

# GUIDE FOR REQUIREMENTS TO ISSUE SWEDISH ID BADGE

## Photo Submission Requirements

Submit a **personal photo** that meets the following guidelines:

- ✓ Taken within the last six (6) months
- ✓ Passport-style:
  - a. In color
  - b. In front of a plain background or a photographer's backdrop.
  - c. Framed with space around all sides of the head and face, and with the shoulders visible
  - d. Face pointed directly toward the camera, with eyes level and head not tilted.
  - e. No hats, no sunglasses, no glare on glasses. (Head coverings may be worn for religious purposes.)
- ✓ Jpg-format
  - a. No larger than 150Kb up to 800x600 pixels, and no smaller than 320x240 pixels
  - b. Not scanned from another source
- ✓ Photo file must be labeled/titled Lastname\_Firstname. *For example, a jpg-format photo for Susan Smith would be named Smith\_Susan.jpg.*

Security will reject any photos that do not meet the standards.

## Government-Issued ID Submission Requirements

Submit a clear, legible photo of the **government-issued document** that you will use to verify your identity to claim your ID badge.

## Badge ID Application.

Complete Application Form (following).

Submit personal photo, photo of government-issued ID, and completed application form to [GMEOnboarding@swedish.org](mailto:GMEOnboarding@swedish.org).



# NEW SWEDISH PHOTO ID REQUEST

Please print clearly. Government issued photo ID required for badge.

EMPLOYEE \_\_\_\_\_ MED STAFF \_\_\_\_\_ VOLUNTEER \_\_\_\_\_ PSJH EMP \_\_\_\_\_  
 CONTRACT \_\_\_\_\_ VENDOR \_\_\_\_\_ CONSTRUCTION \_\_\_\_\_ RESIDENT / STUDENT \_\_\_\_\_ X

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EMP ID #: \_\_\_\_\_ SITE/CAMPUS: \_\_\_\_\_

DEPT/UNIT: \_\_\_\_\_

LICENSE/CREDENTIALS: \_\_\_\_\_ State-required license first. 12 characters max.

JOB TITLE: \_\_\_\_\_

### ADDITIONAL INFORMATION FOR CONTRACT, VENDORS, CONSTRUCTION, AND STUDENTS

COMPANY/SCHOOL NAME: \_\_\_\_\_

EXPECTED END DATE AT SWEDISH: 6/30/ (Maximum period 12 months)

### AUTHORIZATION TO ISSUE PHOTO ID BADGE

By signing below, I affirm that the individual listed above has completed all onboarding requirements, including proof of immunization status and successful completion of a background check. I will ensure that the individual's photo ID badge is returned to Security when they leave Swedish.

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

PRINT NAME: Carlos Rustia PHONE: 206-386-2261

JOB TITLE: GME Onboarding Coordinator

### APPLICANT SIGNATURE

I understand that I must wear my photo ID badge at all times when working at Swedish, that I may not puncture or deface the badge, and that I must show it to any Swedish or Providence caregiver on demand. I also understand that this badge must be returned to Security when I am no longer working at Swedish. I will not allow others to use my badge for any purpose, including door access or time keeping.

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

### FOR SECURITY USE

GOVERNMENT PHOTO ID #: \_\_\_\_\_

ISSUING STATE/AUTHORITY: \_\_\_\_\_

GOVT ID CHECKED BY: \_\_\_\_\_