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**