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.
# NEW SWEDISH PHOTO ID REQUEST

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

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th>MED STAFF</th>
<th>VOLUNTEER</th>
<th>PSJH EMP</th>
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<tr>
<th>CONTRACT</th>
<th>VENDOR</th>
<th>CONSTRUCTION</th>
<th>RESIDENT / STUDENT</th>
<th>X</th>
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</thead>
</table>

**FIRST NAME:** __________________________ **LAST NAME:** __________________________

**EMP ID #:** __________________________ **SITE/CAMPUS:** __________________________

**DEPT/UNIT:** __________________________

**LICENSE/CREDS:** __________________________ **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:** __________________________