



2020 W Wells Street, Milwaukee, WI 53233 | (414) 290-0050 | Toll Free (888) 381-5696 | www.mcfihomecare.net

Employee Request Form

REQUEST INFORMATION

Name: _____ Employee Number: _____ Date Requested: _____

Is this a request for a form completion? Yes No Is this a request for a letter? Yes No

Address letter to *(If nothing indicated, letter will be addressed to employee)*: _____

Please check all information needed or additional details:

Human Resources Information

Hire Date

Scheduled Hours per Week

Payroll Information

Pay Rate

Wage History *(Detail of History Needed)*:

Other Information

Other (Please Describe):

****Note:** You can log into your Paycom account to access your pay stubs.

DELIVERY INSTRUCTIONS

In Person Pick-Up

Fax Attention to: _____ Fax Number: _____

Mail Address: _____
(Address) *(City)* *(State)* *(Zip)*

All verification requests will be completed within 48 hours of receipt

By signing this form, you authorize MCFI Home Care to disclose the indicated information to the identified parties.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received on: _____ Completed on: _____

Completed by: _____