

SUBSTITUTE SERVICE REQUEST

Please type or print only.

Last Name _____ First Name _____

Social Security # _____ Employee ID # _____

Mail to _____
(Street, City, State, Zip Code)

Phone # _____

Specific year(s) to be verified (substitute service for 1970-1979 cannot be verified):

Purpose of Request:

- TRS Service Credit
- CISD Service Credit
- Other _____

I hereby authorize **Conroe Independent School District** to release the requested information.

The current school year cannot be verified until the end of the school year or termination of the substitute's employment.

I am aware that due to the research required, it may take up to 30 days to complete request. I will be contacted if additional time is necessary.

Signature _____ Date _____

Return this form to the Conroe ISD Payroll Department