

ONBOARDING FLOW CHART

Upon hire, 9 tasks will populate Employee's Inbox:

1. Personal Information
2. Home Contact
3. Edit Government IDs
4. Complete Federal Withholding Elections
5. Payment Election Enrollment
6. Veteran Status Identification
7. Disability Self-Identification
8. Sexual Harassment Training – EEO/Title IX
9. Review Documents

Click the **REFRESH** button to load more tasks.

Employee's Inbox:

1. Complete I-9 form
2. Emergency Contacts

Dean's Office:

1. Verifies I-9 documents
→ Documents to be verified in person within 3 days of appointment start date

ONBOARDING COMPLETE

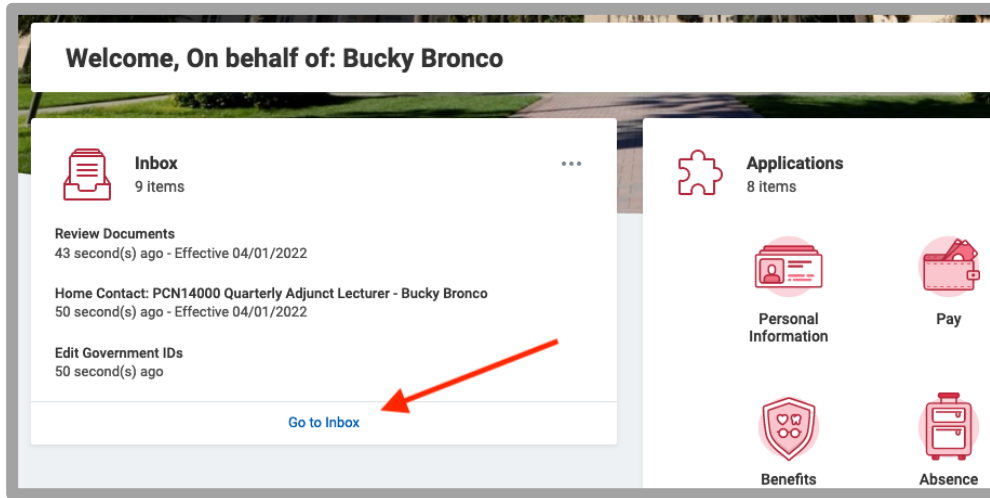
Employee's Inbox:

1. State and Local Withholding Elections
2. Review Documents

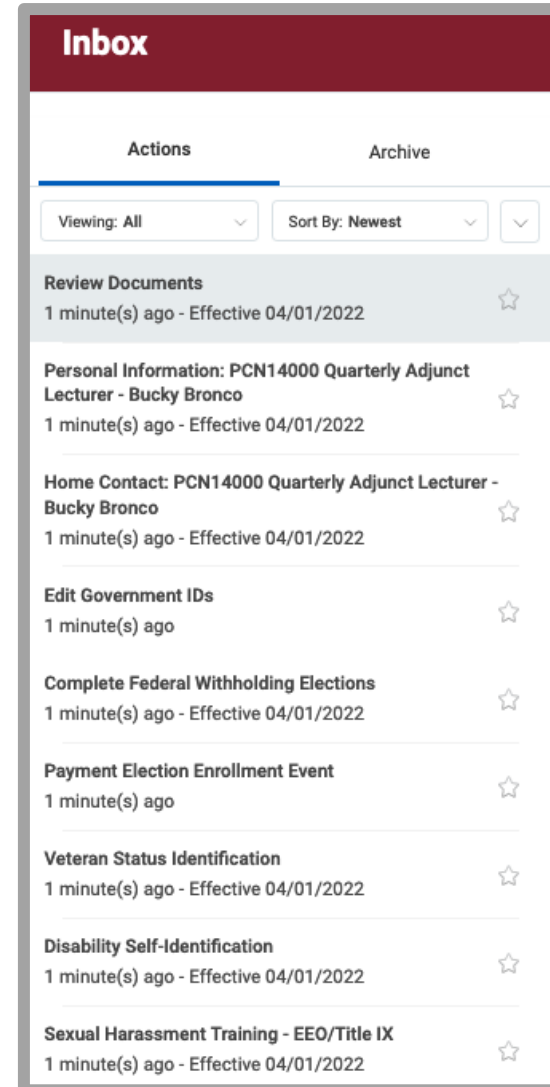
Following tasks will populate your inbox **ON OR AFTER** the hire date

Onboarding tasks will be found in the Inbox.

1. Click the **Go to Inbox** link.



2. To begin, there will be 9 tasks that can be completed in any order. Click **Submit**.



3. Personal Information: complete the required sections. Click **Submit**.

4. Home Contact: complete the required sections. Click **Submit**.

Personal Information

Onboarding for Bucky Bronco

1 minute(s) ago - Effective 04/01/2022

Change Personal Information

Gender

Gender *

Date of Birth

Date of Birth *

Age

Place of Birth

Country of Birth

Marital Status

Marital Status *

Marital Status Date

Race/Ethnicity

Hispanic or Latino

Race/Ethnicity

Disability

Add

Military Service

Add

Submit

Process History

Home Contact Onboarding for Bucky Bronco

1 minute(s) ago - Effective 04/01/2022

Change Home Contact Information

Address

Add

Phone

Add

Email

Primary

Yes

Email Address *

Visibility

Private

Add

Submit

- 5. Edit Government IDs: click the + icon to create a row in the National IDs section. Enter the information for the Social Security Number. Click **Submit**.

- 6. Complete Federal Withholding Elections: Complete the required sections. Mark the "I Agree" box. Click **Submit**.

Edit Government IDs Bucky Bronco

11 minute(s) ago

Please click on the **plus '+' sign** in the **Proposed IDs** section to add a row in order to enter your information, i.e. SSN

Proposed IDs

National IDs	*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date
+	United States of America	Social Security Number (SSN)		---	MM/DD/YY

Additional Government IDs 0 items

*Country	*Government ID Type	Identification #	Issued Date	Expiration Date
No Data				

Previous IDs

Submit Save for Later Cancel

Complete Federal Withholding Elections

11 minute(s) ago - Effective 04/01/2022

Company: President and Board of Trustees of Santa Clara College

Effective Date: 04/28/2022

Name: Bucky Bronco

Social Security Number: (empty)

Address: (empty)

W-4 Data

View Blank Form

By filling out the information below, you are completing the Employee's Withholding Certificate (Form W-4) which affects how much federal income tax is withheld from your pay. You should review this current form and any accompanying instructions before filling out the information below. You should also consider reviewing your state withholding elections at this time, as submitting this form may affect your state withholding in some states.

Step 1:

Marital Status * [dropdown menu]

Complete Steps 2-4 ONLY if they apply. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Nonresident Alien

Step 5:

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

- Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.
- You understand that your payroll tax withholding election is a legal and binding transaction.
- You understand that all submissions are contingent upon acceptance by your Payroll representative.

If you do not wish to use the electronic signature option, print a paper copy of the form. The form is not valid without a signature.

I Agree *

Submit Save for Later Cancel

- 7. Manage Payment Elections: select Direct Deposit or Manual Check and complete required fields. Click **Submit**.

- 8. Change Veteran Status Identification: complete the required sections. Click **Submit**.

Manage Payment Elections

20 minute(s) ago

In the **Preferred Payment Method** section, choose either **Direct Deposit** or **Check** in the drop-down options.

Person: Bucky Bronco
 Default Country: United States of America
 Default Currency: USD

Preferred Payment Method

Payroll Payments *

Expense Payments *

Account Setup

Account Holder Name: Bucky Bronco

Sample Check

Account Information

Account Nickname (optional)

Routing Transit Number *

Bank Name *

OK **Cancel**

Change Veteran Status Identification

Bucky Bronco

20 minute(s) ago - Effective 04/01/2022

We are a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA), which requires Government contractors to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications 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 was discharged or released from active duty because of a disability;

A Recently Separated Veteran means any veteran during the three-year period beginning on the date of 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 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 which category applies by marking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information to help assess 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 action or affect your employment. Information provided will be used only in ways that are not inconsistent with VEVRAA as amended.

We do not discriminate in hiring or employment against any individual on the basis of race, color, ancestry, religion, physical or mental disability, age, veteran status, sexual orientation, gender identity or expression, pregnancy, citizenship, or any other factor protected by anti-discrimination laws.

Select a veteran status

Veteran Status *

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

- 9. Change Self-Identification of Disability: complete the required sections. Click **Submit**.

Change Self-Identification of Disability

23 minute(s) ago - Effective 04/01/2022

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 measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees 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 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 confidential by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at 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, 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

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

1995 no persons are required to respond to a collection of information if it does not affect a mandatory program. This form is estimated to take 5 minutes to complete.

- 10. Sexual Harassment Training – EEO/Title IX: this task is an acknowledgement. Actual training is to be completed outside of Workday. Click the **Submit** button to acknowledge.

Complete To Do Sexual Harassment Training - EEO/Title IX

27 minute(s) ago - Effective 04/01/2022

For

Overall Process Hire: Bucky Bronco

Overall Status Successfully Completed

Due Date 05/12/2022

Instructions The Office of Equal Opportunity and Title IX hosts online and in-person trainings for faculty venting issues of unlawful Discrimination and Sexual Harassment. The University, in compliance with state requires all employees to undergo this training every two years.

You are also required to attend a mandatory session on sexual harassment and sexual violence and prevention. Please contact the **EEO / Title IX Office** to schedule your class at titleixadmin@scu.edu.

Click **Submit** to acknowledge this.

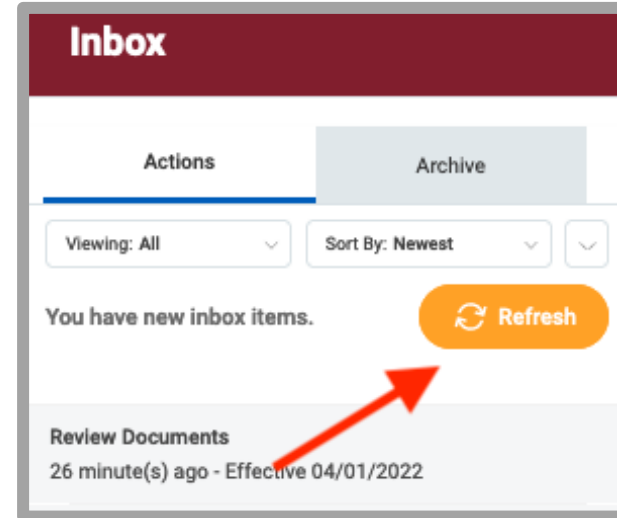
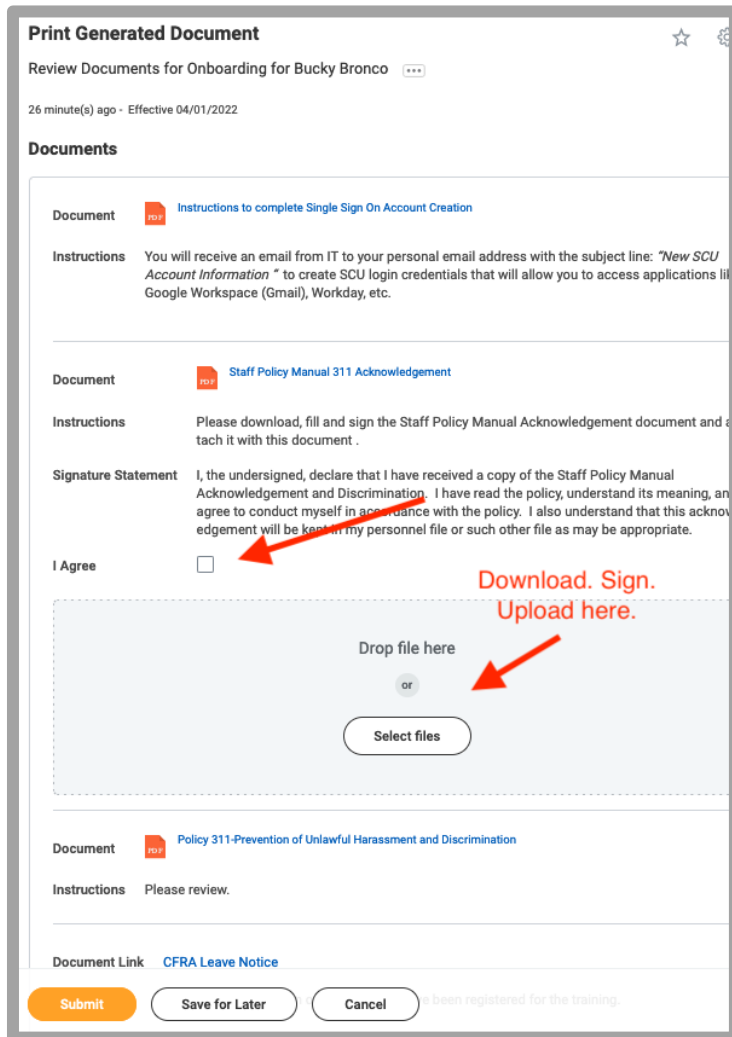
Thank you!

Submit **Save for Later** **Close**

11. **Review Documents:** Review each section on this page. You can download the documents and review.

**** Staff Policy Manual 311 Acknowledgment:** Click “I Agree”. Download document. Sign it. Upload signed document in space provided. Click the **Submit** button.

12. Click the **Refresh** button to load additional tasks.



13. Complete Form I-9: Complete the required fields. A representative from the dean’s office will contact you to coordinate a time for you to provide documents for employment eligibility verification.

**** The I-9 form needs to be verified within 3 days of hire.**

14. Change Emergency Contacts: complete the required sections. Click **Submit**.

Complete Form I-9

23 second(s) ago - Effective 04/01/2022

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 electronic form. Employers are liable for errors in the completion of this form.

[Form I-9 Instructions.](#)

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future effect of illegal discrimination.

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) * First Name (Given Name) *

Middle Initial Other Last Names Used (if any)

Address (Street Number and Name) * Apt. Number

City or Town * State *

ZIP Code *

Date of Birth * U.S. Social Security Number

Employment Email Address

Change Emergency Contacts

Bucky Bronco ⋮

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23 second(s) ago

Primary Emergency Contact

Legal Name

Legal Name *

Relationship

Relationship *

Preferred Language

Preferred Language

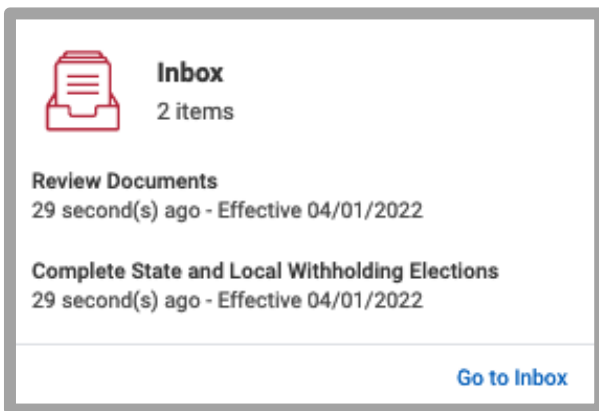
Primary Address

Primary Phone

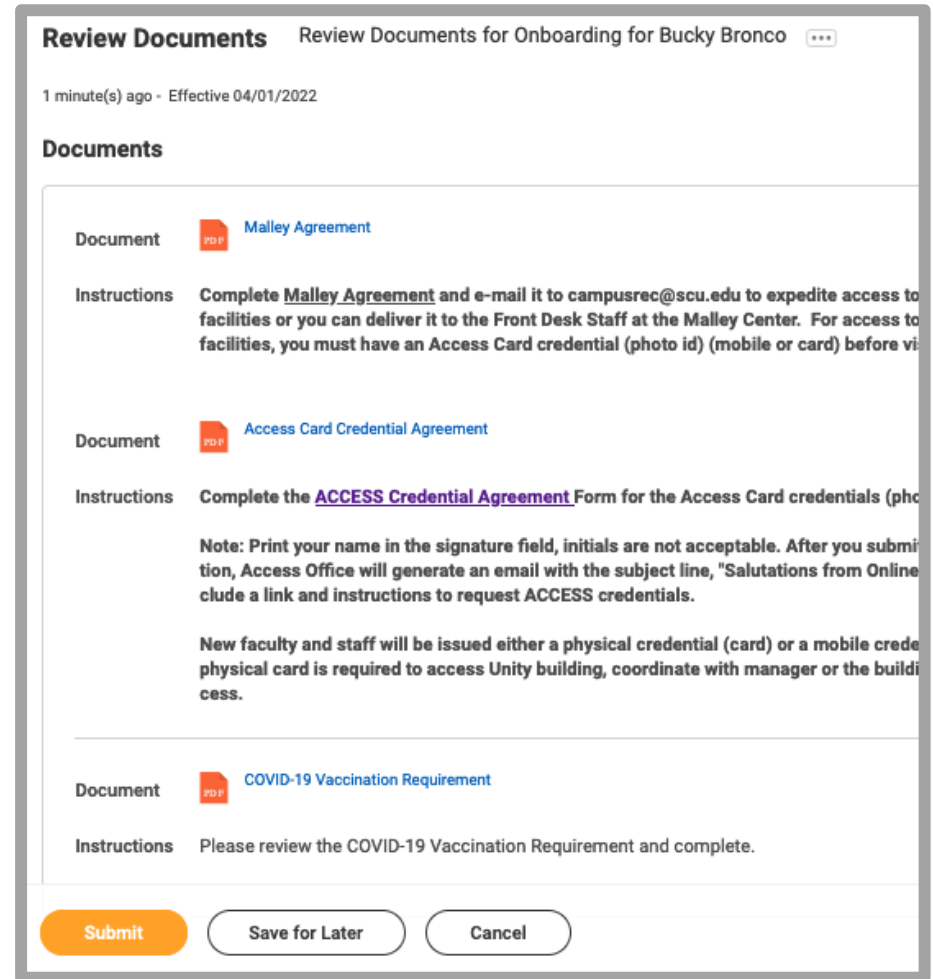
Additional Phone

15. At this point, your inbox is empty. The dean's office has received the notification of the I-9 form completion. A representative will reach out to schedule a time to verify the I-9 documents.

16. Once the I-9 documents have been verified, two additional tasks will populate your inbox.



17. Review Documents: Review the sections on this page. Documents can be downloaded and reviewed. Click the **Submit** button.



18. Complete State and Local Withholding Elections: complete the required sections. Click the **OK** button.

NOTE: This form is ineligible to be completed until your hire date. You will receive an error message when trying to submit this form if before your hire date. The hire date will depend on your appointment letter.

Complete the required sections. Click the **Submit** button.

Complete State and Local Withholding Elections

1 minute(s) ago - Effective 04/01/2022

Worker: Bucky Bronco

Company: President and Board of Trustees of Santa Clara College

Effective Date: 04/28/2022

State: California

Buttons: OK, Cancel

Complete State and Local Withholding Elections

1 minute(s) ago - Effective 04/01/2022

Company: President and Board of Trustees of Santa Clara College

Effective Date: 04/28/2022

Name: Bucky Bronco

State: California

Social Security Number: XXX-XX-XXXX

Address: 500 El Camino Real, Santa Clara, CA 95050, United States of America

California DE-4 Data

View Blank Form

Filing Status: *

Number of Allowances: 0

Estimated Deductions: 0

Additional Amount: 0.00

Exempt:

Military Spouse Exemption:

Legal Notice

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

- Under penalties of perjury, you declare that you have examined this certificate and to the best of your knowledge and belief, it is true, correct, and complete.
- You understand that your payroll tax withholding election is a legal and binding transaction.
- You understand that all submissions are contingent upon acceptance by your Payroll representative.

If you do not wish to use the electronic signature option, print a paper copy of this form.

Buttons: Submit, Save for Later, Cancel

YOU HAVE COMPLETED ONBOARDING!