

**San Benito Consolidated Independent School District
Security / K-9 / Police Officer Services
Personnel Request Form**

*****Please submit request two weeks in advance.*****

Date: _____

Date of Event: _____

Time Requesting Officer: _____

Estimated Time Of Conclusion: _____

Event: _____

Event Location: _____

Estimated Attendance: _____

Campus / Department: _____

Organization / Dept: _____

Personnel Requested: Security / Police / K-9

Number of Officers Requested: _____

Number of Buses: _____

Departure Time: _____

Contact Person: _____

Contact Phone #: _____

Account Number
____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - A

Budget Code Number

If you have any questions please contact our office @ 361-6475.

Please fax your request form to 361-6483 or 361-6965.

Every Administrator / Department Head is responsible for having sufficient funds to cover services rendered.

(Signature of Submitting Administrator or Designee)

(Date)

For Department Use Only	
Officers Assigned:	
1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____
Date Assigned: _____	Assigned By: _____

Date Received: _____

Correction Date: _____

Forward Date: _____

Forward To: _____