STATEMENT OF SERVICE REQUEST FORM

Name

Employee #

Address

City, State & Zip Code

Union Affiliation (Please check one if any)

□APPSSA     □Local 958     □Local 1339     □Local 1033     □Non Union

Employee type (please check one)

☐ Full-time Employee
☐ Substitute Employee
☐ Terminated Full-time Employee
☐ Terminated Substitute Employee

Please list in detail what you are requesting, reason for the letter and who the letter should be addressed to:

________________________________________________________________________________________________________________________________________________________________________________________________________

Please check one of the following:

☐ Mail completed statement to my job location____________________________________

☐ I will pick-up statement #:___________ (PLEASE ENTER CONTACT NUMBER)

☐ Mail completed statement to address shown above

Incomplete forms delay processing and will be returned.

RETURN THIS FORM TO:

THE OFFICE OF HUMAN RESOURCES

________________________________________  __________________________
Signature                           Date

Statement of Service Request Form