

> Employee Login User Manual

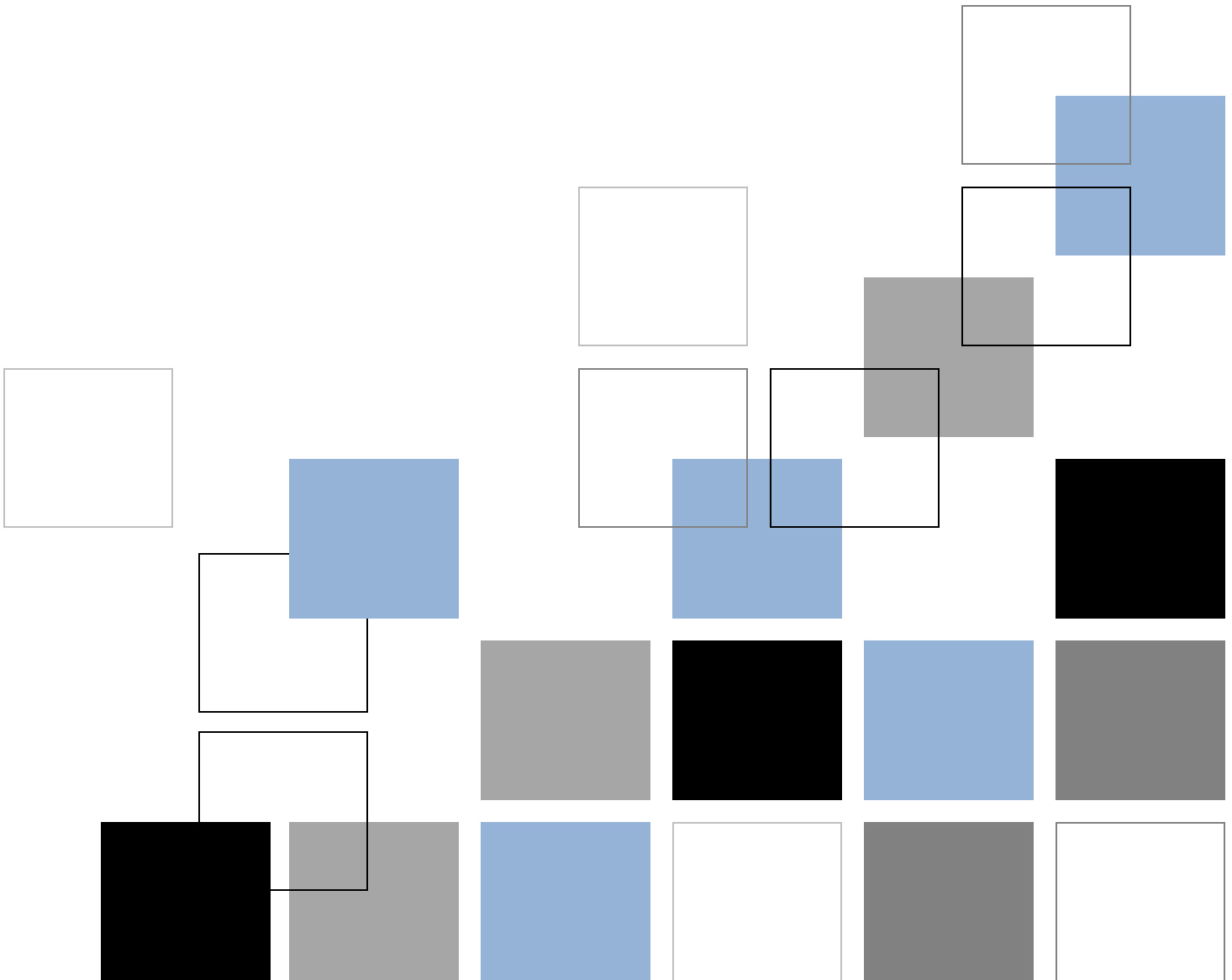


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Home Page



When you log onto the **Employee Login** you will see the screen shown above. The first thing that you should do while on this page is look at the bulletin board. This is where your employer can display a message for you to view and it will show up in the box provided. You can also click on the message for more information.



If at any time that you are accessing the site you would like to go back to the home page, just scroll up to the top of any page and click the **Home** button shown above. You can also click the **Back to Previous Page** button to go back to the previous page and the **Log Off** button to log off.

Personal Data

Basic Info > Address

Personal Data | HR Center | Time Off Center | Payroll Center | Scheduling Center | Reports Center | Employee Onboarding

Back | Home | Log Off

Apple, Glen

Address Information

Address 1:	<input type="text" value="add 1"/>	State:	OR
Address 2:	<input type="text"/>	Zip:	91452
City:	California		


Update


Shown above is the **Address Info** page where you can add and edit your address info. This page allows you to add and edit the following information:


- **Address 1**
- **Address 2**
- **City**
- **State**
- **Zip**


If you wish to add or edit information on this page, update the information on the page shown above and click **Update**. All of the information will be saved.


Basic Info > Demographics



Personal Data



HR Center


Time Off Center


Payroll Center


Scheduling Center



Reports Center


Employee Onboarding

[Back](#) [Home](#) [Log Off](#)

Apple, Glen

Demographics

Date Of Hire:	04/23/2012	Re-Hire Date:	05/14/2012
Last Name:	Apple	Date Of Birth:	05/11/1982  * Age: 30
First Name:	Glen	Email:	test@mypaperlessoffice.com
Middle Initials:	F	Import Employee No:	1
Suffix:		Cobra Start Date:	<input type="checkbox"/> Cobra
User Name:	DEMOMPO51	Cobra End Date:	
Password:	test123 *	Reason:	
Termination Date:	05/13/2012	Benefit Terminated:	<input type="checkbox"/> Terminated

Home Department/Cost Centers:

Department:	Clinical	Location:	F55C
Physician:	Alex B Bodenstab		
Function:	Surgery		

Shown above is the **Demographics** page. This page allows you to view information about your employment and it also allows you to edit the following information:

- **Password**
- **Email**
- **Date of Birth**

After you have made the changes that you wish to make to the information, click the **Update** button to save your changes.

Basic Info > Direct Deposit

Select	Amount	Priority	Transit	Account	Checking	Amount Code	Exclude Special Checks	Prenote Date	Start Date	End Date	Name on Account
<input checked="" type="radio"/>	12,223.00	3	011000138	7978764654654619	Yes	%	Yes	03/11/2011	03/01/2011	04/03/2011	teste
<input type="radio"/>	100.00	99	011000015	87864654564655555	Yes	%	Yes	04/04/2011	04/04/2011	12/31/2100	Apple, Glen

The **Direct Deposit** page allows you to view your direct deposit information.

Basic Info > Emergency Contacts

Delete	Select	Contact Name	Home Phone	Work Phone	Cell Phone	Relationship	Address 1	Address 2	City	State	Zip	Country
<input type="checkbox"/>	<input checked="" type="radio"/>	adam	(343) 344-5455	(123) 132-3212		brother					23652	
<input type="checkbox"/>	<input type="radio"/>	Allen	(231) 213-2132	(123) 132-3212		Uncle	2589					
<input type="checkbox"/>	<input type="radio"/>	Red				Husband						

Contact Name: *
 Address 1:

Relationship:
 Address 2:

Home Phone: - -
 City:

Work Phone: - -
 State:

Cell Phone: - -
 Zip:

Country:

Shown above is the **Emergency Info** page. This page is used to add and edit your emergency contacts who you want to be contacted in case of an emergency. To add an emergency contact, fill in the information in the boxes provided and click **Add**. Any information with a red asterisk next to it is mandatory information. To edit an emergency contact, select the contact and click the **Select** button. Edit the information and click **Save**. To delete an emergency contact select the box next to the name of the contact and click **Delete**.

Basic Info > Personal Info

Apple, Glen

Personal Information

Gender:

SSN: - -

Home Phone: - -

Work Phone: - -

Cell Phone: - -

Marital Status:

Shown above is the **Personal Info** page where you can add and edit your personal information. The page provides you with the following information:

- **Gender**
- **SSN**

The **Personal Info** page also allows you to add or edit the following information:

- **Home Phone**
- **Work Phone**
- **Cell Phone**
- **Marital Status**

If you wish to add or edit information on this page, update the information on the page shown above and click **Update**. All of the information will be saved.

Basic Info > Taxes

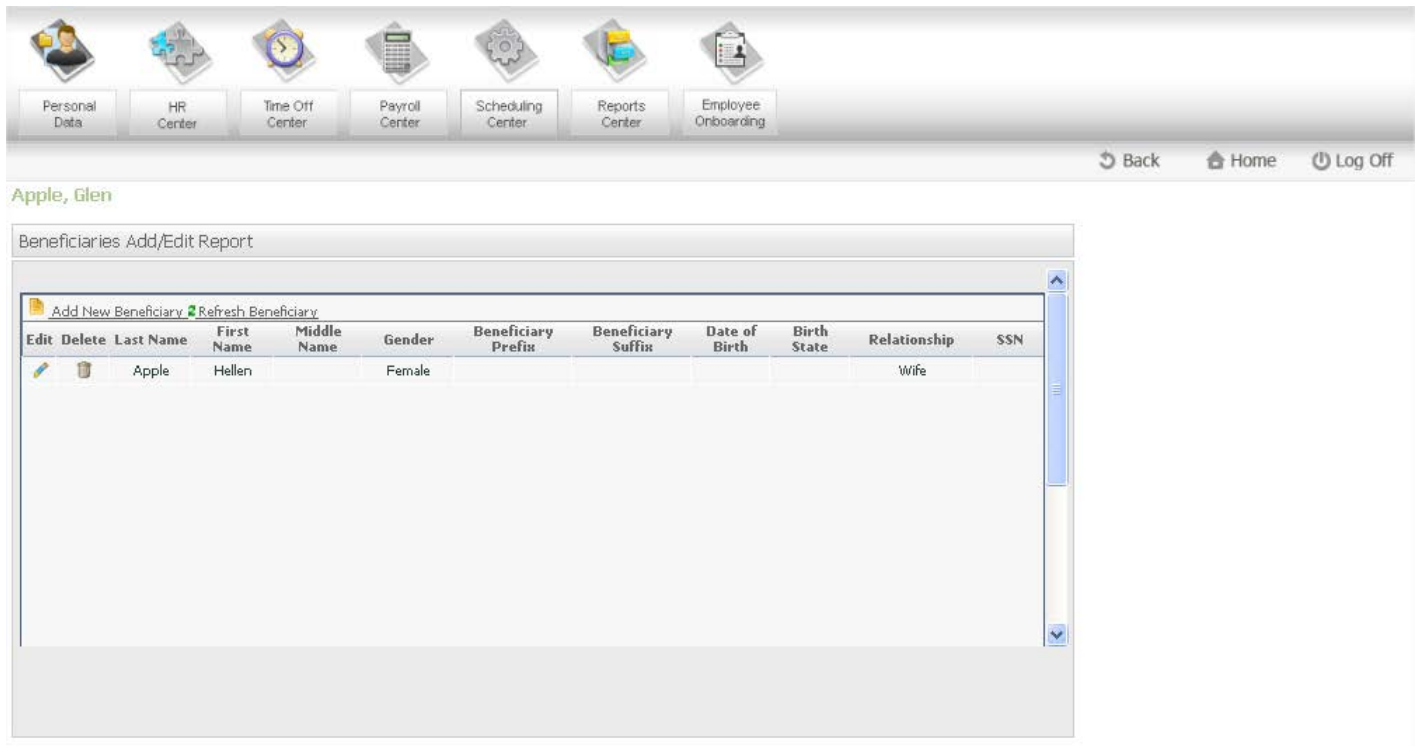
Apple, Glen

Taxes

Tax Code	Filing Status	Exemptions	Exemptions 2	Flat Amount	Percentage
FITW	M	0	0	0	0

Shown above is the **Taxes** page which allows you to view your tax information.

Benefits > Beneficiaries



Apple, Glen

Beneficiaries Add/Edit Report

Add New Beneficiary Refresh Beneficiary

Edit	Delete	Last Name	First Name	Middle Name	Gender	Beneficiary Prefix	Beneficiary Suffix	Date of Birth	Birth State	Relationship	SSN
		Apple	Hellen		Female					Wife	

Shown above is the **Beneficiary** page. This page allows you to view your beneficiaries' information, edit beneficiaries' information, delete beneficiaries, and also add new beneficiaries. The following information is provided on this page:

- **Last Name**
- **First Name**
- **Middle Name**
- **Gender**
- **Beneficiary Prefix**
- **Beneficiary Suffix**
- **Date of Birth**
- **Birth State**
- **Relationship**
- **SSN**

Add Beneficiary: If you would like to add a new beneficiary, click the **Add Beneficiary** link and fill out the information that is asked for. Any information that has a red asterisk next to it is mandatory information. When you are done filling out the form, click **Add/Edit Beneficiary**.

Delete Beneficiary: If you would like to delete a beneficiary, click the **Delete** button next to the beneficiary. When a message pops up asking if you are sure that you want to delete the beneficiary, click **OK**.

Edit Beneficiary: If you would like to edit the Beneficiary, click the pencil next to the beneficiary and make your changes. Any information that has a red asterisk next to it is mandatory information. When you are done, click **Add/Edit Beneficiary**.

Benefits > Dependents

Apple, Glen

Dependents: Add/Edit Report

[Add Dependent](#) [Refresh Dependents](#)

Delete	Benefit Selected	Relationship	Last Name	First Name	Middle Name	Gender	SSN	Date of Birth	Medical Provider #	Doctor's Name	Dental Provider #	Vision Provider #	Full-Time Student	School Hours	School	Address	City	State	Zip	Use Employee Address	Qualified Tax Dependent	Child/C. Appoin
		Child	Apple	John		Male	123654789	7/1/1980					0	0						Yes	Yes	Yes
		Child	Apple	Apple		Male	454545454	3/16/2005												No	No	No

Shown above is the **Dependent Info** page. This page allows you to view your dependent's information, edit dependent's information, delete dependents, and also add new dependents. The following information is provided on this page:

- **Benefit Selected**
- **Relationship**
- **Last name**
- **First Name**
- **Middle Name**
- **Gender**
- **SSN**
- **Date of Birth**
- **Medical provider #**
- **Doctor's name**
- **Dental Provider #**
- **Vision Provider #**
- **Full-Time Student**
- **School Hours**
- **School**

- **Address**
- **City**
- **State**
- **Zip**
- **Use Employee Address**
- **Qualified Tax Dependent**
- **Child/Court Appointed**

Add Dependent: If you would like to add a new dependent, click the **Add Dependent** link and fill out the information that is asked for. Any information that has a red asterisk next to it is mandatory information. When you are done filling out the form, click **Add/Edit Dependent**.

Delete Dependent: If you would like to delete a dependent, click the **Delete** button next to the dependent. When a message pops up asking if you are sure that you want to delete the dependent, click **OK**.

Edit Dependent: If you would like to edit the dependent, click the pencil next to the dependent and make your changes. Any information that has a red asterisk next to it is mandatory information. When you are done, click **Add/Edit Dependent**.

Benefits > Enrollment Info

Benefit Enrollment Summary

Click on the appropriate button below to view the information for your enrollment, your dependents enrollment or your beneficiaries allocations.

Benefit Year: 2012

Employee Enrollments | Dependent Enrollments | Beneficiary Allocations

Employee Enrollments | Dependent Enrollments | Beneficiary Allocations

Elected Benefit Plans Summary									
Benefit Plan	Print App.	Printed Date	Contribution	Flex Credit	Coverage	Original Eligibility Date	Eligibility Date	Effective Date	Signup Date
Medical Aetna HMO			\$100.00	\$0.00	EE	5/1/2012	9/1/2012	9/1/2012	8/19/2012
Dental Delta Preferred Option			\$55.00	\$0.00	EE	5/1/2012	5/1/2012	5/1/2012	8/19/2012
SafeGuard Vision			\$45.00	\$0.00	EE	5/1/2012	5/1/2012	5/1/2012	8/19/2012
Your amount DEDUCTED per payperiod			\$200.00	\$0.00					

Waived Benefit Plans Summary				
Benefit Plan	Reason	Date Waived	Waiver Effective Date	Terminated Date
Medical Aetna PPO	---	8/19/2012	9/1/2012	

Shown above is the **Benefit Enrollment Summary** where you can view employee, dependent, and beneficiary enrollments and allocations by clicking on the corresponding tabs. This page also provides you with a link to print the application for the benefits offered.

Equipment Info

Personal Data

HR Center

Time Off Center

Payroll Center

Scheduling Center

Reports Center

Employee Onboarding

↶ Back 🏠 Home 🔌 Log Off

Apple, Glen

Equipment

Property Issued	Serial Number	Date Issued	Date Returned
-----------------	---------------	-------------	---------------

Shown above is the **Equipment Info** page. This page provides you with a list off all of the current company equipment that you have or have had loaned out to you. The page lists the following information:

- **Property Issued**
- **Serial Number**
- **Date Issued**
- **Date Returned**

Compliance > I-9 Processing

Department of Homeland Security
 U.S. Citizenship and Immigration Services

Save Resubmit Values

Form I-9, Employment Eligibility Verification
OMB No. 1615-0047 (Rev. 08-14-10)

Example of Documents Needed

Read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against workauthorized individuals. Employees CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. (To be completed and signed by employee and/or employer/agent.)

Print Name: Title:

DOB: MPOB:

Address (Street name and number): Apt:

City: State: Zip Code:

Tax ID: SSN:

I am aware that federal law prohibits retaliation and/or fines for false statements or use of false documents in connection with the completion of this form.

I swear, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A permanent resident of the United States (see instructions)
- A lawful permanent resident (LPR/EL)
- An alien authorized to work (Alien # or Admission date) (expiration date if applicable) (month/year)

Employee Signature: Date (month/day/year):

Preparer or Translator Certification: (This complex and great factor is prepared for a preparer and translator only. It is not applicable to the preparer or translator who is providing the information here and correct.)

Preparer or Translator's Signature: Print Name:

Check this box to confirm you are the Preparer/Translator named and you are assisted in the completion of this form.

Address (Street name and number): Zip Code:

Date (month/day/year):

Section 2. Employee Review and Verification. (To be completed and signed by employer, business owner/partner, or agent. Do not examine and document the individual's documents until after you have completed this form and approved the worker's employment date. For all documents, the expiration date is required.)

Document ID	Level A	Level B	Level C
Document ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing Authority:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (M/Y):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document #:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (M/Y):	<input type="text"/>	<input type="text"/>	<input type="text"/>

I swear, under penalty of perjury, that I have examined the document(s) presented by the above-referenced employee, that the above-referenced document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year): and that to the best of my knowledge the employee is authorized to work in the United States. (Date employment began may not be the date the employee began employment.)

Signature of Employer or Authorized Representative: Print Name: Title:

Business or Organization Name: Date (month/day/year):

801 PRODUCTIONS SERVICES
Address (Street name and number): City: State: Zip Code:

2333 Trade St. Austin TX 78704

Section 3. Updating and Reverification. (To be completed and signed by employer.)

A. Last Name (Applicable): Date of Name Change (month/day/year) (Applicable):

C. If employee's previous grant of work authorization has expired, provide the information below for the document the employee has used to obtain current employment authorization.

Document Title: Document # Expiration Date (if any):

I swear, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: Date (month/day/year):

Save

Form I-9 (Rev. 08-14-10)

Shown above is the **I-9 Processing** page. The I-9 Form is used to document that each new employee hired after November 6, 1986 is authorized to work in the United States. Please verify that your name, address, maiden name (if applicable), date of birth and social security number are complete and correct. Check your citizenship status and, if applicable, complete any additional required fields. Electronically sign the form using your username. When you have finished, click **Save** to save your input.

HR Center

Company Holidays

Count	Holiday Name	Day Off
1	Holiday	6/4/2011
2	Thanksgiving	11/24/2011
3	Black Friday	11/25/2011
4	Christmas Eve	12/24/2011
5	Christmas	12/25/2011
6	Parents Day	7/1/2012

Shown above is the **Company Holidays** page that gives you a list of all holidays that your employer recognizes. You can also **Export** the list of holidays to an Excel spreadsheet by clicking the **Export** button.

EEO Reporting

EEO Reporting

Ethnicity:

EEO: / Who Must File: 01 Management Business Financial

ADA: no

Military Status: Disabled Veteran

Shown above is the **EEO Reporting** page where you can update your EEO information. To edit the information, fill in the information in the boxes provided and then click **Update**.

Employee Counseling

Personal Data HR Center Time Off Center Payroll Center Scheduling Center Reports Center Employee Onboarding

Back Home Log Off

Apple, Glen

Employee Warning Report

Sr. No.	Warning Date	Employee Signature	Employee Signature Date	IP Address	Manager Signature	Manager Signature Date	IP Address	Edit
No record found.								

The **Employee Counseling** page is used to view written warnings provided to you by your employer or supervisor. You can view the warnings on this page and you can also sign the warning using your electronic signature.

Employment Forms

Personal Data

HR Center

Time Off Center

Payroll Center

Scheduling Center

Reports Center

Employee Onboarding

[↶ Back](#) [🏠 Home](#) [🔌 Log Off](#)

Apple, Glen

Employment Forms

Personal Info:

Today's Date:	August 29, 2012	Department:	Clinical
Last Name:	Apple	Social Sec No:	549-85-5545
First Name:	Glen	Physician:	Alex B Bodenstab
Email:	rubnawaz@mypaperlessoffice.com	Supervisor Name:	Mark, Swift

Employee Documents:

Print Forms	Date Completed	Documents	Hire Date	Document Receipt Confirm User Name	Document Receipt Confirm Password	Electronic Sign Date
Print EE Form	5/31/2011	Employee Handbook	4/23/2012	<input type="text"/>	<input type="text"/>	8/29/2012
Filled In Date	8/29/2012	Employee Handbook ▼	4/23/2012	<input type="text"/>	<input type="text"/>	

Save for Review/Add Documents
Digital Signature Update

The above document (s) have been processed by me using my unique user password in the secured employee site.

I understand and agree to use the company's electronic notice system and that this right can be revoked at anytime by notifying the HR manager.

➔ Next

The **Employment Forms** page is used to view and sign employment forms provided to you by your employer or supervisor. To view a form, select the form from the drop down menu and then click **Save for Review/Add Documents**. Then click **Print EE Form and** the form will open up in a new screen that you can read and if you wish to print it, you can also print it from this page. After you have finished reading the form, sign the form using your username and password and then click **Digital Signature Update**. The date that you signed the form will appear on the right hand side of the screen.

Filing Cabinet

Personal Data HR Center Time Off Center Payroll Center Scheduling Center Reports Center Employee Onboarding

Back Home Log Off

Apple, Glen

Filing Cabinet

Last Name	First Name	SSN	File Name	Employer	Department	Date Posted
-----------	------------	-----	-----------	----------	------------	-------------

If your employer has uploaded a file in the **File Cabinet** made available to you, these files will appear here. To view the document, select the file name.

Performance Review

Personal Data HR Center Time Off Center Payroll Center Scheduling Center Reports Center Employee Onboarding

Back Home Log Off

Apple, Glen

Performance Review Dashboard

Current Reviews Completed Reviews

Title: <u>Bi-weekly 2010-11</u>				
Start Date	End Date	Type	Status	
7/1/2011	7/31/2011	Annual	Not Started	

Title: <u>Mandatory Fields</u>				
Start Date	End Date	Type	Status	
1/1/1980	4/4/2012	Annual	Not Started	

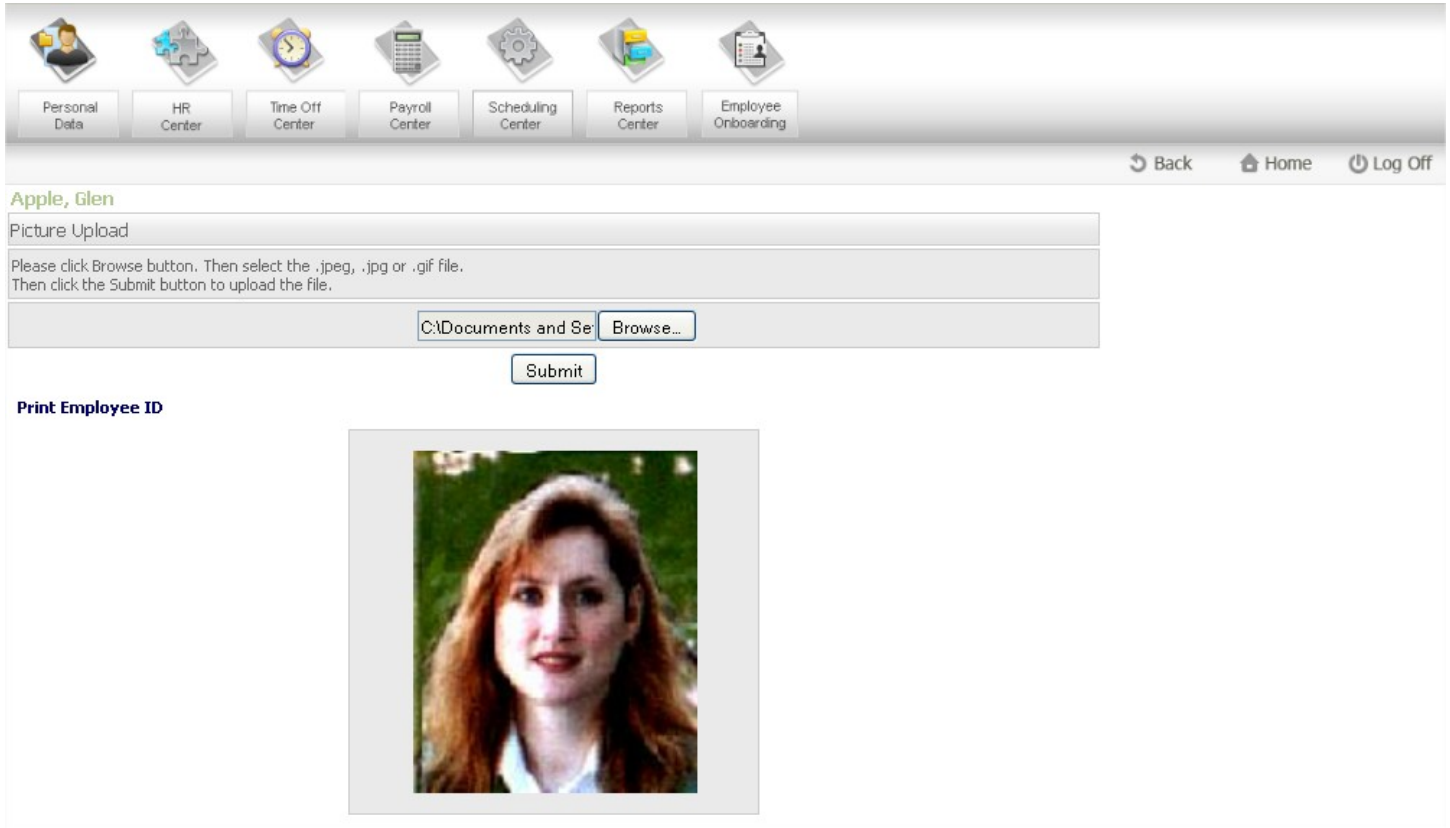
Title: <u>April - QA TEST 2012</u>				
Start Date	End Date	Type	Status	
4/1/2012	5/31/2012	Annual	Pending Employee Approval	

Title: <u>Example</u>				
Start Date	End Date	Type	Status	
11/7/2011	11/30/2011	Annual	Not Started	

Shown above is the **Performance Review** page where you can view and rate your performance. To view your current performance reviews, click **Current Reviews**. To view your completed performance reviews, click **Completed Reviews**. To view employer and supervisor reviews and rate yourself, click on the title of the performance review and you will be able to perform each of these tasks.

Picture Upload

Shown above is the **Performance Review** page where you can view and rate your performance. To view your current performance reviews, click **Current Reviews**. To view your completed performance reviews, click **Completed Reviews**. To view employer and supervisor reviews and rate yourself, click on the title of the performance review and you will be able to perform each of these tasks.



The screenshot shows a web application interface. At the top is a navigation bar with icons and labels for: Personal Data, HR Center, Time Off Center, Payroll Center, Scheduling Center, Reports Center, and Employee Onboarding. To the right of this bar are links for Back, Home, and Log Off. Below the navigation bar, the user's name 'Apple, Glen' is displayed. The main content area is titled 'Picture Upload' and contains the following text: 'Please click Browse button. Then select the .jpeg, .jpg or .gif file. Then click the Submit button to upload the file.' Below this text is a file selection field showing 'C:\Documents and Se' and a 'Browse...' button. A 'Submit' button is located below the file selection field. At the bottom left of the page, there is a link labeled 'Print Employee ID'. To the right of this link is a square placeholder containing a photograph of a woman with long, wavy, reddish-brown hair, wearing a light-colored collared shirt.

Shown above is the **Picture Upload** page where you can add a photo of yourself to be used on an employee ID and also for your employer or supervisors review. You can use this page to print an employee ID by clicking the **Print Employee ID** link.

Submit Suggestions

Back Home Log Off

Apple, Glen

Employee Suggestions

Title: (Please enter a brief title for your suggestion)

My suggestion will:

Improve Safety Save Money Improve Efficiency Increase Revenue Other

Describe the present situation, condition, method, or procedure to be improved. Please be specific.

What is your suggestion? Please be specific; describe the improvement and tell how it can be made.

How will your suggestion improve the present situation?

I agree that the company shall have the right to make full use of my suggestion.

CC Manager

on 14 eDocarb CAPTCHA™ stop spam. prevent fraud.

Submit Reset

Shown above is the **Employee Suggestion** page. This is where you will come if you would like to submit a suggestion that will be viewable to both your employer and your supervisor. To submit a suggestion, select what the purpose of your suggestion is by checking one or more of the boxes. Then, in the boxes provided, describe your suggestion to the best of your knowledge. Try and be as clear and detailed as possible. Check the box that says **I agree that the company shall have the right to make full use of my suggestion** and choose whether or not you would like to **CC Manger**. Last, type the characters shown in the CAPTCHA box and click **Submit**.

Time Off Center

Accrual & Time Off Request

The screenshot shows the 'Time Off Request' Step 1 interface. At the top, there is a navigation bar with icons for Personal Data, HR Center, Time Off Center, Payroll Center, Scheduling Center, Reports Center, and Employee Onboarding. Below the navigation bar, the user's name 'Apple, Glen' is displayed. The main heading is 'Time Off Request'. The instructions state: 'Enter / Request Time Off: Step 1 of 2: Calendar days in red font have been locked by your HR Administrator and are not available for time off request.' The form contains two dropdown menus: '1: Time Off Policy: *' and '2: First Day of Time Request: *'. There is also an 'End Date: *' dropdown menu. A 'Show Current Balance' button is located next to the first dropdown menu. A 'Continue' button is at the bottom of the form.

When you would like to request time off this is where you come. If you would like to view your current balance, select the **Time Off Policy** and click **Show Current Balance** and the amount of hours that you have available. Next, select the **First Day of Time Request** and then select the **End Date**. Click **Continue**.

The screenshot shows the 'Time Off Request' Step 2 interface. At the top, there is a navigation bar with icons for Personal Data, HR Center, Time Off Center, Payroll Center, Scheduling Center, Reports Center, and Employee Onboarding. Below the navigation bar, the user's name 'Apple, Glen' is displayed. The main heading is 'Time Off Request'. The instructions state: 'Enter / Request Time Off: Step 2 of 2:'. The form displays the following information: Policy Name / Type: PTO-PAID TIME OFF (PTO); Request Type Period: 9/6/2012 - 9/6/2012; Available Balance (hh:mm): 60:00 (Balance reflects the latest payroll data received. Your actual balance may differ). Below this information is a calendar grid showing days from Sun to Sat. The days are numbered 2 through 8. The day '6' (Thursday) is highlighted in white with '00:00' in the box. Below the calendar grid, there is a text box for additional information: 'Tell us more about your request if appropriate: (Optional)'. There is a checkbox labeled 'Please contact me regarding this matter (optional)'. At the bottom, there are 'Back' and 'Submit' buttons.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3	4	5	6 00:00	7	8

Next you will see the screen shown above. Choose how many hours you are requesting off in the box provided. If you wish to provide more information to your supervisor, use the box provided to insert your text. Last, if you would like to be contacted by a supervisor, check the box. When have finished, click **Submit**.

Accrual & Time Off Approval/Denial

Personal Data

HR Center

Time Off Center

Payroll Center

Scheduling Center

Reports Center

Employee Onboarding

[Back](#) [Home](#) [Log Off](#)

Apple, Glen

Accrual Time Off Approval/Denial

From Date: To Date: Vacation Type:

■ **Approved**
 ■ **Reapproved**
 ■ **Disapproved**
 ■ **Canceled**

Show Pending
 Show Approved
 Show Disapproved
 Show Canceled
 Show All

Show/Hide Columns **Vacation Type:** **Requested Date** **Comments** **Balance at request**

View Detail	Last Name	First Name	Vacation Type	Requested Date	Accrual Start	Accrual End	Comments	Total Requested Hours	Total Approved Hours	Balance At Request
View Detail	Apple	Glen	PTO	8/29/2012 8:43:35 AM	09/06/2012	09/06/2012		8:0	0:0	60:00
View Detail	Apple	Glen	VAC	4/24/2012 8:11:50 AM	05/01/2012	05/03/2012		24:0	0:0	80:00
View Detail	Apple	Glen	SICK	4/24/2012 8:06:59 AM	05/01/2012	05/01/2012	dr appt.	4:0	0:0	152:00
View Detail	Apple	Glen	PTO	8/29/2012 8:43:35 AM	09/06/2012	09/06/2012	dr appt.	8:0	0:0	60:00

To view whether your request was approved or denied go to the **Accrual & Time Off Approval/Denial** page. Here you can view if your requests were approved, denied, or pending. You can choose to view the information by date or by vacation type. You can also click **Show Approved** to view only approved requests, **Show Pending** to view only pending requests, **Show Disapproved** to view only disapproved requests, **Show Canceled** to view only canceled requests, or you can click **Show All** to view all requests. You can also choose to show or hide the following columns:

- **Vacation Type**
- **Requested Date**
- **Comments**
- **Balance at Request**

To view the details of a request or cancel the time off click **View Detail** found on the right hand side of the screen. Here you can view all details about your request or click **Cancel Time Off** to cancel the request.

Payroll Center

Time Sheets

Apple, Glen

Time Clock Time Sheet

Department: Clinical - 075 Physician: Alex B Bodenstab - AB Employee: Apple, Glen

Function: Surgery - S Location: FSSC - FSSC

Week Start: Mon Show Records#: 100 Pay Period: Select Any Option

Incomplete Punch Holiday Makeup Time Day from prior period for OT Calc

[1- Review Punches](#) [2- Notify Payroll Approval](#) [Show Audit Report](#) [Specialty Punch Report](#) [Custom Report](#)

NOTE: Please select the options above to refresh the information on the tabs.

Review Punches | Time Audit Report | Specialty Punch Report | Custom Report

Full Name	Pay Code	Department	Physician	Function	Location	FTE	Work Date	Time In	Lunch Duration	Time Out	Total Hours	Regular Hours	1.5OT Hours	DT Hours	Holiday Hours	Holiday OT Hours	Holiday DT Hours	Differential Hours	Differential OT Hours	Specialty Hrs	Specialty Amount
No records to display.																					

The **Time Sheets** page is used to view your previous punches for the current and previous pay periods. You can **Review Punches**, **Show Audit Report**, and view a **Custom Report**. You also use this page to approve your time card by clicking **Notify Payroll Approval**.

Pay Checks

Apple, Glen

Employee Pay Checks

Check Date: [Show Checks](#) [Print Check](#)

This site is best viewed with Internet Explorer 7. Please note that browsers other than Internet Explorer 7 may cause pages to be displayed incorrectly and may be incompatible with some functions of the system.

Shown above is the **Pay Checks** page that is used for viewing and printing previous checks. If you would like to view your previous paychecks, select the **Check Date** from the drop down menu and click **Show Check**. If you would like to print a check from a previous check date, click **Print Check**.

Scheduling Center

Schedule

Personal Data HR Center Time Off Center Payroll Center Scheduling Center Reports Center Employee Onboarding

Back Home Log Off

Apple, Glen

Payroll Office of America
My Schedule
Apple, Glen
Aug 29, 2012 09:10 AM

My Schedule Everyone's Weekly Schedule Exchange Shift Exchange Requests Print Display: My Schedule

Week of Aug 27, 2012

Working 0.00 hour

Mon	Tue	Wed	Thu	Fri	Sat	Sun
27-Aug-2012	28-Aug-2012	29-Aug-2012	30-Aug-2012	31-Aug-2012	1-Sep-2012	2-Sep-2012

No schedule for this week.

Shown above is the **Schedule** that is used to view when you are scheduled to work. To view only your schedule click **My Schedule**. To view everyone's schedule click **Everyone's Weekly Schedule**. If you would like to exchange a shift with another employee click **Exchange Shift**. After you have submitted your request to change a shift with another employee you can view the request and status of you requests under the **Exchange Requests** link. If you would like to print the schedule, click **Print**.

Reports Center

Census



Full Name	Date Of Birth	Hire Date	Gender	Pay	Dependent / Spouse	Number Of Children	Job Status	Department
Apple, Glen	5/11/1982	4/23/2012	Male	480	Apple John (Child) Apple Apple (Child)	2	RFT	Clinical

The **Employee Census** page is used to view your employee census. If you would like to print the census, click **Printable Version**. If you would like to export the information to an Excel spreadsheet, click **Export**.

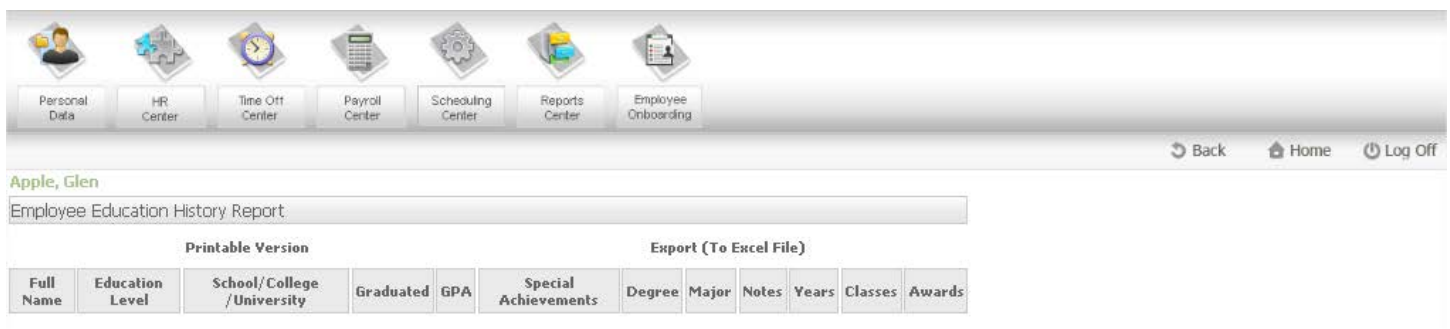
COBRA Event Tracking



Qualifying Event	Name	Email	Telephone	SS Number	Timestamp
------------------	------	-------	-----------	-----------	-----------

The **COBRA Event Tracking** report lists any COBRA events submitted throughout your employment history. Check with your HR department to verify that your company is using the system sponsored COBRA administration. If you would like to print the report, click **Printable Version**. If you would like to export the information to an Excel spreadsheet, click **Export**.

Education History



Full Name	Education Level	School/College /University	Graduated	GPA	Special Achievements	Degree	Major	Notes	Years	Classes	Awards
-----------	-----------------	----------------------------	-----------	-----	----------------------	--------	-------	-------	-------	---------	--------

The **Education History** report lists your education history. If you would like to print the report, click **Printable Version**. If you would like to export the information to an Excel spreadsheet, click **Export**.

Employee Life Events

The **Employee Life Events** page is used to submit employee life events. To submit a new life event, select the life event from the drop down menu. Document the date that the event occurred. Upload a document if necessary and record the date that the documents uploaded. When you have finished click **Save**.

Employee Life Events Report

Employee Name	Event	Event Date	Date Submitted	Attachment	Upload Date	Approved	Approved Date	Process Date	Changed Benefit Effective Date	Manager	View /AddNotes
Apple, Glen	Birth of a dependent	04/24/2012	04/23/2012	View Attachment		<input type="checkbox"/>				Lim,Jose	View Notes

The **Employee Life Events Report** page is used to view any life event that you submitted and the whether or not the event has been approved. If you would like to print the report, click **Printable Version**. If you would like to export the information to an Excel spreadsheet, click **Export**.

Pay History

Rate Code	Start Date	End Date	Rate	Salary	Rate Per	Shift	Department	Physician	Function	Location	Job Code
Base	4/15/2010	12/31/2100	12.00	0.00							
2	7/21/2010	12/31/2100	12.00	12000.00							
3	4/30/2012	12/31/2013	254.00	2321.00		3rd		Michael J. Pushkarewicz	○	FSSC	PHY

Shown above is the **Pay History** page. This page is used to view your previous pay history. This page displays the following information:

- **Rate Code**
- **Start Date**
- **End Date**
- **Rate**
- **Salary**
- **Rate Per**
- **Shift**
- **Department**
- **Physician**
- **Function**
- **Location**
- **Job Code**

Employee Onboarding

After an employee is hired, the first thing that they should do is log into the employee portal with the username and password they were given in their welcome email and complete the employee onboarding. There are multiple steps in the onboarding process. The steps that are most important are as follows:

- **Welcome Instructions**
- **Employee Information**
- **Federal W-4**
- **(EEOC) Census**
- **Direct Deposit Request**
- **Employee Handbook**
- **Summary**

Additional forms can be added to the onboarding if the employer wishes so each company's onboarding may look a little different.

Welcome Instructions

Employee Onboarding

Welcome to your Employee Onboarding module!
The employee onboarding module allows you to begin the required process of reviewing the documentation associated to you as a new employee. To navigate through the onboarding module:

1. Use the *Next Step* button to progress to the next page in the setup process. Clicking on *Next Step* also serves to save the information entered on your current step.
2. If you would like to go back and change information in a previously completed step, you can select the step from the checklist on the right. Please note that you will lose any unsaved data from your current step if you leave the page.
3. Make sure you type in your system username to electronically sign for forms that require it.
4. Please review the summary for all forms that you complete in order to ensure the accuracy of the information you entered. Once you are sure that all the information is complete and correct, click on the *Finish* button on the last step in order to notify that you have completed this process.

For questions or concerns regarding this onboarding process, please contact HR Department.

<< Prev Step | **Next Step** >>

Aaarons, Courtney
Summary

Steps

- 1. **Welcome Instructions**
- 2. Employee Information
- 3. Federal W-4
- 4. Federal W-4
- 5. Lock Out Tag Out Policy
- 6. Personal Protective Equipment Policy
- 7. WOTC Procedures
- 8. Confidentiality Agreement
- 9. (EEOC) Census
- 10. Direct Deposit Request
- 11. Employee Handbook
- 12. Summary

This is where you would read the welcome instructions. These instructions will guide you on how to successfully complete the onboarding process. After each page, you would save, sign using your electronic signature if asked, and then click **Next Step**. On the right side of the screen there is a summary of each step in the onboarding process. After each step has a check mark in the box it has been completed.

Employee Information

New Employee Onboarding Please click on the ">>" to expand the page to full screen.

Thank you for filling out the document.

Personal Information:

Address 1: 17446 Crowder Rd SE *

Address 2:

City: Olympia *

State: WA *

Zip Code: 98513 *

Home Phone: 360-264-2904 *

Cell Phone: 360-232-3232

Gender: *

SSN: 283-97-6 *

Date Of Birth: (mm/dd/yyyy) *

Maiden Name:

Driver's License Number:

Driver's License State:

Driver's License Expiration: (mm/dd/yyyy)

Emergency Contact Name: *

Emergency Contact Phone: *

Save

UNIFORM ELECTRONIC TRANSACTIONS ACT (1999)
ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT

Electronic signature: In order to complete the form and continue to the next step, please enter your username in the electronic signature field.

<< Prev Step | Next Step >>

This is where you will fill out your personal information. Each field marked with a red asterisk is a mandatory field and it must be filled in order to move on.

Federal W-4

W-4 Withholding Status Change Request:

Form W-4 is used to determine the correct amount of federal income tax to withhold from your paycheck. If needed, please click on the link below to view a blank Form W-4, read instructions, and/or calculate your total number of allowances. You must make your selections in the fields below.

[Form W-4](#)

Change History

Highlighted items are required fields

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1546-0074
Department of the Treasury Internal Revenue Service **2012**

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial **Last Name** **2** Your social security number

Cloud ewr Andy 123 21 3213

Home address (number and street or rural route) **3** Single Married Married but, withhold at higher Single rate.
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

add 1

City or town, state, and ZIP code **4** If your last name differs from that shown on your social security card, check here.
You must call 1-800-772-1213 for a replacement card.

California OR 91452

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck **6** \$

7 I claim exemption from withholding for 2012, and I certify that I meet **both** of the following conditions for exemption.
• Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability **and**
• This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.
If you meet **both** conditions, write "Exempt" here: **7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Click Save to electronically sign this form.)
(This form is not valid unless you sign it.) Cloud Andy (DEMOMF) Date 8/7/2012

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) **9** Office code (optional) **10** Employer identification number (EIN)

11 Save changes: **Save**

12 Click Here print a copy of the W-4 if you would like a copy for your records.

IFORM ELECTRONIC TRANSACTIONS ACT (1999)
ECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT

Electronic signature: In order to complete the form and continue to the next step, please enter your username in the electronic signature field.

<< Prev Step Next Step >>

Shown above is the W-4 page. Fill out all of the highlighted boxes. You could also open up the **Form W-4** link where you would be able to view instructions on how to fill out the form and you are also given a blank form for your review.

(EEOC) Census

EQUAL EMPLOYMENT OPPORTUNITY REPORT DATA FORM

As an equal opportunity employer, we hire without consideration to race, religion, creed, color, national origin, age, gender, sexual orientation, marital status, veteran status or disability. We invite you to complete the optional self-identification fields below, used for compliance with government regulations and Record-keeping requirements. Any information volunteered will be kept confidential and used solely for the purpose of reporting the information to federal or state agencies.

Yes, I would like to volunteer this information No, I prefer not to volunteer this information

Gender/Sex: Male Female

RACE

ASIAN
 BLACK (NOT OF HISPANIC ORIGIN)
 HISPANIC OR LATINO/A
 NATIVE AMERICAN (AMERICAN INDIAN OR ALASKA NATIVE)
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 TWO OR MORE RACES
 WHITE (NOT OF HISPANIC ORIGIN)

IF YOU ARE A VETERAN, PLEASE SUPPLY THE FOLLOWING INFORMATION

Non-Veteran
 Vietnam Era Veteran DATES OF SERVICE: From: To:
 Special Disabled Veteran DATES OF SERVICE: From: To:
 Other Protected Veteran DATES OF SERVICE: From: To:
 Service Medal Veteran DATES OF SERVICE: From: To:
 Veteran DATES OF SERVICE: From: To:
 Newly Separated Veteran DATES OF SERVICE: From: To:

IF YOU HAVE A DISABILITY THAT REQUIRES ACCOMMODATION TO PERFORM THIS POSITION, PLEASE EXPLAIN WHAT ACCOMMODATIONS WOULD ALLOW YOU TO HANDLE THIS JOB SUCCESSFULLY:

ELECTRONIC TRANSACTIONS ACT (1999)
 IC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT

Signature: In order to complete the form and continue to the next step, please enter your username in the electronic signature field.

Shown above is the **Equal Employment Opportunity Report Data Form**. You can choose whether or not you want to supply this information but you must electronically sign this page even if you do not want to participate.

Direct Deposit Request

New Employee Onboarding Please click on the ">>" to expand the page to full

Complete the required fields if you wish to have automatic disbursement of your pay: >>

Select	Amount	Priority	TransR	Account	Checking	Amount Code	Exclude Special Checks	Prenote Date	Start Date	End Date	Name on Account
<input checked="" type="radio"/>	456,465.00	35	456465464	13213213333131321	Yes	%	Yes	10/11/2011	10/10/2011	12/31/2100	Andy Cloud

Amount: *	<input type="text"/>	ABA Transit: *	<input type="text"/> * Max. 9 Digits
Priority: *	<input type="text"/> * (Numeric Only)	Account: *	<input type="text"/> * Max. 17 Chars
Checking: *	<input type="checkbox"/>	Prenote Date: (Payroll Provider Input) *	<input type="text"/>
Amount Code: *	% <input type="button" value="v"/>	Name on Account:	Andy Cloud
Start Date: *	<input type="text"/>	End Date: *	12/31/2100
Exclude Special Checks: *	<input type="checkbox"/>		

ELECTRONIC TRANSACTIONS ACT (1999)
 ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT

Electronic signature: In order to complete the form and continue to the next step, please enter your username in the electronic signature field.

The direct deposit page allows you to set up a direct deposit for your paycheck. You can also set up your direct deposit to go to more than one account. Each field marked with a red asterisk is mandatory and must be filled out to continue.

Employee Handbook

New Employee Onboarding Please click on the ">>" to expand the page to full size

Propak Employee Handbook
Revised January 2011

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UNIFORM ELECTRONIC TRANSACTIONS ACT (1999)
ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT

Electronic signature: In order to complete the form and continue to the next step, please enter your username in the electronic signature field.

<< Prev Step Next Step >>

This is where you can read and electronically sign your employee handbook. Your personal employee handbook would be uploaded here for you to read and sign.

Summary

Employee Onboarding Summary

Please review the summary to confirm that all forms have been completed and acknowledged. To review or edit the information you entered, click on the step(s) to the right. Once you have verified that all steps have been completed, click the *Finish* button to complete the onboarding wizard. It will be notified and your information will be processed.

Form Name	Username	Form Submitted Date	IP Address
Employee Information	DEMOMPO5175	8/7/2012 8:30:44 AM	173.10.117.150
Federal W-4	DEMOMPO5175	8/7/2012 9:41:00 AM	173.10.117.150

<< Prev Step Finish

This page gives a summary of all of the pages that were signed and the dates and times that they were signed. After you have completed all of the steps in the onboarding process and each page is signed they can click **Finish** to finish the onboarding process. All of pages that you have submitted will be uploaded to the employer module for their review.