



ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT SERVICE RECORDS REQUEST FORM

EMPLOYEE NAME: LAST _____ FIRST _____ MI _____

ECISD Employee ID#: _____ or SSN: _____

POSITION: _____ CAMPUS/DEPT: _____

PHONE: _____ OFFICE PHONE: _____

NOTE: You must be resigned/retired from ECISD to receive original service records.

Have you resigned/retired from ECISD? (Check one) YES ☐ NO ☐

If "YES" what was your last date of employment? _____

I am requesting the following from my personnel file:

_____ ORIGINAL SERVICE RECORDS. *Service record for the current year will not be processed until July.*

_____ SERVICE RECORDS – COPIES ONLY

SELECT ONE OPTION BELOW: (Please Type or Print Clearly)

☐ I will come to the Office of Human Resources to pick up the documents.
(You will receive a phone call when documents are ready for pick up)

OR...

☐ I request the documents be mailed or emailed to the following location:

Organization: _____

Contact Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Employee Signature: _____ Date: _____

(FORM MUST BE SIGNED TO PROCESS REQUEST/ELECTRONIC SIGNATURE ACCEPTED)

Please allow up to 30 days for processing during the summer months

Send the completed form via email, fax, or mail to:

JOSIE VILLALOBOS – Human Resources

Email: josie.villalobos@ectorcountysd.org

Fax: 432-456-9358

Address: PO Box 3415
Odessa, TX 79760

ECISD use only
Date logged: _____
Initials: _____
Date remitted: _____
Initials: _____