



## VERIFICATION OF EMPLOYMENT REQUEST FORM

Mercy Medical Center – Sioux City, IA provides verification for previous or current employment history as a courtesy to our employees. Please complete all of the information requested below and **SUBMIT**. Mercy will make every attempt to reply to your request within 48 hours.

If you are requesting payroll or benefits information, please fax your form to the Finance Department at 712-279-5624. **Form should include release from employee.**

### Please print

Requestor Name: \_\_\_\_\_

Company: \_\_\_\_\_

Return Fax Number: \_\_\_\_\_

Employee:  
First \_\_\_\_\_ Middle \_\_\_\_ Last \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### For Human Resources Only:

Currently Employed? \_\_\_\_\_ 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: [daniecha@mercyhealth.com](mailto:daniecha@mercyhealth.com) or 712-279-2335.