

VERIFICATION OF EMPLOYMENT REQUEST FORM

Mercy Medical Center – Sioux City, IA provides verification for previous or current employment history as a courtesy to our associates. Please complete all of the information below and SUBMIT. Mercy will make every attempt to reply to your request in a timely manner.

If you are requesting payroll information, please fax your form to 712-294-7236.

Associate Information

First _____ Middle ____ Last _____

Previous names used (i.e. maiden name): _____

Requestor Name: _____

Company: _____

Return Fax Number: _____

Phone Number: (_____)_____

For Human Resources Only:

Currently Employed?: _____ Yes _____ No

Start Date: _____ End Date: _____

Position: _____

Status: Full-Time _____ Part-Time _____ On-Call _____

Person verifying request: _____

Title: _____

Date: _____

This message originates from the Human Resources Office at Mercy Medical Center – Sioux City, IA. It may contain information which is confidential and is intended only for the individual(s) or entity named above. It is prohibited for anyone else to disclose, copy, distribute or use the contents of this message. If you have received this message in error, please notify me immediately at: SCIA-HR@mercyhealth.com or 712-279-5911.