

South Kitsap School District Human Resources

2689 Hoover Ave SE / Port Orchard WA 98366

(360) 874-7079 / **(360) 874-7076** FAX

Employee Request for Transfer of Records

REQUEST DATE:			LAST SCHOOL WORKED:					
REQUESTOR'S NAME:			APPROXIMATE DATES OF EMPLOYMENT:					
NAME WHEN LAST EMPLOYED AT SKSD:			REQUESTOR PHONE #:					
SOCIAL SECURITY NUMBER:			REQUESTOR EMAIL:					
POSITIO	N(s):							
RECORDS REQUESTED: Verification of Prior Experience			NCLB (Documentation)					
		Transcripts	Washington State Sexual Misconduct Forms					
	Other	:						
Sout	h Kitsan School D	istrict prefers to release emplo	ovee records to employer					
<u>حمد</u>								
	Mail records to:		ATTENTION:					
	Address:		Phone Number:					
	City, State, ZIP:							
CR								
	FAX records to:		FAX Number:					
		(Name)	Phone Number:					
OR								
	Records will be picked up at Human Resources in South Kitsap School District Office.							
	Please call:		Phone Number:					
<u>ل</u>		(Name)						
			REQUIRED TO PROCESS					
	Req	uestor's Signature						
Please	e send reauest to: Se	outh Kitsap School District. Human	Resources, at the above address or fax number. Allo	w 7-10				

Please send request to: South Kitsap School District, Human Resources, at the above address or fax number. Allow 7-10 working days to process.

	For HR Use Only:			
September 16, 2013		Completed By	Date	