



Dr. Jorge O. Ayala, *Superintendent*

## REQUEST FOR APD RETRIEVAL

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

DATE OF APD: \_\_\_\_\_

AMOUNT OF APD: \_\_\_\_\_

REASON FOR RETRIEVAL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DISTRICT AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_