



WESLACO INDEPENDENT SCHOOL DISTRICT
 Human Resources Department
 319 West 4th Street | P.O. Box 266
 Weslaco, TX 78599

Telephone: (956) 969-6619 Fax: (956) 969-6940



Dr. Priscilla Canales,
Superintendent of Schools

EMPLOYEE REQUEST FORM

First Name	Middle Name	Last Name
SSN / Employee ID#	Work Phone Number	Home / Cell Phone Number
Current Dept. / Campus & Position		

CHANGE REQUEST

Please note that if you are changing your name, phone number or address, you must report the change to the following departments:
Human Resources Department and Insurance Department

Current Name	New Name
Current Phone Number	New Phone Number
Current Address / City, State & Zip Code	New Address / City, State & Zip Code

IF NO LONGER WITH DISTRICT WE ALSO REQUIRE DATE OF BIRTH:

_____ / _____ / _____
 MONTH DAY YEAR

OTHER REQUESTS: Place a checkmark (✓) in the box to indicate your request (only copies will be provided).

SERVICE RECORD CONTRACT PREVIOUS EVALUATION TRANSCRIPTS

STATEMENT OF EMPLOYMENT WAGES

OTHER (EXPLAIN): _____

 Employee's Signature (Electronic Signature Accepted)

 Date

NOTE: COMPLETED FORMS CAN BE EMAILED OR DELIVERED TO THE HUMAN RESOURCES OFFICE

FOR OFFICE USE ONLY:		
Date Received: _____	Date Processed: _____	Initials: _____