



Employee Request Form

Employee Name: _____ Date: _____

A.) Information Requested

<input type="checkbox"/> Hire Date	<input type="checkbox"/> Pay Rate
<input type="checkbox"/> Wages	<input type="checkbox"/> Check Stubs
<input type="checkbox"/> # Current Scheduled Hours per Week	
<input type="checkbox"/> Other _____	

B.) Please check how you would like to receive your request.

<input type="checkbox"/> I authorize MCFI Home Care to send requested items on my behalf to: <ul style="list-style-type: none">• Fax #: _____
<input type="checkbox"/> I authorize MCFI Home Care to send my wage information for the next 3 months to: <ul style="list-style-type: none">• Fax #: _____
<input type="checkbox"/> I would like to pick up a copy of requested information

Employee Signature

Date

PLEASE FAX REQUEST TO MAIN OFFICE AT 414-918-8572