



Department of Veterans Affairs
PIV Sponsorship Worksheet

Employee Information

Name (First Middle Last):

Social Security Number:

Date of Birth (MM/DD/YYYY):

Gender (M/F):

Race:

Eye Color:

Hair Color:

Height & Weight:

Citizenship: (US,
Naturalized or Non-Citizen Status)

Place of Birth (City, State, Country):

Home Address:

Job Title:

Contractor Company Name & Contract

Company Address:

Company Phone Number:

Upon completion of this form, please return via securely encrypted email to Kelly.Nussbaum@va.gov, or deliver to the VA Health Care System, Contracting Office in Building 16, 2501 W 22nd Street, Sioux Falls, SD 57105. Please call Kelly at 605-336-3203 x7804 with any questions or concerns.