STATEMENT OF SERVICE REQUEST FORM

Name	***Employee #***
Address	***City, State & Zip Code***

Union Affiliation (Please check one if any)

Ĭ APPSSA Ĭ Local 958 Ĭ Local 1339 Ĭ Local 1033 Ĭ 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:

_____

_____

_____

_____

_____

_____

[redacted]**one of the following**:

☐ ***Mail completed statement to my job location_____***

I will pick-up statement #:_____ (