# Farmersville Unified School District
# REQUEST FOR MILITARY SERVICE CREDIT
## (CERTIFICATED EMPLOYEES ONLY)

Date_____

Employee_____ Site _____

I would like to request Salary Credit for Military Service:

I served on duty in the following Military Branch_____

From (month and year) _____to (month and Year) _____

Please attach a Department of Defense Form 214 (DD214) as verification.

Please submit your request and verification to:

Ms. Thelma Maldonado, Farmersville Unified School District Personnel Office