

## LAMPASAS INDEPENDENT SCHOOL DISTRICT HUMAN RESOURCE DEPARTMENT

## REQUEST FOR EMPLOYEE DOCUMENTS

Employee Name:	Email:
Home Phone:	Cell Phone:
Employee Address:	
How would you like to receive your	requested documents? (circle one) Mail Pick-up
Employee Signature:	
<ul><li>request.</li><li>If requesting Employment Ver verification request form to us</li></ul>	icate of Loan Forgiveness, please attach the full application to this rification for a loan, please have your lending institution send their
Please allow 10 business days to proc	ess your request from the date that it is received by Human Resources
Submit the completed form to:	
Ashley Trant Human Resource Department 207 W. 8 <sup>th</sup> Street Lampasas, TX 76550	tranta@lisdtx.org (email) (512) 564-2848 (phone) (512) 556-3126 (fax)
	LISD Office Use Only  Request Received Date Mailed/Picked Up  Date Initials Date Initials
	Updated: 7/20