



EAGLE MOUNTAIN SAGINAW ISD

Fostering a Culture of Excellence

Document Request Form

Please allow 30 business days for processing

Date: _____
Employee Name: _____
SS#- Last 4: _____
Email: _____
Phone: _____

Employee Status: Current

Former- What was the last day of employment? _____

I am requesting the following document(s) from my EMS ISD personnel file:

Original Service Record (for former employees available after sick days are finalized by Payroll and final paycheck has been received)

Copy of Service Record (for current employees, does not include current school year)

College Transcript (originals may be released upon separation)

Verification of Employment Letter (please include details of required information)

Select One Option Below:

I request the documents to be mailed to:

Name/Institution: _____

Address: _____

City/State/Zip: _____

Please Email/Fax the records to: _____

Employee Signature

HR Signature and Date Completed

Revised 01/2023