



SCHOOL of EXCELLENCE
in EDUCATION

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HUMAN RESOURCE DEPARTMENT
REQUEST FORM

**NOTE: There is a 7-10 business day turnaround time to process your request.
(If request is ready before we will contact you)**

Employee's Name: _____

Address _____

Email Address _____

Contact Number _____

Position _____

Campus _____

EMPLOYEE REQUEST:

___ SERVICE RECORD

___ DIRECT DEPOSIT

___ W-2

___ PTO INFORMATION

___ EMPLOYMENT VERIFICATION

OTHER _____

Check One:

___ WILL PICK UP REQUESTED INFORMATION

___ REQUEST TO EMAIL REQUESTED INFORMATION

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:

REQUEST RECEIVED BY: _____ **DATE:** _____