SequoiaSD

Part of the AssuranceSD Family

DIRECT CARE WORKER DOCUMENT REQUEST FORM

Instructions: Use this form when requesting a copy of an employment, payroll, or credential document already provided to SequoiaSD.

DIRECT CARE WORKER INFORMATION

Direct Care Worker Full Name: _____ Date of Request:_____

Email Address: _____ Last 4 Digits of SSN:_____

Date of Birth (MM/DD):_____

DOCUMENT BEING REQUESTED

Check the item(s) requested.

- ☐ Paystub / wage statement
- ☐ W-2 / tax document
- ☐ I-9 / employment document
- ☐ Credential / certification / ID
- ☐ Background check / clearance document
- ☐ Other: _____

ELECTRONIC DELIVERY AUTHORIZATION

I authorize SequoiaSD to send the requested document electronically to the email address provided above. I understand that electronic delivery may contain confidential personal, employment, payroll, or tax information and that I am responsible for maintaining the security of the email account or device used to receive it.

- ☐ YES — I authorize electronic delivery of the requested document(s).
- ☐ NO — Please contact me regarding another method of delivery.

REQUESTOR CERTIFICATION

I certify that I am the Direct Care Worker identified above and that I am requesting the document(s) listed on this form. I understand that SequoiaSD may require additional verification before releasing sensitive documents. I understand that SequoiaSD may decline to send a document electronically if it cannot reasonably verify my identity or protect the information.

Direct Care Worker Signature: _____ Date: _____

Privacy note: Do not email or write the Direct Care Worker's full Social Security number on this form. Only the last four digits should be used for identity verification. For especially sensitive documents, SequoiaSD may use an additional verification method before releasing the document.