



Payroll Department Substitute Services Verification Request

**For Substitute Employment Verification
send to:**

Conroe ISD Human Resources
3205 West Davis Street • Conroe, TX 77304
Phone936-709-7859
Fax936-709-9859
Email.....dhodges@conroeisd.net

**For TRS Verification of Substitute Days
send to:**

Conroe ISD Payroll Department
3205 West Davis Street • Conroe, TX 77304
Phone936-709-7721
Fax.....936-709-9722
Email.....payroll@conroeisd.net

Please type or print

Name (last name, first name, middle initial) _____

Social Security No. _____ Employee ID No. _____

Phone number _____

Street address (include apartment number if applicable) _____

City _____ State _____ Zip Code _____

Dates to be verified (**Note:** Substitute service for 1970-1979 cannot be verified. These records no longer exist.)

_____	_____
_____	_____
_____	_____

Purpose of request (TRS, CISD credit, etc.) _____

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

I am aware that due to the research required, it may take up to 30 working days to complete the request. I will be contacted if additional time is necessary. I further understand that the current year cannot be verified until employment has terminated or the school year has ended.

I also acknowledge that the Substitute Verification will be completed on the proper TRS form or on Conroe ISD letterhead, whichever is appropriate for the requested situation, and will be sent to my mailing address of record with the District. I am responsible for forwarding the form to the appropriate CISD Department or Agency.

Signature _____ Date _____