




# Onboarding: Step-by-Step Guide

## Onboarding

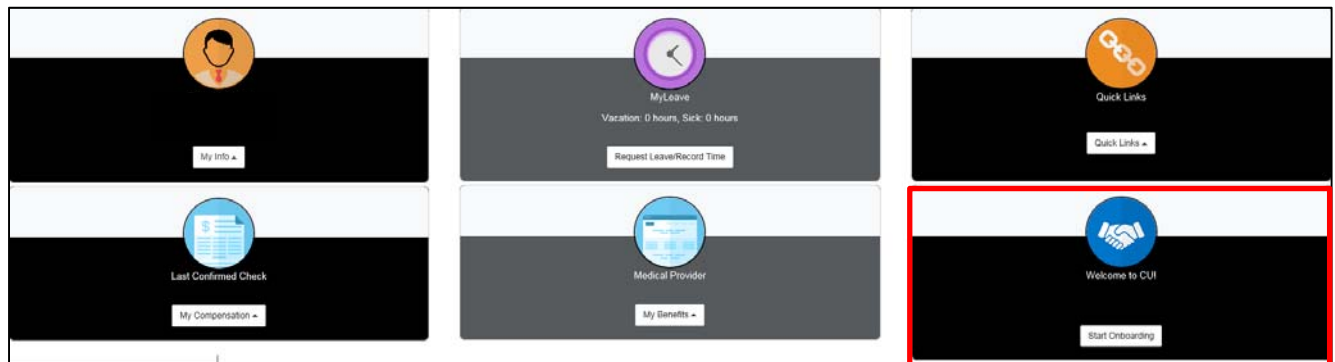
This guide describes the onboarding process from the candidate perspective.

| Onboarding Icons  |                    |
|---|--------------------|
|  | Completed actions  |
|  | Incomplete actions |
|  | Information        |

## New Employee Perspective

This section of the guide describes the onboarding process from the new employee perspective. After the onboarding initiation process occurs, new employees will receive an email that includes a link to their portal. Once inside the portal they will have access to update their race, veteran, and disability status. New Employees will also be able to update their personal information, emergency contacts, I-9, and W-4 information. To begin the process:

1. New Employee selects **Start Onboarding** from the portal.



## Electronic Disclosure

2. New Employee E-signs the electronic disclosure statement to continue the onboarding process.

### Electronic Disclosure

**Name:** Trent Martinez

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#### Electronic Disclosure Acknowledgement

Please read the following statement carefully.

I affirm that all information I provide through this University of Colorado Onboarding module and any accompanying documentation is true and complete. I understand that any false or misleading information or significant omissions may disqualify me from employment with the university, and may be grounds for my immediate dismissal if discovered at a later date.

By using this module, I agree to use an electronic signature in lieu of a paper-based signature. I understand that electronic signatures, just like the paper signatures, are legally binding in the United States and in other countries. I further agree not to electronically sign any form without first reading it and ensuring that I have accurately filled out the form to the best of my knowledge, thus demonstrating that I am able to access the electronic information contained therein.

I understand that all information I provide during this process shall be a university-owned record and may be used for any university purpose in accordance with applicable law and university policy.

**DO NOT E-SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT**

I understand the terms and provide my consent to provide electronic signatures for my onboarding materials.

I elect to opt out of the electronic onboarding process and would like to complete any onboarding forms via paper.  
Please inform the hiring contact of this decision for scheduling.

## Biographical Information

3. New Employee validates biographical information and enters emergency contacts.

### Biographic Information

**Confirm Legal Name**  
Please indicate your legal name and confirm the email address you'd like to use for future onboarding notifications.  
Legal name should match what is on your work authorization document.

Prefix:

\*First Name:  Middle Name:

\*Last Name:  Name Suffix:

\*Email:  \*Confirm Email:

**Personal Details**

\*Gender:  \*Birth Country:

\*Date of Birth:  \*Marital Status:

\*Social Security #:  \*Confirm Social Security #:

\*Home Phone:  Cell Phone:

\*Home Address: [Edit](#) Mailing Address: [Edit](#)

For tax purposes, the Home address cannot be a P.O. Box. 123 Cherry Lane  
Denver, CO 80210  
Denver

A P.O. Box can be used for the Mailing Address 123 Cherry Lane  
Denver, CO 80210  
Denver

**Emergency Contacts**

**Contact 1**

\*First Name:  \*Last Name:

\*Relationship:  \*Phone Type:

\*Primary Phone:  Phone Type:

Alternative Phone:

**Contact 2**

First Name:  Last Name:

Relationship:

Primary Phone:  Phone Type:

Alternative Phone:  Phone Type:

## Self-Identification- Race Status

4. New employee has the option to self-identify a race status(s).

**Self Identification: Race Status**

**Name:** Jim Bob

University of Colorado-Systems Administration is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. All applicants and employees are invited to participate in the Affirmative Action Program by reporting their race and ethnicity. We are a company that values diversity. We actively encourage women and minorities to apply. Please complete the information requested below. Thank you for your cooperation.

**Race Identification**

Race (check all that apply):

**American Indian or Alaskan Native (Not Hispanic or Latino):**  
A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**Asian (Not Hispanic or Latino):**  
A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American (Not Hispanic or Latino):**  
A person having origins in any of the Black racial groups of Africa.

**Hispanic or Latino:**  
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White (Not Hispanic or Latino):**  
A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Declined to Self Identify**

## Self-Identification of Veteran Status

5. New employee has the option to self-identify a veteran status.

**Self Identification - Veteran**

**Name:** Jim Bob

The Company is a Federal Government contractor subject to Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended ("Section 4212") which requires Federal 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 at all levels of employment, including the executive level.

The Company's affirmative action policy prohibits discrimination against protected veterans. The following invitation is made pursuant to this policy and the affirmative action obligations required by Section 4212. Disclosure of this information is completely voluntary and refusing to provide it will not subject you to any adverse treatment. The information is confidential and will be used only in ways that are consistent with Section 4212. Please indicate whether you want to provide this information, and if you do, please select the category that applies to you.

**INVITATION TO SELF-IDENTITY**  
**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Please indicate whether you identify as one or more of the following protected veteran categories by checking the appropriate box(es) below.

**Disabled Veteran:** (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

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

**Armed Forces Service Medal Veteran:** 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.

**Active Duty Wartime or Campaign Badge Veteran:** A veteran who served 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. If you would like more information on campaigns or expeditions for which a campaign badge has been authorized, please visit <http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide>.

I am not a protected veteran.

I prefer not to answer.

In addition to our affirmative action obligations under Section 4212, our company values all forms of military service. If you are not a protected veteran, but would like to disclose your status as a member of the Armed Forces, you may do so below. Are you currently serving, or have served in the Armed Forces of the United States of America (including the Reserves and National Guard)?

Yes

No

I prefer not to answer

# Self-Identification of Disability

## 6. New employee has the option to self-identify disability.

Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017

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

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

**How do I know if I 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:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

**Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, 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).

# Education Verification

## 7. New employee enters education information.

Education Information Find 1 of 1

1) \*Name of the School: University of Colorado [Delete](#)

Campus:

\*Attendance From: 08/18/2003  \*To: 05/15/2007

\*School's Primary Address:

Country: United States

Address 1:

Address 2:

\*City: Boulder

\*State: Colorado

Postal:

County:  Lookup County

\*Did you graduate?  Yes  No

\*Full Name at Graduation:

\*Graduation Date:

\*Degree Earned:

\*Area of Study:

\*Are you able to provide a copy of your degree?  Yes  No [Add](#)

I certify the information contained on this form is true and correct and that my application or employment will be terminated based upon any false, omitted, or fraudulent information.

[Save](#)

## E-Verify

### 8. New Employee completes E-Verify Notification.

**E-Verify Notification**

**Name:** Jim Bob

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E-Verify is an Internet-based system that compares information from your Form I-9, Employment Eligibility Verification, to Department of Homeland Security (DHS), Social Security Administration (SSA), and Department of State (DOS) records to confirm that you are authorized to work in the United States.

Once you have accepted an offer of employment and completed Form I-9, the University of Colorado takes the information from your Form I-9 and enters it into E-Verify where it checks the information against records available to DHS.

As an employer that participates in E-Verify we must:

- Notify you that we participate in E-Verify. 'Notice of Participation' and the 'Right to Work' posters can be found throughout the campus offices.
- Allow you to start and continue working during the E-Verify verification process, even if you receive a Department of Homeland Security (DHS) or Social Security Administration (SSA) Tentative Nonconfirmation (TNC)
- Provide you with a 'U.S. Department of Homeland Security Notice to Employee of Tentative Nonconfirmation (TNC) or 'Social Security Administration (SSA) Notice to Employee of Tentative Nonconfirmation (TNC)' if you receive a TNC. This notice contains information about how you contest a TNC.
- Give you the opportunity to contest a TNC
- Provide you with a referral Date Confirmation if you decide to contest a TNC. The Referral Date Confirmation provides you with the date by which you must visit SSA or contact DHS.
- Allow you eight federal government workdays to visit an SSA field office or contact DHS to contest a TNC.

The University of Colorado cannot:

- Use E-Verify to discriminate against ANY job applicant or new hire on the basis of his or her citizenship, immigration status or national origin.
- Take adverse action against you, including terminating employment, suspending employment, withholding pay or training, delaying start date, or otherwise limiting employment because you have decided to contest a TNC or because your E-Verify case is still pending with DHS or SSA

**acknowledge that I have read and understand the material above**

**Electronic Acknowledge**

## Payroll and Tax

### 9. New employee enters Federal and State W-4 information and electronically signs.

|  |   |  |
|--|---|--|
| <p><b>Form W-4</b><br/>Department of the Treasury<br/>Internal Revenue Service</p>   | <p><b>Employee's Withholding Allowance Certificate</b></p> <p>► 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.</p> | <p>OMB No. 1545-0074</p> <p style="font-size: 24pt; font-weight: bold;">2015</p> |
| <p><b>1</b> Your first name and middle initial<br/>Jim</p>   | <p>Last name<br/>Bob</p>  | <p><b>2</b> Your social security number<br/>XXX-XX-7895</p>                      |
| <p>Home address (number and street or rural route)<br/>123 Cherry Lane</p>   | <p><b>3</b> <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Married, but withhold at higher Single rate.<br/><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>    |  |
| <p>City or town, state, and ZIP code<br/>Denver, CO 80210</p>  | <p><b>4</b> 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. ► <input type="checkbox"/></p>   |  |
| <p><b>5</b> Total number of allowances you are claiming (refer the link below for instructions)</p>  | <p><b>5</b> <input type="text" value=""/></p>   |  |
| <p><b>6</b> Additional amount, if any, you want withheld from each paycheck</p>  | <p><b>6</b> \$ <input type="text" value=""/></p>  |  |
| <p><b>7</b> I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption.</p> <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had no tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have no tax liability.</li> </ul> <p>If you meet both conditions, write "Exempt" here ► <input type="text" value=""/></p> |   |  |
| <p>To review document, refer to <a href="#">Instructions</a></p>   |   |  |
| <p>Cat. No. 10220Q</p>   |   | <p>Form <b>W-4</b> (2015)</p>  |
| <p><input type="checkbox"/> 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.</p> <p style="text-align: center;"><b>Electronically Sign</b></p>  |   |  |

# I-9 Verification

## 10. New employee enters I-9 information.

**Employment Eligibility Verification**

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

USCIS  
**Form I-9**  
OMB No. 1615-0047  
Expires 03/31/2016

**START HERE.** 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 work-authorized individuals. Employers **CANNOT** specify which document (s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**I-9 ID: NEXT**

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

|  |   |  |                                  |                    |
|--|---|--|----------------------------------|--------------------|
| *Last Name (Family Name)<br>Bob                      | *First Name (Given Name)<br>Jim             | Middle Initial                             | Other Names Used (if any)        |                    |
| *Address (Street Number and Name)<br>123 Cherry Lane | Apt. Number                                 | *City or Town<br>Denver                    | *State<br>Colorado               | *Zip Code<br>80210 |
| *Date of Birth (mm/dd/yyyy)<br>04/01/1965            | *U.S. Social Security Number<br>253-46-7895 | *E-mail Address<br>jimbob@invalidemail.com | Telephone Number<br>303/716-8877 |                    |

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

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

- A citizen of the United States
- A noncitizen national of the United States [\(See instructions\)](#)
- A lawful permanent resident (Alien Registration Number/USCIS Number): [ ] Receipt: [ ]
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) [ ]

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: [ ] Receipt: [ ]

**OR**

2. Form I-94 Admission Number: [ ]

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: [ ]

Country of Issuance: [ ]

**\*Please click on CONTINUE to complete Signature**  
CONTINUE>>>>

Signature of Employee: \_\_\_\_\_ Date (mm/dd/yyyy): 11/24/2015

Electronic Acknowledgement

## 11. New employee electronically signs the I-9.

**Electronic Signature**

I attest, under penalty of perjury, that to the best of my knowledge the information is true and correct.

Agree

\*Signature: [ ]

**Case (First Name, Last Name):** Combination of First Name (Space) Last Name  
**Example:**  
First Name: Elaine  
Last Name: Goodell  
Signature : Elaine Goodell

**Case (First Name, Last Name, Middle Initial):** Combination of First Name (Space) Middle Initial (Space) Last Name  
**Example:**  
First Name: Elaine  
Middle Initial: A  
Last Name: Goodell  
Signature : Elaine A Goodell

# Pay Check Preferences

12. New employee sets up pay check preferences. They can set up direct deposit or choose to receive a paycard.

### Pay Check Preferences

Would you like to set up direct deposit for your pay?

Yes  No

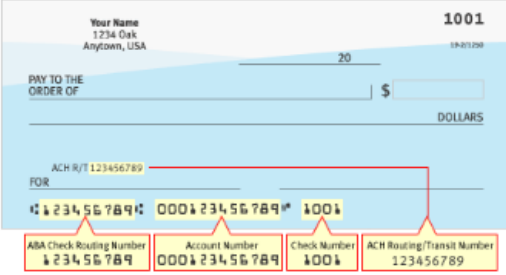
### Direct Deposit

Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late requests may result in a warrant (check) being issued (for new employee) or deposit to an already established account (for continuing employee). We suggest leaving your old account open until deposit to your new account has occurred.

Employee may select up to three separate accounts. You will receive a detailed Advice of Deposit.

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings ⑆ and ⑈. It cannot begin with a "5". If you are not sure which number to use, contact your financial institution for assistance.

**IMPORTANT:** Enter all financial institutions to which you are depositing funds, even if only one is changing. Enter the lowest % or \$ amount first and the highest % or \$ amount last. The form overrides (replaces) all prior designations.



**Banking Information** 1 of 1

Deposit Order: 1 [Delete](#)

\*Deposit Type:

\*Institution Name:  Phone:

\*Account Type:  Savings  Checking

\*Routing #:

\*Account #:

Re-enter Information

\*Confirm Routing #:

\*Confirm Account #:  [Add](#)

Authorization Agreement: I hereby authorize the University of Colorado to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account (s), I authorize my bank(s) and the University of Colorado to make the appropriate adjustment(s).

I acknowledge I have read and understand the materials above.

OR

## Pay Card

The University of Colorado is an electronic payer meaning, if you do not sign up for direct deposit or close your account, you will receive a paycard. For more information on paycard visit - <http://www.cu.edu/employee-services/paycards>

Save

Previous

## Submit for Review

13. New employee submits information for review.

### Submit for Review

**Name:** Jim Bob

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It is recommended that you review all information and understand once these forms are submitted you will not be able to edit the information.

agree all information provided is true and release my data for review

Submit

## Information review

14. New employee has the ability to learn information about the university and their campus. On the employee's first day, they will be given access to update benefit information and begin required training.

