



HUMAN RESOURCES

Human Resources Record Request Form

Please complete form and send to email address: servicerecords@ideapublicschools.org requests will be processed within 10 business days. For urgent inquiries please call us at 916-377-8000.

Employee Name _____	Social Security Number XXX-XX- _____
Contact #: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home	
1. Are you currently employed with IDEA Public Schools? _____	
2. If yes, please indicate your location _____	
3. If no, please select one of the following: - Retired- Date of Retirement _____ - Resigned/Terminated Last date of employment _____	
4. Start Date of employment _____	Campus Name _____ Campus Address _____
5. Printed Name of person making request if different than employee _____	

Email (please provide email address)

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