

Employee Self Service Manual

PeopleSoft Version 9.2



ACCESS. INNOVATION. EXCELLENCE.

DISCLAIMER

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Accessing Employee Self Service

Log in to the Human Resource Management System (HRMS) using your system-issued User ID and Password. These are case sensitive. If you have a problem with your User ID and/or password, please call the NDUS help desk: 1-866-457-6387.

N O R T H UNIVERSIT	DAKOTA TY SYSTEM						
Human Resources Log In NDUS Human Resources requires authentication using your NDUS identifier. User ID	Trouble Logging In? If you are experiencing any difficulties getting logged into the system, please use the links below.						
	User ID and Password Help						
Password	Send email to Help Desk						
Log In							
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The Employee Self Service homepage will have tiles that will direct employees to specific places within PeopleSoft.

	✓ Employee Self Service	
Company Directory	Time	Payroll
		• 3 •
		Last Pay Date 08/15/2018
Personal Details	Total Rewards	
.		
	Total Rewards Statement	

Company Directory

Use the Company Directory to view employee personal and job data within the context of your organization's hierarchical reporting structures.

The company directory has its own tile on the Employee Self Service homepage. Selecting it will take the user directly to it. It will be in front of DUO so the user will not be prompted for a second password.



Company Directory - Search

In the Company Directory, there are several ways to search: by name, job title, location, campus name, and building name.

Quickly view profiles by searching in the Recently Viewed or Favorites sections.

Search Company Directory Se	warch by name, job title, location, etc.
View My Profile	🗸 View My Org Chart
Recently Viewed (15)	
Favorites (2)	

Wildcards and email searches

Wildcard characters can be used to retrieve a desired search result. Elastic search does not support us the '%' character as a wildcard. Supported characters are '*' and '?'. The '*' is used for matching multiple characters and the '?' is used for matching single characters.

When searching for an email address, the "@" character is considered to be a word separator. So for the search keyword betty@xyzcompany.com, the results returned are matching on "betty" or "xyzcompanycom". To have the keyword string to be considered one word, put double quotes around the string: "betty@xyzcompany.com".

Company Directory - View My Profile

When viewing contact information, the person's name, business title, department name and building name will appear in the upper left corner. Their campus name, campus address, campus phone number and campus email address will appear in the main page. The profile can be added or removed from the user's favorites by selecting the link below the contact information in the upper left corner.

Karin Stinar Senior Business Analyst Financial and HRM Systems - Multiband Tower		
Remove from Favorite Profiles		View Org Chart
📞 Contact Information	Contact Information	
T_ Reporting Structure		
A Peers 5	Campus	NDUS System Info Tech Services
	Address	2000 44TH ST S STE 301
Lob Details		Fargo, ND 58103-7434
		Cass
	Phone	701/239-6679
	Email	Karin.Stinar@ndus.edu

Included in the View My Profile page are several links called "facets".

- a. There is a link to the employee's reporting structure which shows their "chain of command" up to the Chancellor.
- b. There are links to the employee's direct reports (if they have any) and peers.
- c. There is a link to the employee's job details. Job details include: location, campus address, business unit, regular/temporary status, company name, job family name, years of service and other info.
- d. Data in the Company Directory will be refreshed on a daily basis. Some data, such as email and phone number, will take effect immediately. Employees who are terminated will no longer be in the directory the day after their termination date.

Contact Information	
L Reporting Structure	
🕹 Directs	5
🐣 Peers	7
🐴 Job Details	

Job Details	
Location	IT Building
Address	4349 JAMES RAY DR GRAND FORKS, ND 58203-1929 Grand Forks
Business Unit	NDUS System Info Tech Services
Reg/Temp	Regular
Company	NDUS System Info Tech Services
Job Family	NDUS Administrative
Manager Level	All Other Positions
Org Relationship	Employee
Position	AssistCIO/Enterprise Solutions
Standard Hours	40
Work Period	Weekly
Years of Service	24.9

Company Directory – View My Org Chart

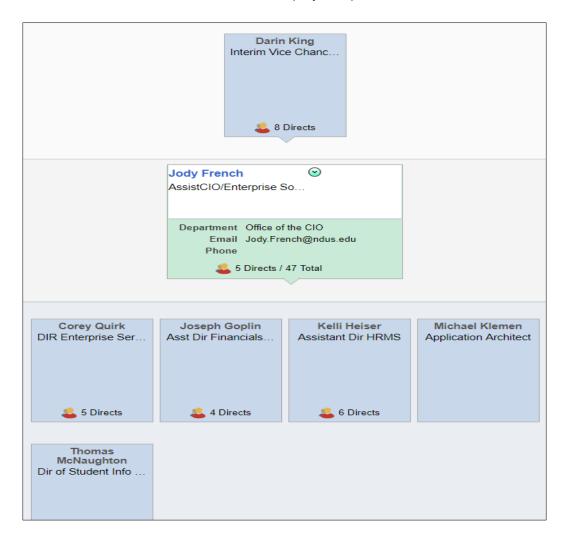
Rev Org Chart

There is a link to the employee's org chart in the Contact Information page:

When viewing the org chart of an employee, it shows up to 3 levels:

- 1. The direct supervisor of the employee (level 1);
- 2. The employee and peers, if turned on (level 2). Note: the employee displays in a slightly different format than the peers so they standout, this is call the "focus node";
- 3. The employee's reports-to (if any) (level 3).
 - a) There are icons in the frames that indicate if the employees has any direct reports and/or indirect reports along with the count.
 - b) Clicking on any of the frames will change/update the focus node of the org chart to show that particular employee's org chart.

- c) Currently the org charts do not include vacant positions.
- d) There is a "Show Peers" box in the upper right corner that can be turned on and off as desired to show or not show the employee's peers. The default is off.



Company Directory – Exporting Org Charts

There are two ways to extract org chart data for importing into Excel or Visio.

One way is to select the actions list from the banner (the elicon in the upper right corner) and select one of the following options: Export to Excel, Export to Visio, Print Organization Chart.

Company Directory Home
View My Profile
Export to Excel
Export to Visio
Print Organization Chart
My Preferences
Help
Sign Out

If using either the Export to Excel or Export to Visio options, save the file to your computer and then use the instructions in the next section of this manual to create the org chart. If selecting Print Organization Chart, a new page opens showing a print preview of the chart. Click the

Print

button to print the chart.

The other way to extract the data is by going to the following navigation: *Workforce Administration>Export Org Chart*.

1. Enter a Run Control ID and click Search.

Export Org Chart
Enter any information you have and click Search. Leave fields blank for a list of all values.
Find an Existing Value Add a New Value
Search Criteria
Search by: Run Control ID begins with Correct History Case Sensitive
Search Advanced Search

- 2. Select the following parameters:
 - a. Effective Date
 - b. Org View Type: Select **Company Directory**. The NDUS does not use Direct-Line Reports or Matrix Reports.
 - c. Content Type: Select Org Chart. The NDUS does not use Profile.

- d. File Type: Select either MS Office Excel or MS Office Visio. *Note: Campuses may charge a fee to download Visio software to an employee's computer. However Visio produces a high quality org chart.*
- e. Tree Name will auto-populate.
- f. Tree Node: Click on the lookup, change the Search to Name and then enter the name of the employee desired for the chart. Select the name and the Tree Node will populate with the data.

Export Org Chart	
Run Control ID SITS_1 Language English •	Report Manager Process Monitor Run
Parameters	
*Effective Date 07/01/2018	
*Org View Type Company Directory	¥
*Content Type Org Chart	v
*File Type MS Office Visio	v
Tree Name NDU_HRCD	Effective Date of Tree 06/25/2018
Tree Node 0316892XXX002000000	Jody French

This is a screen shot of the Tree Node lookup.

Look Up T	Tree Node																>
Search by	Name 🔻	begins w	vith Jody F	rench													Help
Look Up	Cancel Advance	d Lookup															
Search Re	sults																
View 100															First 🕚	1 of 1	🕑 Last
Name	Tree Node	Empl ID	Empl Record		Job Indicator	Business Unit		Department Set ID	Department	Job Code Set ID				Organizational Relationship	Supervisor ID	Reports T Position	
Jody French	0316892XXXX002000000	0316892	2	07/01/2017	Primary	SITS1	SIT	SITS1	0050	SITS1	019501	00100346	Active	Emp	(blank)	0010034	0

3. The process to download the file from PS into Visio is a user-friendly process. Visio provides many tools to customize the org chart based on user specifications.

Creating an organization chart using Visio

Open Visio and use the Organization Chart Wizard to create your organization chart automatically.

Note #1: These instructions are for Visio 2016. Go to You Tube for tutorials for Visio.

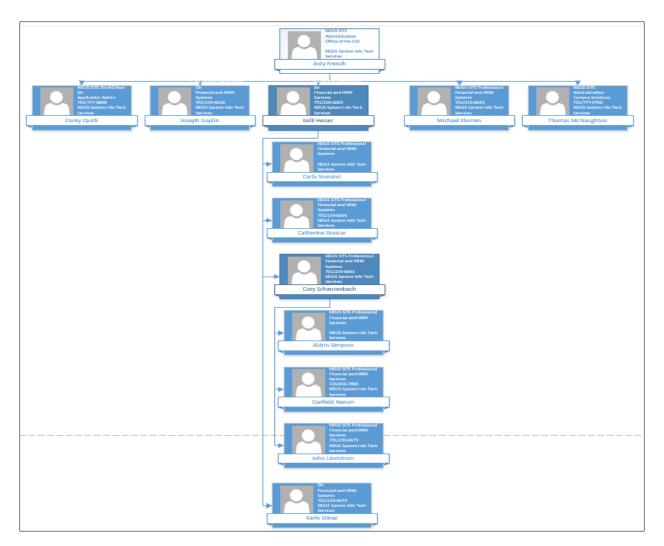
Note #2: Current functionality in PeopleSoft requires the data be exported to either Excel or Visio. Campuses will need to work with their desktop support staff to obtain a download of Visio. There could be a fee charged for this because the campuses vary in what software is available for download.

To run the Organization Chart Wizard:

In Visio, select File, New, Organization Chart (if an icon isn't showing in the Featured Templates, enter Organization Chart in the search box and select it), Organization Chart Wizard. Select US Units and click Create.

- 1. On the next window, select the option *Information that's already stored in a file or database* and click Next.
- 2. On the next window, select the option A text, Org Plus (*.txt), or Excel file and click Next.
- 3. On the next window, enter (or browse) the location on the client that contains your organization information (where you saved the orgchart file) and click Next.
- 4. Select *Name* for the Name filed, *ReportsTo* for the Reports To field and *<none>* for the First name (optional) field and click Next.
- 5. Select the fields from your data file that you want to display (you can move the fields up/down as desired) and click Next.
- 6. If desired, select fields from the Data file columns list and click Add to add them to the Shape Data fields list and click Next.
- 7. Select Don't include pictures in my organization chart and click Next.
- 8. Select *I* want the wizard to automatically break my organization chart across pages and click Finish.
- 9. Select 'No' for the question "Your organizational data contains 3 entries that are not in the organization. Do you want to include them in your drawing?"

The following is an example of the Visio page that you see when the organization chart is complete.



Here are some suggestions to edit the chart:

- 1. In the Org Chart tab, do a Cntl+A or select the entire chart by left clicking in the upper left corner and drag the curser to highlight the entire chart. Then select *Show/Hide* in the Picture option. This will delete the silhouette from each shape.
- In the Org Chart tab you can select different shapes by clicking on them in the Shapes option. You can also increase and decrease the height and width of the shape by clicking on the + or – signs.
- 3. The data is organized in alphabetical order by first name. The boxes and arrows can be moved and edited.
 - a. Click on a box to highlight it and then right click and use the options to edit the text or change the back ground color of the box.
 - b. Click on a box and drag it to another location. It might be helpful to be in the View tab and have the grid selected so the boxes can be moved and positioned within equal distance of each other.
 - c. If the boxes are moved, then the connectors (arrows) connecting the boxes will likely need to be edited as well. Use the Pointer Tool and Connector options in the Home tab to do this.

- d. Any boxes can be deleted by selecting them and pressing the delete button on the keyboard.
- 4. Importing large amounts of data into Visio will take more time and effort. Here are some suggestions:
 - a. The export out of PeopleSoft into Excel or Visio is limited to 1000 rows of data.
 - b. Use Excel to delete student and temporary rows in the spreadsheet. This can be done quickly by filtering on the Title column, selecting titles for students and temps and then highlighting and deleting the rows. Save the changes as a .csv (comma delimited) file.
 - c. Go into Visio and do the same steps as shown in the 'Creating an Organization Chart using Visio' section.
 - i. When choosing the columns to display, select only Name, Title and Department.
 - ii. When choosing the columns to add as shape data fields, Identifier should be included in addition to Name, Title and Department.
 - d. It may take some experimenting with the page break options to decide what works best for the org chart being created. Start with 'I want to use the wizard to automatically break my organization chart across pages'.
 - e. Depending on the size of the file, the wizard may create multiple pages of charts. Click on the page tabs along the bottom to go to a different page. Clicking on the 'All' tab on the bottom right will display pages in a scroll area on the right.
 - f. At this point, it's a matter of selecting each page and editing the charts.
 - g. There are also different options to try when selecting Print and using Page Setup and adjusting the zoom and fit-to tools.

Payroll



Select the Payroll tile to access the following links along the left navigation collection:

💐 Paychecks
E Tax Withholding
W-2/W-2c Consent
避 Direct Deposit

Paychecks

The Paychecks link opens to a list of your paychecks. To view a paycheck click on the check

date and it will open that paycheck in a PDF for viewing. Use the funnel icon to select a different range of dates to view past paychecks.

Paychecks					
T					↑↓
Check Date	Company	Pay Begin Date / Pay End Date	Net Pay	Paycheck Number	
09/14/2018	North Dakota State University	08/16/2018 08/31/2018	\$1102.32	1455024	>
08/31/2018	North Dakota State University	08/01/2018 08/15/2018	\$1318.40	1450885	>

Tax Withholding

Select the Tax Withholding link to open a page showing the Company name, Status, Form Types, Jurisdiction and Withholding Details for the employee.

Form Type	Jurisdiction			Withholding Details	
Federal	Federal	Tax Status	Single	Withholding Allowances	4
		Additional Amount	0.00	Additional Allowances	
		Additional Percentage		Other	· · · · · · · · · · · · · · · · · · ·
State	North Dakota	Tax Status	Single	Withholding Allowances	4
		Additional Amount	10.00	Additional Allowances	
		Additional Percentage		Other	,

To update the Federal withholding status, select the arrow on the right:

Federal	Federal	Tax Status Single	Withholding Allowances 0	
		Additional Amount 0.00	Additional Allowances	>
	Additional Percentage		Other	1

 A window will open with special instructions that the user should read before continuing. It is important to know that when an employee is updating their federal tax withholding status, it will NOT automatically update their state tax withholding status. This is included in the first paragraph of the instructions. If the employee wants to update their state tax withholding status, they can do it separately starting in the Tax Withholding page. The central payroll office should run the query NDU_PY_TAX_FEDST_MISMATCH on a regular basis to monitor the W-4 statuses for federal and state.

It is also important to note that it is a requirement to use Adobe Acrobat to download the updateable PDF form. The user might need to change their browser settings so that the default for PDF forms is Adobe Acrobat. This technology is only available on a personal computer. It is not currently available using a mobile device.

Federal Tax Withholding Forms
Company NDUS System Info Tech Services
You must complete Form W-4 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. Federal income tax is withheld from your wages based on marital status and the number of allowances claimed on this form. You may also specify that an additional dollar amount be withheld. You can file a new Form W-4 anytime your tax situation changes. Also remember to update your state tax withholding status because the change you make for Federal withholding does NOT automatically update your state tax withholding status.
Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.
You can make changes to your withholding allowances online using the downloaded updateable PDF form and submit the changes for processing by your payroll department. Download the PDF to Adobe Acrobat (you may need to update your browser settings). Be sure to print or save a copy of the completed form for your records.
Updateable Forms
Form Description
Federal Withholding Allowance Certificate

• Select the arrow on the right and the following message will appear. Selecting OK will open the updateable form in PDF format. Selecting Cancel will cancel the

transaction and the employee can go to their Payroll department to compete the necessary forms to update their tax withholding status.

	WARNING						
You	The system will download to your computer a copy of the tax form which contains personal information. You should only continue if you are using a trusted and secure computer. You should not continue if you are using a shared computer or public computer (such as those in a library or internet café); doing this could leave your personal information vulnerable.						
	OK Cancel						

• When OK is selected the PDF form will open in a separate window. The user's Name, SSN, Address, Employee's Signature, Date, Employer's name, Employer's Address and EIN will all be prepopulated. The SSN is masked and only shows the last 4 digits. Lines 3 through 7 will be editable. The employee completes the form and then selects the Submit button located in the bottom right corner of the form.

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.							
W_A Employee's Withholding Allowance Certificate OMB No. 1545-0074							
Departm	Form VV						
1 Your first name and middle initial Last name 2 Your social secu					security number		
	Doe		John		XXX	<-XX-2255	
	Home address (r	number and street or rural route)		3 Single Ma	rried Married, bu	ut withhold a	at higher Single rate.
	100 Anywhere	St		Note: If married filing sep	arately, check "Married, b	ut withhold a	at higher Single rate."
	City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card,						
	Any Town, ND	58102		check here. You m	ust call 800-772-1213	for a repla	cement card. 🛛 🕨 📃
5 6 7	6 Additional amount, if any, you want withheld from each paycheck						
		expect a refund of all feder					
		oth conditions, write "Exer				Not Applica	
Under	penalties of per	jury, I declare that I have exa	amined this certificate and	, to the best of my kno	wledge and belief, it	is true, coi	rrect, and complete.
	oyee's signature orm is not valid	e unless you sign it.) ► ^{John}	Doe		Date	▶ 08/21/2	2018
8 Er	8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) 9 First date of employment number (EIN)						
NDUS	NDUS System Info Tech Services 10th Floor, State Capitol Bismarck, ND 58505-0230 461100936						
For Pr	rivacy Act and I	Paperwork Reduction Act I	Notice, see page 4.	Cat.	No. 10220Q		Form W-4 (2018)
							Submit

• The user is then prompted to enter their User name and Password:

Windows Security		\times			
Acrobat					
The server adminsys.ndus.edu is asking for your user name and password. The server reports that it is from PeopleSoft Enterprise PeopleTools.					
User name					
Password					
Remember my credentials					
ОК	Cancel				

• The data is then uploaded to the HR system to update the employee's federal tax withholding status. The employee can save or print a copy of the W-4 for their records. The employee will also receive an email notification of the update:

Your tax withholding request on 2018-08-21-09.27.28.000000 for the following Company and Jurisdiction has been successfully submitted:
Company: NDUS System Info Tech Services Jurisdiction: Federal
However, due to the timing, your tax withholding change may not be reflected on the next paycheck.
If you did not change your tax withholding data, please contact your payroll administrator immediately.
This is a system-generated email message that cannot accept incoming-email. Please do not reply to this message.

The employee can then go back to the Tax Withholding page and complete the process for their state tax withholding. They will not be prompted again to enter their User Name and Password if they kept the PDF page open.

State tax withholding forms are available for every state that has state tax withholding and they accept the Federal W-4 and/or the state's own W-4.

The SSN is masked in the state forms and only shows the last for digits.

The following example is for North Dakota:

State Tax Withholding Forms
Company North Dakota State University
The State of North Dakota withholding allowances should be the same as what you claimed on your Federal W-4 withholding form but will allow you to claim additional withholding if needed.
Whether you are entitled to claim a certain number of allowances is subject to review by the State. Your employer may be required to send a copy of this form to the Agency.
You can make changes to your withholding allowances by using the Update Tax Withholding Form online process. A copy of the Federal W-4 will be presented to you to use for State purposes. Be sure to print or save a copy of the completed form for your records.
Updateable Forms
Form Description
North Dakota Withholding Allowance Certificate

North Dakota Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.							
W_A Employe	W_A Employee's Withholding Allowance Certificate						
Form WV-H Department of the Treasury Internal Revenue Service 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 set				r social security number			
Jane	Doe		XXX-	XX-0112			
Home address (number and street or rural route)	1	3 Single Ma	rried Married, but	withhold at higher Single rate.			
1418 11th St W		Note: If married filing sep	arately, check "Married, but	withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name di	ffers from that shown on	n your social security card,			
West Fargo, ND 58078		check here. You m	ust call 800-772-1213 fo	or a replacement card. 🛛 🕨 📃			
5 Total number of allowances you're clair	ning (from the applicable	worksheet on the fol	lowing pages) .	5			
6 Additional amount, if any, you want with	held from each paychec	k		6 \$			
7 I claim exemption from withholding for	2018, and I certify that I n	neet both of the follo	wing conditions for ex	xemption.			
 Last year I had a right to a refund of a 	II federal income tax with	held because I had n	o tax liability, and				
This year I expect a refund of all feder							
If you meet both conditions, write "Exer		•		ot Applicable			
Under penalties of perjury, I declare that I have ex				true, correct, and complete.			
Employee's signature				· · ·			
Employee's signature (This form is not valid unless you sign it.) ► Tricia Johnson							
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) 9 First date of employment 10 Employer identification number (EIN)				10 Employer identification			
North Dakota State University 1919 University Drive N Fargo, ND 58108-6050 456002439							
For Privacy Act and Paperwork Reduction Act	Notice, see page 4.	Cat.	No. 10220Q	Form W-4 (2018)			

• For North Dakota, boxes 3 through 7 default as blank and are editable.

The following example is for Minnesota:

	State Tax Wi	thholding Fo	orms	3	
Company NDUS System Info Te	ch Services				
	nheld from your wages based or	n what you claim o	on the	correct amount of tax to withhold from your Minnesota Employee Withholding e your tax situation chances.	
-	a certain number of allowances	or exemptions fro	-	thholding is subject to review by the State.	
You can make changes to your w	ithholding allowances online usi partment. Download the PDF to	ng the downloade Adobe Acrobat (ye		lateable PDF form and submit the changes ay need to update your browser settings). B	le
Updateable Forms					
Form Description					
Minnesota Withholding Allowand	e Certificate			×	•
DEPARTMEI OF REVENU	NT E			w	-4N
018 Minnesota Em mployees	ployee Withholdi	ng Allowa	nce	e/Exemption Certificate	
u must complete and give this form Claim fewer Minnesota withholdin					
Claim more than 10 Minnesota wit	hholding allowances				
Want additional Minnesota tax wit Claim to be exempt from federal w			withhe	olding	
				deral and the number claimed is 10 or less.	
ployee's first name and initial	Last name			ployee's Social Security number X-XX-2255	
ane manent address	Doe			rital status (check one box)	
Way Drive				Single; Married, but legally separated; or Spouse is a nonresident alien	
Any City	State	ZIP code 56470-4506		Married Married, but withhold at higher Single rate	
ployees: Read instructions on bac	k, complete Section 1 OR Section	n 2, sign and give t	the co	mpleted form to your employer. (Do not con	npletr
th Section 1 and Section 2. Comple	ting both sections will make the				
Section 1 — Determining Minnese Complete Section 1 if you claim fe		our federal allowa	ances.	AND/OR if you want additional Minnesota w	ithho
ing deducted each pay period.	,		,	,	
1 Total number of federal allowar					
2 Total number of Minnesota allo					
3 Additional Minnesota withhold		period			
Section 2 — Exemption from Min	-				
check one box below to indicate th			g (see	Section 2 instructions for qualifications). If ap	plical
I meet the requirements and cl	aim exempt from both federal an	d Minnesota incor	me tax	withholding.	
				esota withholding because I had no Minneso ND I expect to have no Minnesota income ta:	
My spouse is a military service	member assigned to a military lo ith my spouse. My state of domi		ta, my	v domicile (legal residence) is in another state	, AND
I am an American Indian living	-	ity U.S. military me	ember	r and claim exempt from Minnesota withhold	ing or
my military pay.	ther military retirement pay as c	alculated under Tit		, 1401 through 1414, 1447 through 1455, and	
ertify that all information provided	ota withholding on this retirement in Section 1 OR Section 2 is correct		ere is i	a \$500 penalty for filing a false withholding a	llow-
ce/exemption certificate. ployee's signature ane Doe	Date 2018-09-24			Daytime phone	
nployees: Give the completed form mployers you are required to send a copy of t		evenue <i>(see instru</i> r	tions	Subi	
d mail this form to: Minnesota Rev ay be assessed for each required Fo	enue, Mail Station 6501, St. Paul,	MN 55146-6501.		mplete forms are considered invalid.) A \$50 p	
ep a copy for your records.		-			

• For Minnesota, the user MUST select the box for either Section 1 or Section 2 to enter data. The Marital Status and number of allowances default from the federal W-4 and are NOT editable.

W-2/W-2c Consent

Select the W-2/W-2c Consent link to open a page showing the current status of the W-2 consent. This will either be "You currently receive W-2 or W-2c forms electronically" or "You will receive W-2 or W-2c paper forms by mail". The user can change their consent status by selecting the check box and then the Submit button. The user will be prompted to enter their user ID and password.

W-2/W-2c Consent	
Contractive W-2 or W-2c forms electronically	
You have consented to receive Form W-2 electronically. If you prefer to receive a paper Form W-2, you must submit a withdrawal of consent form. After you submit the withdrawa withdraw consent, after logging into HRMS, go to Self Service by selecting the compass icon in the upper right corner, then selecting the Navigator icon, then select: Self Service employment, your access to view and print Form W-2 will remain active until May 1st of the calendar year following the date your last paycheck was issued.	
□ I withdraw my consent to receive W-2 or W-2c forms electronically	
Submit	

Direct Deposit

Select the Direct Deposit link to open a page showing the bank accounts that are setup currently for the employee. To update the Direct Deposit with a new account, select the plus sign on the left side of the page:

						posit	Direct Dep Accounts
	unt/ Percent	ype Amount/ Percent	count Number A	Routing Number	Payment Method	Nickname	
Last Test1 Direct Deposit 063107513 XX4123 Checking Rema	aining Balance	Remaining Balance	4123 C	063107513	Direct Deposit	Test1	Last

Add a New Account

The Add Account will appear for the user to enter their new banking information. The user enters a Nickname for the account they are adding, then under Bank enter the bank's routing number and account number. Retype the account number. Under Pay Distribution, click on the dropdown to select an account type which can be either Checking or Savings. Select a Deposit Type of either Amount or Percent. Enter the value for the amount or percent that will be associated with this account. Click on the green save button.

ancel	Add Account	Save
°Nickname Payment Method	Direct Deposit	
Bank		
Routing Number		0
Account Number		
Retype Account Number		
Pay Distribution		
*Account Type	-	
*Deposit Type	· · · · ·	
Amount or Percent		

Once the data is saved, the user will return to the Direct Deposit page where they can verify their account information is correct.

+ •						
Order Ni	ickname	Payment Method	Routing Number	Account Number	Account Type	Amount/ Percent
Те	est 2	Direct Deposit	091000019	XX3456	Checking	\$10.00
.ast Te	est1	Direct Deposit	063107513	XX4123	Checking	Remaining Balance

Change or Delete an Account

To remove or make changes to an existing account, click on the arrow on the right side:

ccounts							
+ •							
Order	Nickname	Payment Method	Routing Number	Account Number	Account Type	Amount/ Percent	
1	Test 2	Direct Deposit	091000019	XX3456	Checking	\$10.00	
_ast	Test1	Direct Deposit	063107513	XX4123	Checking	Remaining Balance	

The Edit Account will appear. Update the information and then click the green save button. The account can also be removed by simply clicking Remove which will prompt a message "Are you sure you want to remove the account". Click yes and it will remove the account.

Edit Account	Sa
name Test 2	
ethod Direct Deposit	
imber 091000019	
mber XX3456	
imber	
Type Savings •	
Type Amount •	
nount 10.00	
Remove	
	kname Test 2 lethod Direct Deposit umber 091000019 umber XX3458 t Type Savings t Type Amount • mount 10.00

Reorder the Accounts

If an employee sets up three or more accounts for direct deposit, there will be an option to reorder the priority of the accounts. Click on the Reorder button in the lower left corner of the page.

Direct D	Direct Deposit						
Accounts +							
T Order	Nickname	Payment Method	Routing Number	Account Number	Account Type	Amount/ Percent	
order			-				
1	Checking1	Direct Deposit	291370918	XXXXXXX1941	Checking	\$500.00	>
2	Savings1	Direct Deposit	291370918	XXXXXXXX3179	Savings	\$100.00	>
Last	Checking999	Direct Deposit	291370918	XXXXXXXX9008	Checking	Remaining Balance	>
Reorder	<						

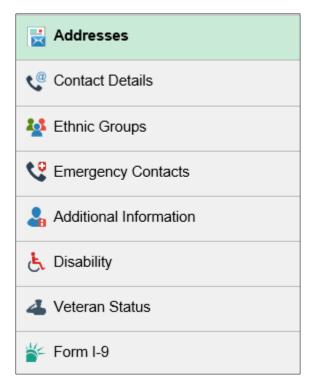
A window will open. Change the order by overwriting the numbers (1, 2, etc) in the New Order column and click on the green save button.

Cancel Reorde			ler Accounts	Accounts		
Accounts	0					
Current Order	*New Order	Nickname	Account Number	Amount/ Percent		
1	2	Checking1	XXXXXXX1941	\$500.00		
2	1	Savings1	XXXXXXX3179	\$100.00		
Last		Checking999	XXXXXXX9008	Remaining Balance		

Personal Details



Select the Personal Details tile to access the following links along the left navigation collection:



Addresses

The employee's Home and Mailing addresses are available to view and update. Select either address to update by clicking in the box.

Addresses		
Home Address		
3579 Pine St		
Fargo, ND 58104	Current	>
Cass		
Mailing Address		
3579 Pine St		
Fargo, ND 58104	Current	>
Cass		

Click the blue Clear link to clear the data, then enter the new address. When finished, click on the green Save button.

Can	cel	Address	Save
	Employee Instruction		
	To save United States addresses Address 2, Address 3	at least one of the following fields must get po	opulated: Address 1,
	Change As Of	10/08/2018	
	Address Type	Home	
	Country	United States Q	
	Address 1		
	Address 2		
	Address 3		
	City		
	State	North Dakota Q	
	Postal		
	County		
	Clear		

Contact Details

Select the Contact Details link to view and update your phone number and email address. Selecting a phone number or email address will open a new window to update the data or delete it. Click on the sign in the upper left corner to add a new phone or email type.

Contact Details				
Phone				
+				
Number	Extension	Туре	Preferred	
701/231-0000		Campus		>
701/361-0000		Personal Cellular	~	>
Email				
+				
Email Address		Туре	Preferred	
@ndsu.edu		Campus	~	>
Instant Message				
No data exists.				
Add IM				

Ethnic Groups

Select the Ethnic Groups link to view and update your ethnic group. Click on the pencil icon to enter any updates.

Ethnic Groups		
1) Are you Hispanic or Latino?	Explain	
O Yes		
No		
2) What is your race? Select one or more.	Explain	
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Pacific Islander		
✓ White		
Voluntary Self-Identification		
The employer is subject to certain governmental recordkeeping and reporting requirements for t these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Subr you to any adverse treatment. The information obtained will be kept confidential and may only be and regulations, including those that require the information to be summarized and reported to the identify any specific individual.	nission of this information is voluntary and re used in accordance with the provisions of a	fusal to provide it will not subject pplicable laws, executive orders,

Emergency Contacts

Select the Emergency Contacts link to view and update your emergency contact. Selecting the current information will open a window to enter updates or delete the information. Select the

• icon to add a new contact.

Emergency Contacts		
+		
Contact Name	Relationship	Preferred
Jeff	Spouse	✓ >

Additional Information

Select the Additional Information link to view more information about yourself.

dditional Information	
Gender	Female
Date of Birth	02/22/19
Birth Country	United States
Birth State	
Social Security Number	502
Smoker	
Date Entitled to Medicare	
Original Start Date	02/01/1999
Last Start Date	02/01/1999
Highest Education Level	A-Not Indicated
Employee Information	
Contact the Human Resources department if any of you	ur Employee Information is incorrect.

Disability

Select the Disability link to view or update your disability status. If desired, select the correct status and then click the green Submit button to update the status.

oluntary Self-Identification of Disability
Form CC-305 OMB Control Number 1250-0005
Expires 1/31/2020
Ihy 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. ¹ 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.
ow 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 • Autism • Bipolar disorder • Post-traumatic stress disorder (PTSD) Deafness • Cerebral palsy • Major depression • Obsessive compulsive disorder Cancer • HIV/AIDS • Multiple sclerosis (MS) • Impairments requiring the use of a wheelchair Diabetes • Schizophrenia • Missing limbs or partially missing limbs • Intellectual disability (previously called mental retardation)
Please select one of the options below:
YES, I HAVE A DISABILITY (or previously had a disability)
NO, I DON'T HAVE A DISABILITY
I DON'T WISH TO ANSWER
Your Name Today's Date
easonable 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.
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.

Veteran Status

Select the Veteran Status link to view and update your Veteran status.

Pennions Provide a Construction of contractor subjects to the Vietnam Eak Vietnam Sin Subjects and the Construction of Contractor Subjects to the Vietnam Sin Subjects and the Vietn	eteran Status	
<pre>4212_VEVRAA, which requires Covernment contractors to take affirmative action to employ and advance in employment () disabled veterans; (2) recently separated veterans; (3) active duy wattime or campaign badge veteran; and (A) Armed Forces service medal veterans; (a) active duy base indicates by well be entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) used laws administered by the Secretary of Veterans Affairs; or . A "accently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duly because of a service-connected disability.</pre>	✓ Definitions	
• everan of the U.S. military reprod. naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) in a person who was discharged or released from active duty because of a service-connected disability. A "nocently 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 during a war, or in a campaign or experision for which a campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service, participated in a United States military. An "Armed Forces service medial veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service, participated in a United States military. Protected veterans may have additional rights under USERRA the United States Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the unformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable administree dut to service. For more information, call the U.S. Department of Labor S Veterans Employment and Training Service (VETS), tol-free, at 1-806-4-USA deplot before the subsected Veteran "additional rights under you obtain group of the categories of protected veteran" category. If you believe you belong to exact service and pace information or any of the categories of protected veteran" category. If you believe you belong to exact service and pace information or protected veterans (choose all that apply): Disabled Veteran Active Duty Wartime or Campaign Badge Veteran Armed Forces Service mediations on to self-identify the classifications to which I belong. I am NOT a protected veteran. Military Discharge Date Military Discharge Dat	4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans	
 under lava 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 "neenty 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 ar 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 an Armed Forces service metal visas awarded pursuant to Exocute duty in the U.S. military. ground, naval or air service, participated in a United States military or antion for which an Armed Forces service metal visas awarded pursuant to Exocute Order 12985. Protected veteran may have additional right under USERRA. + the United States Employment and Reemployment Rights Act. In particular, fryou were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employeer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-8664-USA- DOC. Self-Identification As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" appropriate option below. I belong to the solution ing classifications of protected veterans (choose all that apply): Disabled Veteran Armed Forces Service Medal Veteran I am NOT a protected veteran. Military Discharge Date Military Discharge Date Military Discharge Date Military Discharge Date Military Disch	A "disabled veteran" is one of the following:	
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, participated in a United States and initiatered by the Department of Defense. A "named Forces service medal veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Ammed 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 Ammed Forces service medal veteran who, while serving a trave service service. Participated in a United States military operation for which an Ammed Forces service medal veteran who, while serving a trave set of the U.S. military, ground, naval or air service, participated in a United States military operation for which an Ammed Forces service medal veteran who, where USE MRNA were composition of the USE military, ground, naval or air service, participated in a United States military operation for the observice to the United States military operation for the observice (VETS), toll-free, at 1-606-4-USA-COL. Self-Identification As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees beproprise to grotected veterans is ted above, please indicate by selecting the seproprise top bobs. I belong to the following classifications of protected veterans (choose all that apply): Disabled Veteran Armed Forces Service Medal Veteran Military Discharge Date Reaconable Accommodation Notice Multitary Discharge Date Network of the information vultasasit us frou tells whether three are accommodations we could make t		1)
ground, naval, or air service. An "active duty wardine or campaign badge base been authorized under the laws administered by the Department of Defense. An "active duty wardine or campaign badge base been authorized under the laws administered by the Department of Defense. An "Armed Forces service medal vesteran" 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 vasa avarded prussant to Executive Order 12685. Protected veterans may have additional rights under USERRA- the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment role for before service method with reasonable code of the position you would have obtained with reasonable code of the position you would have obtained with reasonable code of the service by your employer in the position you would have obtained with reasonable code of the position you would have obtained with reasonable code of the position you would have obtained with reasonable code of the position you would have obtained with reasonable code of the service. VET3), tolf-free, at 1-808-4-USA-OC. Self-Identification As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees being ing to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the beneficient by the Department of Labor each year identifying the number of our employees belong in the set specified "protected veteran" (how and the position you would have obtained and the position position below. I belong to the following classifications of protected vet	 a person who was discharged or released from active duty because of a service-connected disability. 	
expetition for which a campaigh badge has been authorized under the laws administered by the Department of Defense. An "Armed Forces service medial vesteran" 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 medial was avareded pursuant to Second Work of 2285. Protected veterans may have additional rights under USERRA - the Unformed Services Employment and Reemployment in the position you would have obtained with reasonable of the option or order to perform service in the uniformed service, you may be entited to be reemployed by your employer in the position you would have obtained with reasonable of the option of the desence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Teaming Service (VETS), tolkfree, at 1-8064-USA-OL. Self-Identification As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor aceh year identifying the number of our employees begroprise of protected veteran" (ategory. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the appropriate option below. I belong to the following classifications of protected veterans (choose all that apply): Disabled Veteran Anter of Category End Veteran Anter of Category End Veteran Anter of Category End Veteran Anter of a protected veteran, but I choose not to self-identify the classifications to which I belong. I am NOT a protected veteran to the job, changes in the way the job is customarily performed, provision of personal assistance services or the risk. Military Discharge Date Military Discharge Date Military Discharge Date Military is not to self-identify the lob, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. The information will be kept confidential excepting t		ry.
operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12868. Protected veterans may have additional rights the builformed service. You may be entitled to be reemployed by your employer in the position you would have obtained with reasonable estainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-8064-USA-OCL Self-Identification As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees beinging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the bappropriate option below. I belong to the following classifications of protected veterans (choose all that apply): Disabled Veteran Recently Separated Veteran Armed Forces Service Medal Veteran I am a protected veteran, but I choose not to self-identify the classifications to which I belong. I am NOT a protected veteran. Military Discharge Date I are a disabled veteran it would assist as if you tall us whether there are accommodations we could nake that would enable you to perform the essential functions of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. The information will assist us an making reasonable accommodations. The information provided will be used only in ways that are not including special equipment and reliable over the selec		n or
employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-888-4-USA-DOL Self-Identification As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified 'protected veteran' category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the suppropriate option below. I belong to the following classifications of protected veterans (choose all that apply): Disabled Veteran Recently Separated Veteran Armed Forces Service Medal Veteran I am a protected veteran, but I choose not to self-identify the classifications to which I belong. I am NOT a veteran. Military Discharge Date I am NOT a veteran Military Discharge Date (Pou are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, nacogain, the information will assist us in making reasonable account data with the veteran's estimation will assist us in a sprote sensentable controperiod below.		nilitary
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belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the appropriate option below. I belong to the following classifications of protected veterans (choose all that apply):	Self-Identification	
Construction C	belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the	,
Recently Separated Veteran Active Duty Wartime or Campaign Badge Veteran Armed Forces Service Medal Veteran I am a protected veteran, but I choose not to self-identify the classifications to which I belong. I am NOT a protected veteran. I am NOT a protected veteran. I am NOT a veteran. Military Discharge Date Military Discharge Date Military Discharge Date If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. 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 the Veteraran's Readout of 1974, as ammeded. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations (ii) first aid and safety personnel may be informed or Federal Contract Compliance Programs, or enforcing the Ammericans with Disabilities	O I belong to the following classifications of protected veterans (choose all that apply):	
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I am NOT a protected veteran. I am NOT a protected veteran. I am NOT a veteran. I am NOT a veteran. Military Discharge Date Reasonable Accommodation Notice For a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. 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 the Vetrams' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency that of the of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities	Armed Forces Service Medal Veteran	
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Reasonable Accommodation Notice If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. 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 the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency in adverse treatment. Contract Compliance Programs, or enforcing the Americans with Disabilities	○ I am NOT a veteran.	
If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. 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 the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities engaged in enforcing the Americans with Disabilities engaged in enforcing the Americans with Disabilities end to the extent appropriate, if you have a condition that might require emergency treatment.	Military Discharge Date	
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including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. 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 the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities engaged treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities treatment; and (iiii) Government officials engaged in enforcing the Americans with Disabilities end the safety personnel may be informed when and to the extent appropriate.		
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Submit		

Form I-9

Only select the Go to Form I-9 link and complete an I-9 if instructed to do so.

Form I-9	
Employment Eligibility Verification	
Read instructions carefully before completing this form <u>I-9 Instructions for Employee</u>	
You have not submitted the Form I-9 yet.	
Go to Form 1-9	

Total Rewards



Select the Total Rewards tile to view a summary of compensation, benefits, retirement and federal/state taxes. The Rewards Period at the top can be changed to view data for previous years. Total Rewards statements are only generated for benefited employees.

