEST FORM

Name:		Employee ID No:
Current Position:		Site/Department:
Home Address:		
Phone:	Work	Phone:
	contact you when the info	rmation is ready for pick up. Please bring ID at on will not be released. **
Please indicate below what	records/information you are	e requesting:
		se indicate the reason for your appointment so that uman Resources will contact you to schedule the
	PERSONNEL	USE ONLY
Records/Information release	ed:	
Request completed by:		
Date request was completed	d:	
Appointment Date:	Appointment Time:	HR Rep: