



# **ONBOARDING JOB AID**

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# INTRODUCTION & WORKDAY LOGIN


Welcome to the Onboarding Job Aid! This document will take you through the entire onboarding process. As a new Workday user, we want you to be empowered with the knowledge to understand the system. All of your Onboarding tasks will be completed in Workday.


You will receive two emails from [savista@otp.workday.com](mailto:savista@otp.workday.com). The first email will have your account username (typically your Colleague ID number), and the second email will have a temporary password for your account, as well as a link to Workday. You will be asked to reset your password once you log in.


Once you log in, the default page in Workday is your Home page. On the Home Page, you'll find:

- (Top left to right) **Menu, Logo, Search Bar, Shortcuts, Workday Assistant, Notifications, Inbox** and **Colleague Profile**.
  - The **logo** will return you to your **Home** page from anywhere in the system.
- **Awaiting Your Action, Timely Suggestions, Onboarding Timeline, Announcements, Quick Tasks, Your Top Apps**
  - You can use these to complete your tasks, find apps within the system, or quickly complete actions.

The screenshot shows the Workday Home page interface. At the top, there is a navigation bar with a 'MENU' icon, the 'SAVISTA' logo, a search bar, and icons for notifications (with a red '1'), inbox (with a red '3'), and a user profile. Below the navigation bar is a blue header area with white abstract lines. The main content area is titled 'Let's Focus on You' and shows the date 'It's Sunday, June 22, 2025'. The page is divided into several sections: 'Awaiting Your Action' (with three tasks related to 'New Hire Benefits Enrollment' and 'Update Personal Information'), 'Onboarding Timeline' (showing a progress bar from 'Offer Letter' to 'Pre-Onboardi...' to 'Day 1'), 'Announcements' (with one announcement), 'Timely Suggestions' (with a placeholder text), and 'Quick Tasks' (with buttons for 'My Payslips' and 'My Tax Documents'). Red boxes highlight the navigation bar, the 'Awaiting Your Action' section, the 'Onboarding Timeline' section, the 'Announcements' section, the 'Timely Suggestions' section, and the 'Quick Tasks' section.

 **Notifications** are records of actions recently taken. They are informational only. You do not need to perform any Workday actions on these entries. You will receive a notification when a process you initiated is complete.

 The **Inbox** contains items that require your attention, as well as an Archive folder of completed tasks.

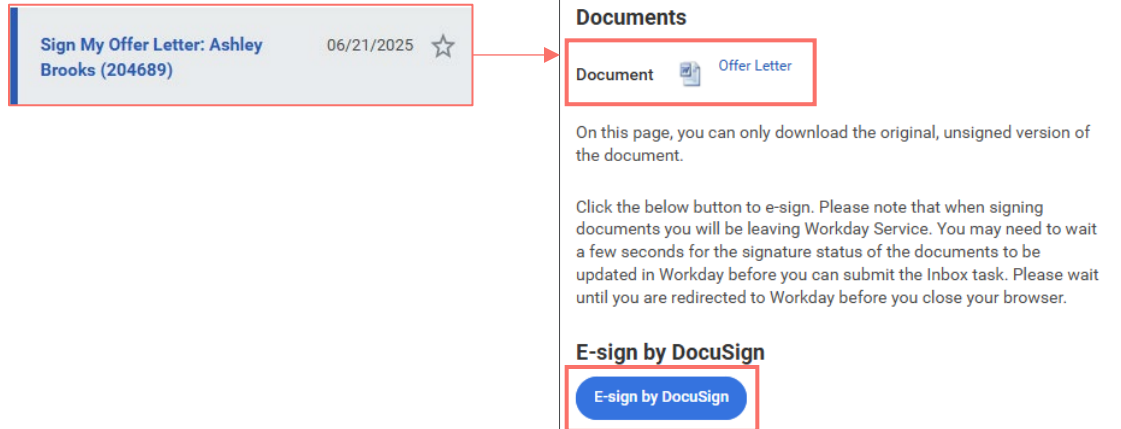
 Your **Colleague Profile** provides access to personal data, worker history, payment elections, compensation, and professional information. This is also where you will sign out of Workday.

**TIP:** If an orange circle displays on your icon(s), this indicates how many unread Notifications and/or Inbox Tasks you have.

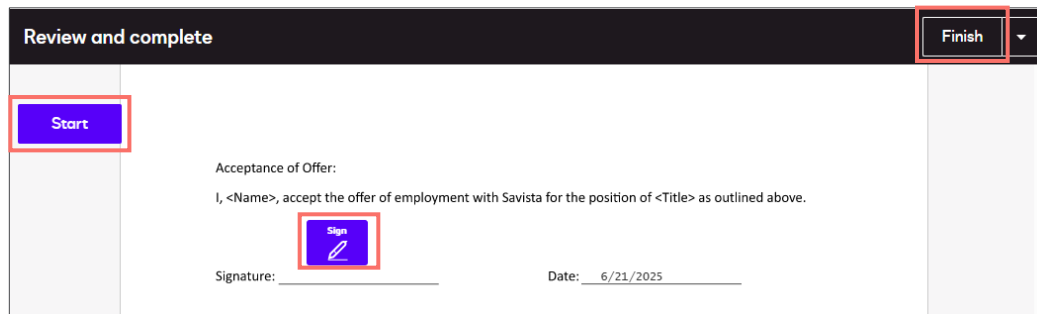
# OFFER LETTER

Before onboarding can commence, please accept and sign the offer letter found in your **Workday Inbox**.

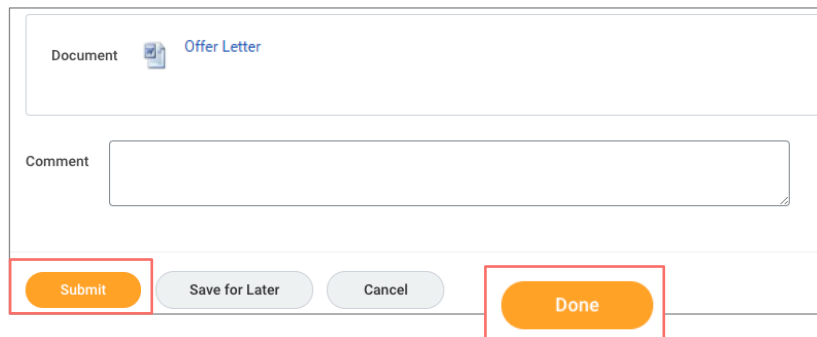
1. From your **Workday Inbox**, click the **Sign My Offer Letter** task.
2. Click the **link** to review the offer letter.
3. Click the **E-sign by DocuSign** button.



4. Check the **box** to attest you have read and agree with the terms of the policies, then click **Continue**.
5. Click **Sign** to electronically sign the document, then click **Finish**.



6. You will be returned to Workday. Click **Submit** and **Done**.



# WAGE THEFT PREVENTION NOTICE *(if applicable)*

Newly hired colleagues located in New York, California and Minnesota will need to complete Wage Theft Prevention Notice.

1. Select the **Wage Theft Prevention Notice** for Hire task located in the **Workday Inbox**.
2. Click the **link** to view the document in your browser window and review the details.
3. Click the **I Agree** check box to attest you have read and agree with the terms of the policies and procedures within.
4. Click **Submit**.

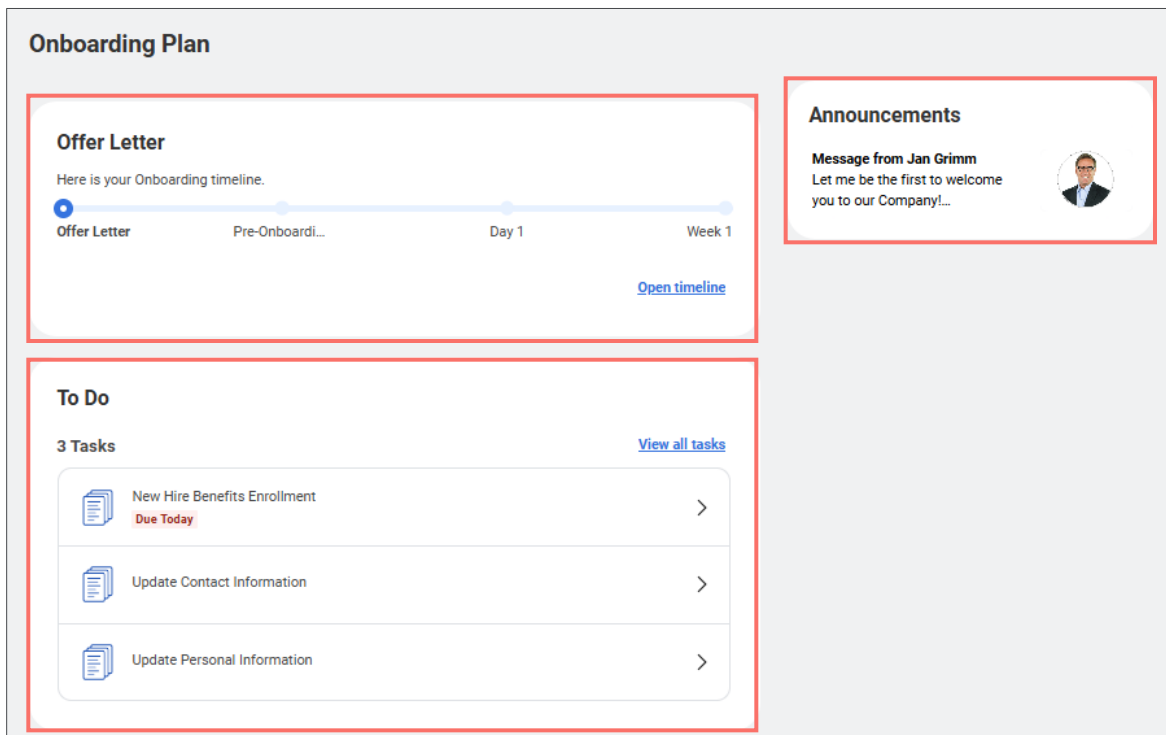
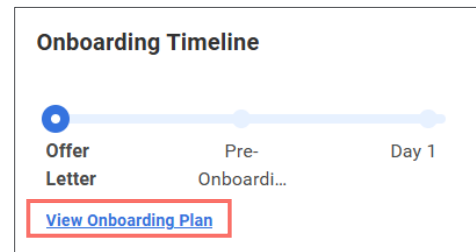
The screenshot shows the 'Print Generated Document' interface in Workday. On the left is an 'Inbox' sidebar with a list of tasks. The main area is titled 'Print Generated Document' and contains the following elements:

- Actions:** 'Archive' button.
- Filters:** 'Viewing: All' and 'Sort By: Newest' dropdown menus.
- Document List:** A single task is listed: 'Wage Theft Prevention Notice for Hire: Mabel Spiess - Coding Specialist on 05/26/2021' with a star icon and a timestamp '20 day(s) ago - Due 06/04/2021; Effective 05/26/2021'.
- Document Section:** A PDF document titled 'Wage Theft Notice 06/02/2021.pdf' is displayed.
- Signature Statement:** A text prompt: 'By selecting the box below, I acknowledge that I have received'. Below it is a checkbox labeled 'I Agree'.
- Comment Section:** A text input field labeled 'Comment'.
- Buttons:** 'Submit' (highlighted with a red box), 'Save for Later', and 'Cancel' buttons.

# ONBOARDING PLAN

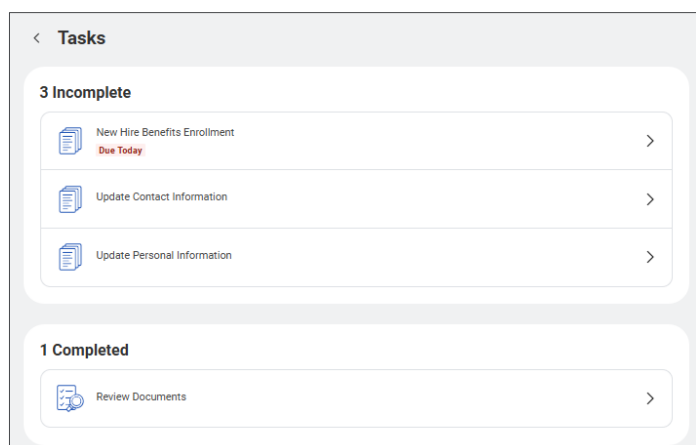
Within your Onboarding Plan in Workday, you will find all you need to get started.

1. From your **Workday Home** page, click the **View Onboarding Plan** link in the **Onboarding Timeline** section.
2. Your **Onboarding Plan** will display. The plan is made up of several sections: **Onboarding Timeline**, **To Do's**, and **Announcements**



3. Each section of the dashboard offers various information:
  - Click **Open Timeline** to see where you are in your onboarding progress.
  - The **Announcements** section provides important information from Savista. Click or hover over the **message** to view the complete message details.
  - The **To Do** section provides you an up-to-date status of your onboarding tasks. To get started on your onboarding tasks, from your **Onboarding Plan**, click **View All Tasks**. Your onboarding tasks will display. This guide will cover each task individually in the following pages.

**Note:** The tasks can be completed in any order. This guide will go from top-to-bottom.



# NEW HIRE BENEFITS ENROLLMENT

1. In your **Workday Inbox**, select the **Change Benefits for Life Event** task, then click **Let's Get Started**.

**Change Benefits for Life Event**  
30 minute(s) ago - Due 06/24/2021; Effective ☆

**Change Benefit Elections**  
30 minute(s) ago - Due 06/24/2021; Effective 06/03/2021

Initiated On 06/22/2021  
Submit Elections By 07/02/2021

Let's Get Started

2. Answer the **Tobacco Use** question, then click **Continue**. Click **Continue** again.

**Health Information**

**Tobacco Use**

Question Have you used tobacco in any form in the past 12 months?

Answer \*  Yes  
 No

Continue
Cancel

Continue

3. There are three sections. **Health Care and Accounts**, **Insurance** and **Additional Benefits**. Each section contains cards that display the type of benefits that colleagues can **Enroll** in. Cards that are labeled **Manage**, are benefits that colleagues automatically receive when hired. You are required to complete the **Tobacco** and **Spousal** surveys, even if you are not enrolling in Savista health benefits. Click each **desired benefit card** labeled **Enroll** and fill out the re- quired fields within that section to complete your enrollment in that benefit. When finished, click the **Review and Sign** button at the bottom of the screen.

**Health Care and Accounts**

**Tobacco Survey**  
SSG

Cost per paycheck Included  
Coverage I am Waiving Medical

Manage

**Spousal Survey**  
SSG

Cost per paycheck Included  
Coverage I am Waiving Medical

Manage

**Medical**  
Waived

Enroll

**Dental**  
Waived

Enroll

**Vision**  
Waived

Enroll

**Accident**

**Insurance**

**Basic Life**  
Cigna (Colleague)

Cost per paycheck Included  
Coverage 1 X Salary

Manage

**Basic AD&D**  
Cigna (Colleague)

Cost per paycheck Included  
Coverage 1 X Salary

Manage

**Supplemental Colleague Life**  
Waived

Enroll

**Supplemental Spouse Life**  
Waived

Enroll

**Supplemental Child Life**  
Waived

Enroll

**Short Term Disability**  
Cigna - Core (Colleague)

Cost per paycheck Included  
Coverage 60% of Salary

**Additional Benefits**

**Legal**  
Waived

Enroll

**LAP**  
Cigna

Cost per paycheck Included

Manage

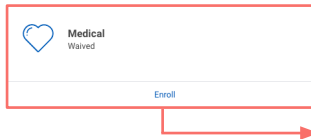
Review and Sign

Save for Later

**Note:** In this guide the colleague will be enrolled in **Medical, Dental and Vision**. A Dependent will also be added and selected as a Beneficiary.

6

4. Click the **Medical** card. Read the **Health Care Instructions** on the right. **Select** the desired plan then click **Confirm and Continue**.



**Medical**

Projected Total Cost Per Paycheck  
\$0.00

**Plans Available**

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Colleague Only.

*Selection	Benefit Plan	You Pay (Weekly)	Company Contribu
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Cigna HDHP Gold	\$102.98	\$245.81
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Cigna HDHP Silver	\$87.84	\$246.24

**Health Care Instructions**

**Important Information**

When you select Medical - Cigna HDHP Gold, Medical - Cigna HDHP Silver, you must also select Health Savings Account - HSA Bank. If you waive any of these: Medical - Cigna HDHP Gold, Medical - Cigna HDHP Silver, Workday automatically waives any of these: Health Savings Account - HSA Bank.

**Confirm and Continue** **Cancel**

5. The **Coverage** defaults to **Colleague Only**. Click **Save** to select this coverage. If desired, click **Add New Dependent** to add a dependent and follow the workflow shown, filling out all required\* fields.

**Medical - Cigna HDHP Gold**

Projected Total Cost Per Paycheck  
\$102.98

**Dependents**

Add a new dependent or select an existing dependent from the list below.

Coverage **\* Colleague Only**

Plan cost per paycheck \$102.98

**Add New Dependent**

**Save** **Cancel**

**Add My Dependent From Enrollment**

Instructional Text  
Click OK to add dependents.

**A**

**OK** **Cancel**

A. Read the instructions, then click **OK**.

B. Fill out all required\* fields on the form, then click **Save**.

C. Your new **Dependent** will be shown. Click **Save**.

**Add My Dependent From Enrollment**

**B**

**Name**

Country

Prefix

First Name

Middle Name

Last Name

Suffix

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

**National IDs**

Click the Add button to enter one or more National Identifiers for this dependent.

**Add**

**Address**

Use Existing Address

Country **\* United States of America**

Address Line 1 4001 S Duplicate Drive

Address Line 2

City Pittsburg

State Pennsylvania

Postal Code 17025

Country

**Save** **Cancel**

**Personal Information**

Relationship

Date of Birth

Age (empty)

Gender

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

**Country**

**National ID Type**

Current ID (empty)

Add/Edit ID

Issued Date

Expiration Date

Phone Extension

Email Address

**Note:** (See image D) A **National ID** number must be added unless the dependent is a child under one year of age. (e.g., Social Security Number.)

**Dependents** **C**

Add a new dependent or select an existing dependent from the list below.

Coverage **\* Colleague + Spouse**

Plan cost per paycheck \$246.11

**Add New Dependent**

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Linda Lightman	Spouse	02/02/1996

**Save** **Cancel**

6. Once you click **Save** you will be notified of the **Next steps** in the process.

**Your Medical changes have been updated, but not submitted**

**Next steps:** You must also enroll in Health Savings Account - HSA Bank.

[View Details](#)

**D** **Dependent Social Security Numbers** 1 item

Dependent	*Social Security Number
Child Stark	<input type="radio"/> Social Security Number (SSN) <input checked="" type="radio"/> Reason SSN is Not Available <input type="text" value="Under one year of age"/>

- Click the **Health Savings Account** card.  
**Select** or **Waive** the **HSA Bank** plan.
- If you **Select** the plan, enter an amount to **Contribute Per Paycheck** or **Annually**. When you enter an amount in one field, Workday will auto-calculate the amount for the other field. You may use the number of **Remaining Paychecks** for reference when determining your contribution amount.  
Click **Save**.

**Health Savings Account**  
Waived

[Enroll](#)

**Plans Available**

Select a plan or Waive to opt out of Health Savings Account.

1 Item

*Selection	Benefit Plan	You Contribute (Biweekly)	Company Contribution (Biweekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	HSA Bank		

[Confirm and Continue](#)
[Cancel](#)

**NOTE:** You may only enroll in a **Health Savings Account (HSA)** if you selected the **Gold or Silver (HDHP)** medical plan.

Projected Total Cost Per Paycheck \$346.11

**Note:** As you move through the benefit elections process the **Projected Total Cost Per Paycheck** will update.

**Contribute**

Per Paycheck  Annual  Remaining Paychecks 10

Maximum Annual Amount: \$7,200.00

**Summary**

Annual Company Contribution \$434.80  
Total Annual HSA Contribution \$1,434.80

[Save](#) [Cancel](#)

**Your Health Savings Account changes have been updated, but not submitted**

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

- Update another plan or click **Review and Sign** once you're ready to submit your changes.

**Medical**  
Cigna HDHP Gold

Cost per paycheck \$246.11

Coverage Colleague + Spouse

Dependents 1

[Manage](#)

[Review and Sign](#) [Save for Later](#)

**Dental**  
Waived

[Enroll](#)

**Plans Available**

Select a plan or Waive to opt out of Dental. The displayed cost of waived plans assumes coverage for Colleague Only.

3 Items

*Selection	Benefit Plan	You Pay (Biweekly)	Company Contribution (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Cigna DHMO	\$1.72	\$5.82
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Cigna DPO High Plan	\$13.09	\$1.27
<input checked="" type="radio"/> Select <input type="radio"/> Waive			

[Confirm and Continue](#) [Cancel](#)

**Dependents**

Add a new dependent or select an existing dependent from the list below.

Coverage \* Colleague + Spouse

Plan cost per paycheck \$7.20

[Add New Dependent](#)

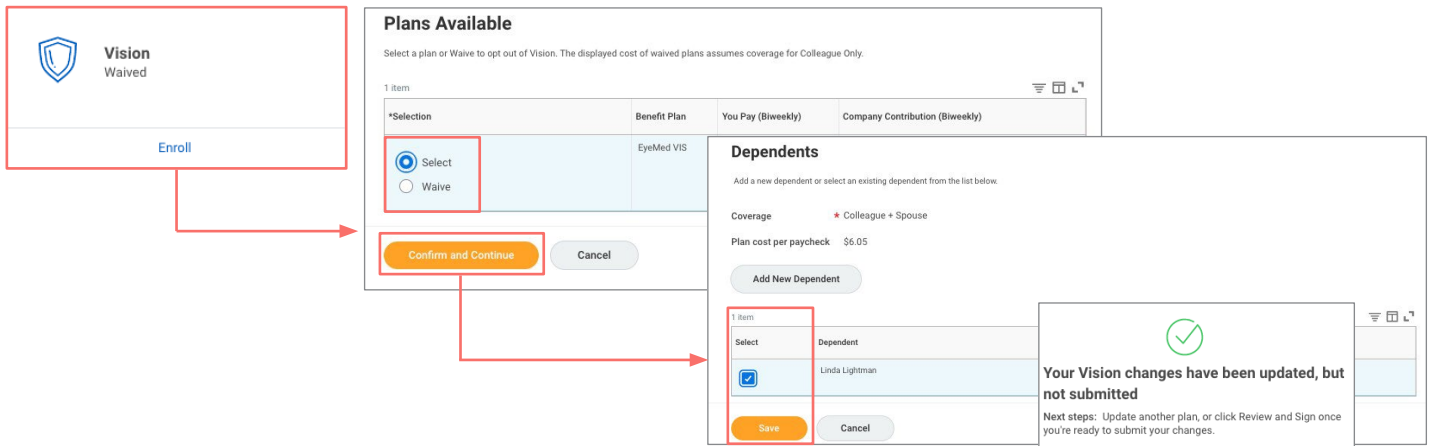
1 Item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Linda Lightman		

[Save](#) [Cancel](#)

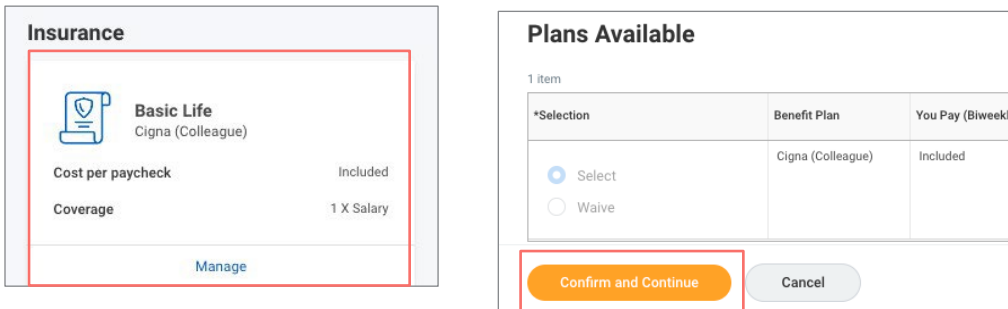
**Your Dental changes have been updated, but not submitted**

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.



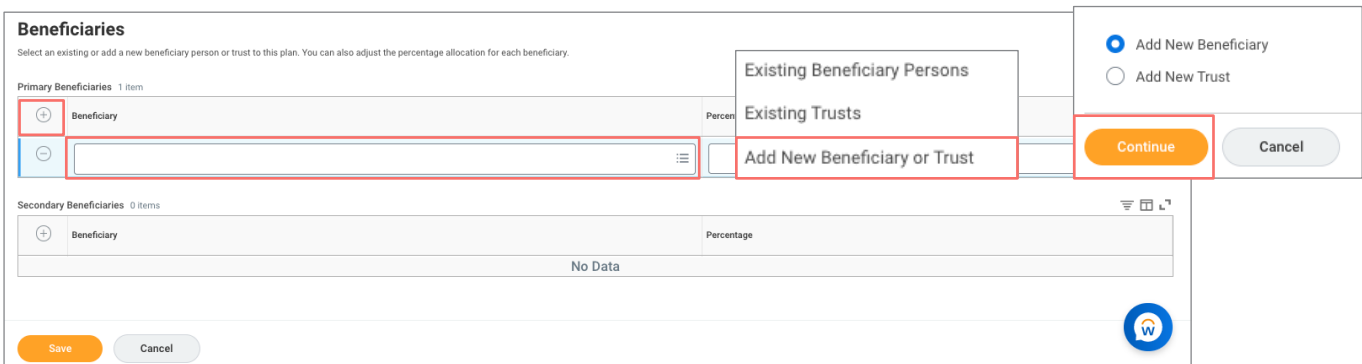
10. Before clicking **Review and Sign**, you should add your beneficiary to your company provided **Basic Life** plan. Additionally, if you enroll in supplemental colleague life insurance, you should add a beneficiary here as well. Click the **card** and follow the steps to select your dependent as your beneficiary.

11. You cannot edit this screen. Click **Confirm and Continue**.



12. Click the **Plus (+)** icon to add a **Primary Beneficiary**. Click the field and select **Add New Beneficiary or Trust**.

13. Click the **Add New Beneficiary** radio button and click **Continue**.




14. Select the **Relationship** from the menu.
15. Fill out the required\* fields on the **Legal Name** tab.
16. On the **Contact Information** tab, click the **Add** button and fill out the required\* fields for **Phone** and **Address** information.
17. Click **OK**.

The screenshot shows a multi-tabbed form for adding a beneficiary. The **Legal Name** tab is selected, showing fields for Country, Prefix, First Name, Middle Name, Last Name, and Suffix. The **Contact Information** tab is also visible, showing fields for Phone Number, Phone Extension, Phone Device, and Type. The **Address** tab is visible on the right, showing fields for Country, Address Line 1, Address Line 2, City, State, Postal Code, and County. The **Usage** section is also visible, showing a Type field. The **Add** button is highlighted in the Contact Information tab. The **OK** button is highlighted in the Legal Name tab.

**Note:** Your Beneficiary is displayed. If you want to add additional beneficiaries, repeat steps 12–17 before proceeding.

18. The **Percentage** must equal **100%**. You may have multiple primary beneficiaries, but the total percentage must equal 100% (e.g., Beneficiary A = 75% and Beneficiary B = 25%)
19. Click Save once you have selected/added all beneficiaries.



The screenshot shows the **Coverage** and **Beneficiaries** sections. The **Coverage** section displays: Calculated Coverage: \$52,000.00; Coverage: 1 X Salary; Plan cost per paycheck: Included. The **Beneficiaries** section includes instructions and a table for beneficiaries. The table has two sections: **Primary Beneficiaries** (1 item) and **Secondary Beneficiaries** (0 items). The primary beneficiary table has columns for Beneficiary and Percentage. The entry for Linda Lightman has a percentage of 100. The **Save** button is highlighted.

  
**Your Basic Life changes have been updated, but not submitted**  
 Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

20. If desired, **Enroll** or **Manage** any **Additional Benefits**.

21. Once you have finished making your benefit elections, adding your dependents, and/or beneficiaries, click **Review and Sign**.

**Additional Benefits**

 <b>Legal Waived</b> <a href="#">Enroll</a>	 <b>LAP Cigna</b> Cost per paycheck: Included <a href="#">Manage</a>
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[Review and Sign](#) [Save for Later](#)

22. View the **Summary** of your selected benefits. The **Total Benefits Cost** will be displayed.

23. Click the **I Accept** box to provide your **Electronic Signature** and click **Submit**.

**Total Benefits Cost** 1 item

Company Contribution	Employee Cost	Net Cost
\$565.47	\$359.36	\$359.36

**Attachments**

Drop files here  
or  
[Select files](#)

**Electronic Signature**

**Legal Notice: Please Read**

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.

I Accept

[Submit](#) [Save for Later](#) [Cancel](#)

24. Click **View Benefits Statement** to download and **Print** a copy of your benefit elections or click **Done**.

**Submitted**

**Success, You're Enrolled**

[View 2021 Benefits Statement](#) [Print](#)

[Done](#)

# ENTER CONTACT INFORMATION

1. Select the **Enter Contact Information** task. The contact information submitted on your job application will auto-populate the fields. Confirm the information is accurate.
  - To edit/update existing information, click the **Pencil** icons.
  - If desired, use the **Add** button in any section to enter additional information. Fill out all the required\* fields.
2. Click **Submit**.

**Inbox**

Update Contact Information Onboarding for David Lightman

52 minute(s) ago - Effective 06/03/2021

**Change Home Contact Information**

**Address**

Primary Yes added

Address 4001 S Duplicate Drive, Pittsburg, PA 17025

Usage (empty)

Visibility Private

**Phone**

Primary Yes

Phone +1 (709) 5551234 (Mobile)

Visibility Private

**Add**

**Phone** (empty)

Primary

Phone Type \* select one

Country Phone Code

Phone Number \*

Phone Extension

Visibility \* Private

**Email**

Primary Yes

Email Address \* dlightman@email.com

Visibility Private

**Add**

**Instant Messenger**

**Add**

**Web Address**

**Add**

**Submit** Save for Later Close

# UPDATE PERSONAL INFORMATION

1. Select the **Update Personal Information** task. The personal information submitted on your job application will auto-populate the fields. Confirm the information is accurate.
  - To edit/update existing information, click the **Pencil** icons.
2. Entering **Date of Birth** is required\*.
3. Click **Submit**.

**Inbox**

Actions Archive

Viewing: All Sort By: Newest

Update Personal Information: Coding Specialist - David Lightman  
12 day(s) ago - Effective 06/03/2021

### Update Personal Information

Onboarding for David Lightman

12 day(s) ago - Effective 06/03/2021

#### Legal Name

Legal Name \*

David Lightman

#### Preferred Name

Preferred Name

Use Legal Name As Preferred Name

Yes

Preferred Name

David Lightman

#### Change Personal Information

##### Gender

Gender

Not declared

##### Date of Birth

Date of Birth \*

Age

**Submit** Save for Later Close

# COMPLETE I-9

The Department of Homeland Security, U.S. Citizenship and Immigration Services require the I-9 Employment Eligibility Verification form to be completed by each colleague.

1. Select the **Complete Form I-9** task.
2. Click the **Form I-9 Instructions** link to download and review the instructions.

**Complete Form I-9**  
2 minute(s) ago - Due 06/06/2021; Effective 06/03/2021

### Complete Form I-9

2 minute(s) ago - Due 06/06/2021; Effective 06/03/2021

#### Employment Eligibility Verification

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

USCIS Form I-9

OMB No. 1615-0047  
Expires 10/31/2022

>START HERE Download and read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

[Form I-9 Instructions.](#)

3. In **Section 1**, select the appropriate **Citizenship** button.

### Section 1. Employee Information and Attestation

Employees must complete and sign Section 1 of Form I-9 no later than the first day

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number):
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) Some aliens may write "N/A" in the expiration date field. (See instructions)

4. Within the **Signature of Employee** section, read the statement and click the **I Agree** box.
5. Check the appropriate **button** under **Preparer and/or Translator**.

### Signature of Employee

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the

By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form

I Agree \*

#### Preparer and/or Translator Certification (check one):

- I did not use a preparer or translator.
- A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

**Note: If you used a Preparer and/or Translator, they must fill out the information below and check the I Agree box in that section.**

### Signature of Preparer or Translator

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

I Agree

Last Name (Family Name)  First Name (Given Name)

Address (Street Number and Name)  City or Town

State  ZIP Code

6. Click **Submit**.

**Submit**

# MANAGE PAYMENT ELECTIONS

Select your preferred payment method. The steps shown below are for direct deposit, however, you may select **Check** in **step 2**, if desired.

1. Select the **Payment Election Enrollment Event** task.

**Payment Election Enrollment Event**  
2 minute(s) ago - Due 06/24/2021

**Note:** If you do not have this information, visit your bank's website or contact your bank for more information on direct deposit.

2. The **Manage Payment Elections** form will display.
  - Direct Deposit defaults as the **Preferred Payment Method**.
3. In the **Account Information** section, enter the following:
  - **Account Nickname** (optional)
  - **Routing Transit Number**
  - **Bank Name**
  - **Bank Identification Code** (if applicable)
  - **Account Type** (Checking is the default)
  - **Account Number**
4. Click **OK**.
5. Review the information entered.
6. Click **Submit**.

### Manage Payment Elections

Person: David Lightman  
 Default Country: United States of America  
 Default Currency: USD

**Preferred Payment Method** 2

Bonus \*  ⋮  
 Regular \*  ⋮

**Account Setup**

Account Holder Name: David Lightman

Sample Check

-128-

DATE \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

YOUR BANK NAME  
1010 1st St  
Anywhere, CA 94000

DO NOT INCLUDE  
Check #

⑆ 23456789 ⑆ 0001234567890 ⑆ 00123

9 Digit Routing # Between the ⑆ symbols      Account # Include all zeros

**Account Information** 3

Account Nickname (optional)

Routing Transit Number \*

Bank Name \*

Bank Identification Code

Account Type \*  Checking  
 Savings

Account Number \*

4

**Note:** Workday can only validate a routing number. The user must verify and ensure all other information is accurate.

### Manage Payment Elections

2 minute(s) ago - Due 06/24/2021

Person: David Lightman  
 Default Country: United States of America  
 Default Currency: USD  
 Status: In Progress  
 Last Updated: 06/22/2021 11:04 AM

**Note:** Use these buttons to **Edit** incorrect information entered or **Remove** a bank account.

5

Account Nickname	Country	Bank Name	Account Type	Account Number	
Bank of Money *****0088	United States of America	Bank of Money	<input checked="" type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> None of the above	*****0088	<input type="button" value="Edit"/> <input type="button" value="Remove"/> <input type="button" value="View"/>

**Payment Elections** 2 items

Pay Type	Payment Elections				Distribution
	Payment Type	Account	Account Number		
USA Payroll Payment	Direct Deposit	Bank of Money *****0088	*****0088	Balance	<input type="checkbox"/>
USA Expense Reimbursement	Direct Deposit	Bank of Money *****0088	*****0088	Balance	<input checked="" type="checkbox"/>

6

**Note:** To add additional bank accounts, click the **Add** button and **repeat steps 2 & 3**. To **Edit** accounts and distribute payments between all added accounts, follow the steps on the next page.

**OPTIONAL:**

1. Click the **Edit** button for **USA Payroll Payment**.

Payment Elections 2 items						
Pay Type	Payment Elections				Distribution	Edit
	Payment Type	Account	Account Number			
USA Payroll Payment	Direct Deposit	Bank of Money *****0088	*****0088	Balance	<input checked="" type="checkbox"/>	Edit
USA Expense Reimbursement	Direct Deposit	Bank of Money *****0088	*****0088	Balance	<input checked="" type="checkbox"/>	Edit

2. Click the **Plus(+)** sign to add a row, then use the **Prompt** icons to select the **Country** (the **Currency** will default), **Payment Type**, and select the new **Account**. Enter an **Amount** or **Percent** to deposit into the new account each pay period; you can have multiple accounts for payroll, but the final account must always be designated to handle the **Balance** (this ensures any remaining funds are deposited). Click **OK** when you have added all necessary accounts.

Payment Elections 2 items						
Order	*Country	*Currency	*Payment Type	Account	*Balance / Amount / Percent	
<input type="checkbox"/>	United States of America	USD	Direct Deposit	Bank of Money *****6789	<input type="radio"/> Balance	<input type="radio"/> Amount
						<input type="text" value="100.00"/>
					<input type="radio"/> Percent	<input type="text" value="0"/>
<input type="checkbox"/>	United States of America	USD	Direct Deposit	Checking	<input checked="" type="radio"/> Balance	<input type="text" value="0.00"/>
					<input type="radio"/> Amount	<input type="text" value="0.00"/>
					<input type="radio"/> Percent	<input type="text" value="0"/>

# FILL OUT W-4s

Your W-4 forms will need to be completed outside of Workday. Follow the steps shown below.

1. Select the **Fill out W-4s** task.
2. Click the **Tax Withholding Forms** link. The **CIC Plus** website will open in a new browser tab.

The screenshot shows the 'Inbox' interface. On the left, under 'Actions', the 'Fill out W-4s' task is highlighted with a red box. It shows '23 hour(s) ago - Due 06/24/2021; Effective 06/03/2021'. Below it are other tasks like 'Change Emergency Contacts', 'Review Documents', and 'Noncompete Agreement: Coding Specialist - David Lightman'. On the right, the 'Complete To Do' section for 'Fill out W-4s' is shown. It includes details like 'For: Coding Specialist', 'Overall Process: Hire: David Lightman', 'Overall Status: Successfully Completed', and 'Due Date: 06/18/2021'. The 'Instructions' section says 'Go to CIC Plus' and contains a link for 'Tax Withholding Forms' which is also highlighted with a red box. At the bottom of the 'Complete To Do' section, there are three buttons: 'Submit' (highlighted with a red box and a red circle containing the number 8), 'Save for Later', and 'Close'.

3. Select the appropriate **Citizenship Status**.
4. Click **Create**.
5. Select a **Marital Status**. Fill out any other fields, as applicable.
6. Click **Submit to Employer**.
7. Click **OK** in the confirmation pop-up window that appears.

The first screenshot shows a form titled 'My citizenship status is:' with three buttons: 'U.S. Citizen' (highlighted with a red box), 'Resident Alien', and 'Nonresident Alien'. The second screenshot shows the 'Federal Forms' section with 'Citizenship Status U.S. Citizen' and a 'Federal W-4' button highlighted with a red box. Below it is a 'Create' button. The third screenshot shows a confirmation dialog with the text 'You have successfully completed and signed the form!' and 'Are you ready to submit the Federal W-4 to your employer?'. It has 'OK' and 'Cancel' buttons, with 'OK' highlighted by a red box.

8. Return to Workday and click **Submit**.

# CHANGE EMERGENCY CONTACTS

1. From your **Workday Inbox**, click the **Change Emergency Contacts** task. Click the **Pencil** icons to add a **Legal Name** and **Relationship**. At least one **Primary Phone** or **Primary Email** address is required. Enter all required\* information in each section.

**Change Emergency Contacts**  
23 hour(s) ago - Due 06/24/2021

David Lightman

23 hour(s) ago - Due 06/24/2021

### Primary Emergency Contact

**Legal Name**

Legal Name \*

**Relationship**

Relationship \*

**Primary Address**

Add

**Primary Phone**

Add

**Additional Phone**

Add

**Primary Email**

Add

**Legal Name**

Name (empty)

Country \*  
United States of America

Prefix

First Name \*

Middle Name

Last Name \*

**Relationship**

Relationship \*  
Search

**Phone**

Phone (empty)

Primary

Phone Type \*  
select one

Country Phone Code \*  
United States of America (+1)

Phone Number \*

Phone Extension

Visibility \*  
Private

> Details

**Email**

Primary

Email Address \*

Visibility \*  
Private

> Details

**Note:** You can click the check mark entries in a section or click the next section.

4. Scroll down to the bottom of the page and use the **Add** button to add any **Alternate Emergency Contacts**, if needed. Note that these contacts will be given a priority of **2** in the system by default, but you can change this.
- **Note:** The required information for an alternate emergency contact is the same as above (**Legal Name**, **Relationship**, and at least one **Primary Phone** or **Primary Email**).

The image shows a user interface for adding alternate emergency contacts. It consists of three main panels:

- Left Panel:** A box titled "Alternate Emergency Contacts" containing an "Add" button. Below it, a "Submit" button is shown with the instruction "Click Submit."
- Middle Panel:** A detailed form titled "Alternate Emergency Contacts" with the following fields:
  - Legal Name:** (empty)
  - Country:** United States of America
  - Prefix:** (empty)
  - First Name:** (empty)
  - Middle Name:** (empty)
  - Last Name:** (empty)
  - Suffix:** (empty)
  - Priority:** 2
  - Mark as Primary:**
  - Relationship:** (empty)
- Right Panel:** A form titled "Phone Number" with the following fields:
  - Phone Number:** (empty)
  - Phone Device:** select one
  - Country Phone Code:** (empty)
  - Phone Extension:** (empty)
  - Type:** Home

Red boxes and arrows highlight the "Add" button, the "Legal Name" field, the "Priority" field (containing the value 2), the "Relationship" field, and the "Phone Number" field.

# REVIEW DOCUMENTS

An important part of the onboarding process is becoming familiar with the company policies.

1. From your **Workday Inbox**, click the **Review Documents** task.
2. Click the **links** to view each document in your browser window and review the details.
3. Click the **I Agree** check box to attest you have read and agree with the terms of the policies and procedures within.
4. Click **Submit**.


Review Documents ☆  
1 day(s) ago - Due 06/24/2021; Effective 06/03/2021

## Review Documents

Review Documents for Onboarding for David Lightman ⋮

1 day(s) ago - Due 06/24/2021; Effective 06/03/2021


### Documents

**Document**  PTO Policy

**Signature Statement** Please review this document and acknowledge below.


**I Agree**

**Note:** There are 9 documents that need to be reviewed.

**Document**  Travel and Expense Policy

**Signature Statement** Please review this document and acknowledge below.

**I Agree**

**Document**  Mobile Device Policy

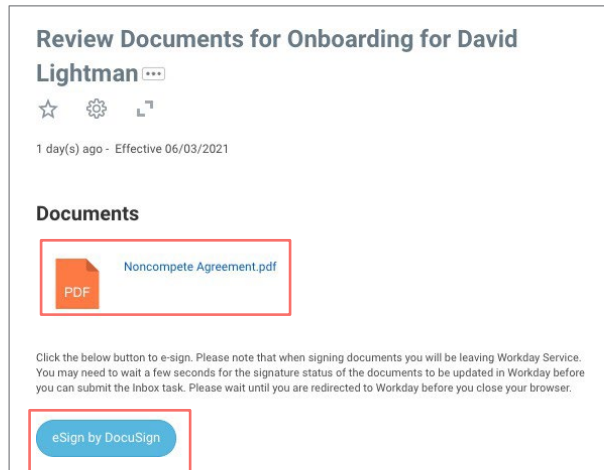
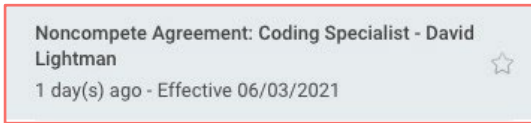
**Signature Statement** Please review this document and acknowledge below.

**I Agree**

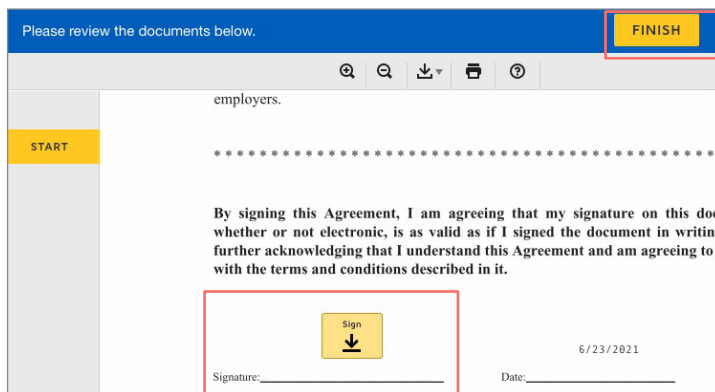
SubmitSave for LaterCancel

# NONCOMPETE AGREEMENT (if applicable)

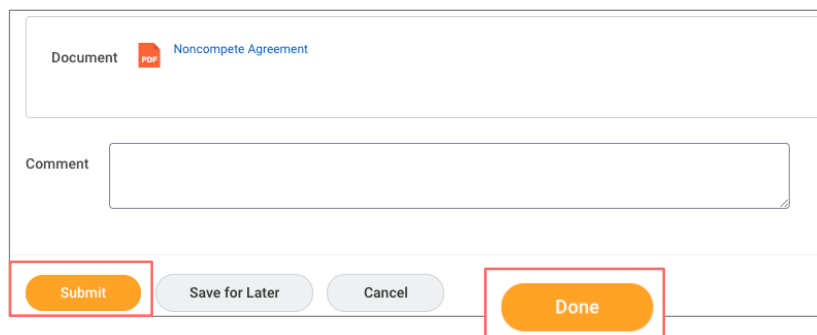
- 7. From your **Workday Inbox**, click the **Noncompet Agreement** task.
- 8. Click the **link** to review the details.
- 9. Click the **eSign by DocuSign** button.



- 10. Check the **box** to attest you have read and agree with the terms of the policies, then click **Continue**.
- 11. Click **Sign** to electronically sign the document, then click **Finish**.



- 12. You will be returned to Workday. Click **Submit** and **Done**.




# DISABILITY SELF-IDENTIFICATION

1. Select the **Disability Self-Identification** task. Review the information, then make a **selection** to self-identify.
2. Click **Submit**.

Disability Self-Identification

1 day(s) ago - Effective 06/03/2021



## Change Self-Identification of Disability

1 day(s) ago - Effective 06/03/2021

For reference [View this form at the U.S. Department of Labor website.](#)

### Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 05/31/2023

#### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

#### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

**Disabilities include, but are not limited to:**

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

**Please check one of the boxes below:**

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability

I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**Submit**   Save for Later   Cancel

# VETERAN STATUS ID

1. Select a **Veteran Status** as appropriate from the menu and check any **box(es)** that apply.
2. Click **Submit** and **Done**.

## Inbox

Actions Archive

Viewing: All Sort By: Newest

**Veteran Status Identification**  
1 day(s) ago - Effective 06/03/2021

**Agreement to Arbitrate Compensation Disputes:  
Coding Specialist - David Lightman**  
1 day(s) ago - Effective 06/03/2021

**Photo Change**  
1 day(s) ago - Due 06/24/2021; Effective 06/03/2021

### Change Veteran Status Identification

David Lightman  
1 day(s) ago - Effective 06/03/2021

We are a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows and are hereafter referred to all together as "protected veterans":  
A Disabled Veteran is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An Active Duty Wartime or Campaign Badge Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with VEVRAA as amended. We are an equal opportunity employer. We do not discriminate in hiring or employment against any individual on the basis of race, color, gender, national origin, ancestry, religion, physical or mental disability, age, veteran status, sexual orientation, gender identity, marital status, pregnancy, citizenship, or any other factor protected by anti-discrimination laws.

**Select a veteran status**

  
**Select all that apply**

Disabled Veteran

Recently Separated Veteran    Discharge Date:

Active Duty Wartime or Campaign Badge Veteran

Armed Forces Service Medal Veteran

I AM NOT A VETERAN

IDENTIFY AS A VETERAN, JUST NOT A PROTECTED VETERAN

IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS

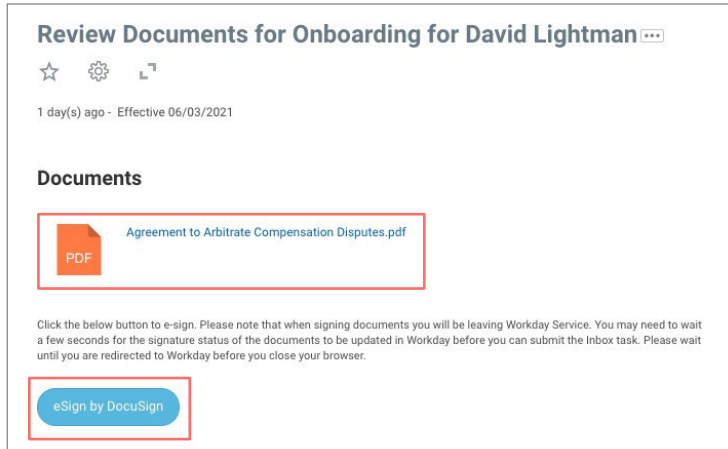
I DO NOT WISH TO SELF-IDENTIFY

**Submit**    **Save for Later**    **Cancel**

**Done**

# ARBITRATION AGREEMENT

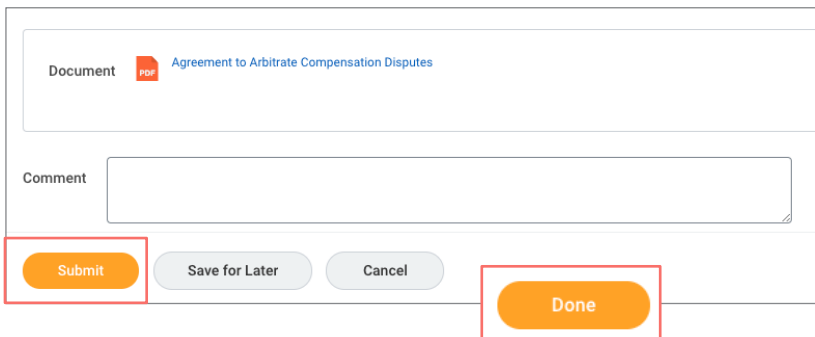
1. From your **Workday Inbox**, select the **Agreement to Arbitrate Compensation Disputes** task.
2. Click the **link** to review the details.
3. Click the **eSign by DocuSign** button.



4. Check the **box** to attest you have read and agree with the terms of the policies, then click **Continue**.
5. Click **Sign** to electronically sign the document, then click **Finish**.



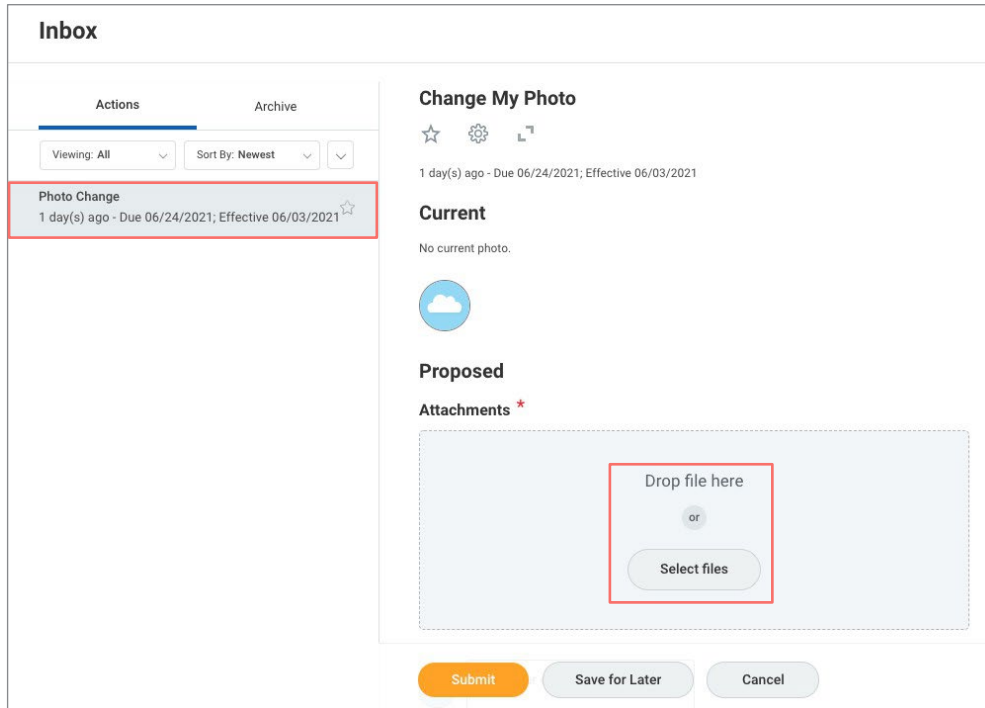
6. You will be returned to Workday. Click **Submit** and **Done**.



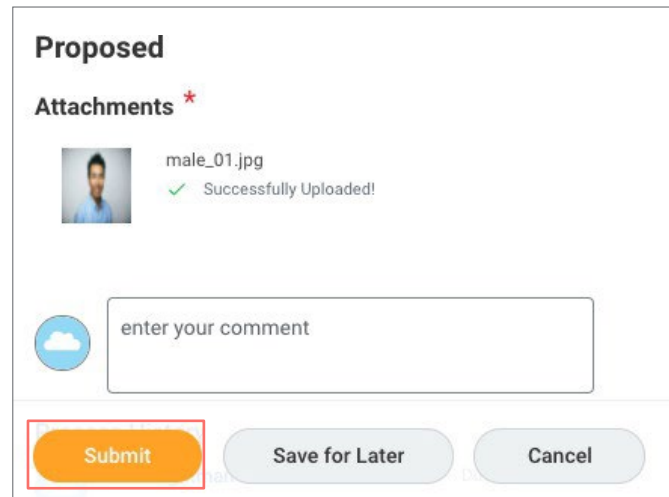
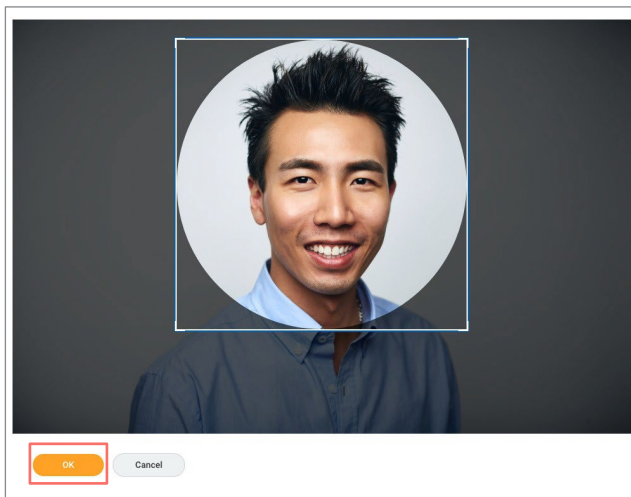
# UPLOAD PROFILE PHOTO

One of the last steps in Onboarding is changing your profile photo in Workday. This will update the cloud icon to your personal photo.

1. From your **Workday Inbox**, click the **Photo Change** task.
2. Click the **Select Files** button or **Drag and Drop** your image in the **Attachments** section, to insert your photo.



3. Once your photo has been selected, adjust your image to fit within the circle on the **Change Photo** screen, then click **OK**. Your photo will then upload. When complete, click **Submit**.



Onboarding is now complete.