Onboarding
The Employee Perspective

Last Reviewed / Updated November 29, 2018
The purpose of this job aid is to provide the new Employee guidance on how to complete the onboarding process in Workday. However, the experience shown here is only a sample of what an Employee might typically encounter. Onboarding is a process that varies depending on the position and characteristics of the worker hired. Not every Employee sees everything shown here.

**Instructions:** Navigate to your Workday inbox and use this job aid to guide you through completing four groups of tasks that comprise the Onboarding process in Workday. When one group is completed, you can refresh your inbox to receive the next group. See below for options on how to refresh:

If you have questions on any part of this process, reach out to your Human Resources department. To locate information for your HR Contact in Workday, go to your Worker Profile and select contact in the left hand menu. Then click the Support Roles tab. You can scroll down to *HR Contact* to find who supports your department for Human Resources needs.
Important Points

• The Employee begins receiving Onboarding tasks once the HR Contact triggers the process in Workday
• Not submitting items in your inbox for Onboarding in a timely manner can have negative impacts
• Not every Employee will receive the exact same tasks in Workday because situations vary. For example, if you are not benefits eligible, benefit tasks will not come to your inbox
• **BEFORE** you complete the Change Benefits for Life Event task, you will need to add dependents (if applicable to you) in Workday separate from the Onboarding process. This adds the individual as an option for you during the enrollment process. You can download a job aid named ‘Dependent Event’ from the Workday Help website located on your SSO menu
  – From the Home page: click **Use Workday > All job aids > Dependent Event**
Complete Group 1 Onboarding Tasks
You’ve Got Mail!

Welcome, On behalf of: Cary Grant

Click here to access your Workday Inbox

Announcements
1 item

Your Total Rewards of Employment
Did you know that Your Total Rewards include...

Applications
8 items

Personal Information
Favorites
Safety
Career
Benefits
Pay
Time Off
Performance

Inbox
8 items

Enter Personal Information: I03031 Assistant Professor - Cary Grant
6 minute(s) ago - Effective 11/27/2018

Enter Contact Information: I03031 Assistant Professor - Cary Grant
6 minute(s) ago - Effective 11/27/2018

Change Emergency Contacts
6 minute(s) ago - Due 11/29/2018

Go to Inbox

Go to your inbox to access the first group of tasks you need to complete for onboarding
First Group of Tasks

Enter Personal Information
Onboarding for Cary Grant

Review your personal information. You can complete these tasks in any order. Be sure to **Submit each task**

*Inbox items depend on various characteristics of both the Employee and the position*
Errors

If you receive an Error message, click the red box to view what needs to be corrected. Make the corrections and Submit again.
Enter Contact Information

You will need to enter your address, phone and email. Read the directions at the top to know all that is required.

This is a required field even though you do not see (*).
Change Emergency Contacts

Primary Emergency Contact

Legal Name

Shirley Temple

Relationship

Child

Preferred Language

Primary Address

Add

Primary Phone

Add

Additional Phone

Add

Enter the name and other relevant information for your Emergency Contact, then Submit.
Caution!!

Success! Event submitted
Onboarding for Cary Grant
35 second(s) ago - Effective 11/27/2018

Details and Process

IMPORTANT: When you refresh your inbox, new tasks may appear. Workday Services recommends NOT refreshing your inbox until all tasks have been completed for each group of tasks received. It is important to complete the remaining Additional Data Events PRIOR to hitting the refresh button more than three times. Answers to these questions are important to benefits related processes that run in the background during onboarding.

Note: Additional Data Events appear in random order for each Employee
There are up to 5 tasks called **Edit Additional Data Events**. The task shown here is for a benefits eligible position. Answer the questions and **Submit**.

*Inbox items depend on various characteristics of both the Employee and the position*
TRIS ISD Onboarding Question

Edit Additional Data
Edit Worker Additional Data Event: Cary Grant - Assistant Professor on 11/27/2018

Custom Object: TRS ISD Onboarding Question
55 minute(s) ago - Effective 11/27/2018

TRS ISD Onboarding Question

Are you currently being deducted for Teacher Retirement System from another Texas State institution or school district?

Teacher Retirement System (TRS) onboarding question. Select Yes or No

Only if Eligible for Benefits!!!
Edit Additional Data
Edit Worker Additional Data Event: Cary Grant - Assistant Professor on 11/27/2018

Custom Object: Privacy Flag

55 minute(s) ago - Effective 11/27/2018

Instructions

State law gives you the right to choose whether The Texas A&M University System should allow public access to your home address, home telephone number, emergency contact information, Social Security number, and whether you have family members. If you do not declare this personal information as confidential, it will be open to the public. If you are a “peace officer,” your home address and telephone number are automatically confidential. Respond to both questions below:

Privacy Flag

I am a certified peace officer [ ]

I want my personal information to be confidential [ ]

Designate whether you are a certified peace officer. Would you like your personal information to be confidential? Mark the boxes as needed.
Are you going to be wiring your paycheck to a financial institution outside of the U.S.? Select **No** or **Yes***

*You will not be able to enroll in direct deposit if you are transferring funds outside the U.S.
State Veteran’s Preference

Edit Additional Data
Edit Worker Additional Data Event: Cary Grant - Assistant Professor on 11/27/2018

Custom Object: State Veteran’s Preference
55 minute(s) ago - Effective 11/27/2018

Instructions

Texas Government Code, Section 659, as amended, requires that a state agency or institution of higher education must provide employment preference to individuals who qualify for a veteran’s employment preference. An individual who qualifies for a veteran’s employment preference is entitled to a preference in employment with or appointment to a state agency or institution of higher education over other applicants for the same position who do not have a greater qualification.

Do you qualify for State of Texas veteran employment preference based on the four definitions below?

Veteran. The individual is defined as an individual who has served in (and has been honorably discharged from) the following branches of service: The U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard or the U.S. Public Health Service under Title 42, United States Code, Section 201; The Texas Military Forces as defined by Texas Government Code, Section 437.001; or an auxiliary service of one of the branches of the U.S. Armed Forces.

Disabled Veteran. The individual is defined as disabled by the U.S. Department of Veterans Affairs or the branch of service in which the individual served as defined under 38 U.S.C. 101(2) whose disability is service-connected.

Surviving Spouse of a Veteran. The individual is defined as a surviving spouse of a veteran who has not remarried.

Orphan of a Veteran. The individual is defined as the child of a veteran who died, as defined in Section 101(4)(A), 38 U.S.C., and was killed on active duty.

You are not obligated to report this information as part of the federal and state reporting requirements. However, your response is important to meet federal and state regulations.

State Veteran’s Preference

Veteran
Disabled Veteran
Surviving Spouse of a Veteran
Orphan of a Veteran
Decline to respond
None of the above

Identify your State Veteran’s Status by selecting the appropriate option.
Complete Group 2 Onboarding Tasks
Enter Social Security Number

Follow the instructions at the top of the task to enter your Social Security Number into Workday.

<table>
<thead>
<tr>
<th>Proposed IDs</th>
<th>National IDs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Country</td>
</tr>
<tr>
<td></td>
<td>*National ID Type</td>
</tr>
<tr>
<td></td>
<td>Current ID</td>
</tr>
<tr>
<td></td>
<td>Add/Edit ID</td>
</tr>
<tr>
<td></td>
<td>Issued Date</td>
</tr>
<tr>
<td></td>
<td>Expiration Date</td>
</tr>
<tr>
<td></td>
<td>Issued By</td>
</tr>
<tr>
<td></td>
<td>Series</td>
</tr>
<tr>
<td></td>
<td>Verification Date</td>
</tr>
<tr>
<td></td>
<td>Verif</td>
</tr>
</tbody>
</table>

Make the appropriate selections: United States of America, Social Security Number

Enter the number: ___-___-____
Payment Election

Direct deposit requires you to enter banking information. When finished click OK and then Submit.

Note: Expense refers to when your employer may reimburse you (e.g. travel)
Federal Withholding

You must enter information and mark appropriate selections. Then click **Submit**

**Note:** Some Employees will also receive a task to complete State and Local Withholding Elections
Disability Self-Identification

Change Self-Identification of Disability

Voluntary Self-Identification of Disability

- Form: CC-305
- OMB Control Number: 1250-0005
- Expires: 01/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to people with disabilities. To help us measure how well we are serving people with disabilities, we may ask you to indicate whether you have a disability or if you ever had a disability. Completing this form is voluntary. If you are applying for a job, any answer you give will be kept confidential. If you already work for us, your answer will not be used against you.

If you are disabled at any time, we may be required to ask all of our employees to voluntarily self-identify as having a disability.

How do I know if I have a disability?

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

Disabilities include, but are not limited to:

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

Please select one of the 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 special equipment.


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

Submit this task.

Scroll to the bottom. Select the appropriate option and then Submit this task.
Veteran Status - Federal

Select the appropriate option. Mark any additional identifying characteristics and then Submit.
Complete Group 3 Onboarding Tasks
Review each document and then mark your agreement. Then submit the task.
Follow the instructions provided. You must return here and Submit to complete the task.

Only if a Foreign National!!!
Complete W-4 in Glacier

Follow the instructions provided. Be sure and Submit to complete this task.

Complete To Do
Complete W-4 in GLACIER and Submit to Payroll
20 minute(s) ago - Effective 11/28/2018

For
I01213 Clinical Assistant Professor

Overall Process
Hire: Jet Li

Overall Status
Successfully Completed

Due Date
12/12/2018

Instructions
As a foreign national working in the United States, you are responsible for certain payroll taxes as required by federal law. If your institution uses Glacier to process foreign national payroll, you will receive a separate email with logon information and instructions for accessing the Glacier system. If your institution does not use Glacier, contact your Payroll Partner for appropriate forms or processes.

You must submit this To Do to indicate you have been notified of this requirement to complete this step.

Only if a Foreign National!!!
Complete Group 4 Onboarding Tasks
Change Benefits Elections for Life Event

These slides will guide you through making elections for benefits. If you are not benefits eligible, go to the last slide.

Change Benefit Elections
Hire - benefits effective first of month following 60 days for Cary Grant - Step 1 of 5

<table>
<thead>
<tr>
<th>Total Cost</th>
<th>Total Credits</th>
<th>Total Employee Net Cost/Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$630.36 Monthly Cost</td>
<td>$0.00 Monthly Credit</td>
<td>$630.36 Monthly Cost</td>
</tr>
</tbody>
</table>

Event Date 11/27/2018
Initiated On 11/27/2018
Submit Elections By 01/10/2019

Please select your medical, dental and vision elections below. If you indicated that you already have medical coverage elsewhere, you will see that the employer contribution will cover the cost of some of your coverages.

If you want to add dependents (who are not yet in Workday) to any of your coverages, please return to the benefits worklet and edit your Dependents before proceeding.

Your medical coverage, along with any of the optional coverages you select, will begin on the first of the month following 60 days after your hire date. If you want to start your medical coverage immediately, please contact your HR Office.

Your employer contribution will be shown below, because it does not start until first of the month following 60 days after your hire date or become newly eligible. To see the correct premiums, including the employer contribution, click here.

Your elections will be in effect until the next plan year, unless you have a qualified life event and change your elections at that time.

Note:
- Bi-weekly paid employees, the amounts you see are per paycheck, not per month (maximum two per month).
- If you or your spouse use tobacco products, the health plan rates include an additional $30 per month.

Always read the information provided. Only if Eligible for Benefits!!!
**Health Insurance**

### Health Information

**Be sure tobacco use is accurately marked**

Have you used tobacco products in the last three months?

- [ ] Yes
- [x] No

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**NOTE:** Follow instructions provided in the job aid ‘Dependent Event (Employee)’ located on Workday Help on your SSO menu. From the Workday Help Home page, click **Use Workday** to access all Job Aids.

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### Health Care Elections - 4 Items

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>*Elect / Waive</th>
<th>Enroll Dependents</th>
<th>Coverage</th>
<th>Employee Cost (Monthly)</th>
<th>Contribution (Monthly)</th>
<th>Benefit Credit (Monthly)</th>
<th>Provider Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical - Blue Cross Blue Shield of TX PPO A&amp;M Care</td>
<td>Elect</td>
<td>[ ]</td>
<td>Employee Only</td>
<td>$653.77</td>
<td>0.00</td>
<td>BCBSTX</td>
<td></td>
</tr>
<tr>
<td>Dental - Delta Dental DHMO</td>
<td>Elect</td>
<td>[ ]</td>
<td></td>
<td>0.00</td>
<td>Delta Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental - Delta Dental DPPO</td>
<td>Elect</td>
<td>[ ]</td>
<td></td>
<td>0.00</td>
<td>Delta Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision - Superior Vision VIS</td>
<td>Elect</td>
<td>[ ]</td>
<td></td>
<td>0.00</td>
<td>Superior Vision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Note:** Must add persons as a dependent in Workday first to have options available here.

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Cost for each election will display according to coverage.
Spending Accounts

The Spending Account plan year runs from September 1 through August 31.

You can enter either a monthly or an annual amount.

If you and your TAMU-employed spouse both have Dependent Day Care accounts, the sum of your contributions is limited to $5,000.

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>*Elect / Waive</th>
<th>Contributions</th>
<th>Supporting Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Spending Account - Navia</td>
<td>Elect</td>
<td>Your number of remaining payroll deductions for the year 4</td>
<td>Minimum Contribution (Annual) $1.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Your estimated contributions made this year 0.00</td>
<td>Maximum Contribution (Annual) $2,650.00</td>
</tr>
<tr>
<td></td>
<td>Waive</td>
<td>How much do you want to contribute for the total year? 0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>How much do you want to contribute per paycheck (Monthly)? 0.00</td>
<td></td>
</tr>
<tr>
<td>Dependent Day Care Spending Account -</td>
<td>Elect</td>
<td>Your number of remaining payroll deductions for the year 4</td>
<td>Minimum Contribution (Annual) $1.00</td>
</tr>
<tr>
<td>Navia</td>
<td></td>
<td>Your estimated contributions made this year 0.00</td>
<td>Maximum Contribution (Annual) $5,000.00</td>
</tr>
<tr>
<td></td>
<td>Waive</td>
<td>How much do you want to contribute for the total year? 0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>How much do you want to contribute per paycheck (Monthly)? 0.00</td>
<td></td>
</tr>
</tbody>
</table>
Life Insurance

Basic Life
If you are not enrolled in System health coverage, but certify you have other health coverage, you can choose Alternate Basic Life of $50,000 and $5,000 in life insurance on each eligible dependent child. This is instead of Optional Life.

You should continue with the default Basic Life, and the employer contribution will start as of the same date that the coverage begins.

Optional Life
You can select up to three times your salary without providing evidence of good health. For 4, 5, and 6 times coverage, you must provide evidence of good health.

Dependent Life Plan A
Spouse coverage: Amounts over $50,000 require evidence of good health.

Dependent Life Plan B
This is a flat rate plan of $5,000 for each dependent enrolled, spouse and/or child(ren).

Dependent Life Plan C
This is for your dependents if you enroll in Alternate Basic Life coverage.
Spouse coverage: 50% of your Alternate Basic Life coverage amount.
Child Coverage: 10% of your Alternate Basic Life coverage amount for each enrolled child.

Insurance Plan Dependencies and Coverage Limitations

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>*Elect / Waive</th>
<th>Coverage Level</th>
<th>Covers Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life/AD&amp;D - Securian (Employee)</td>
<td>Elect</td>
<td>$7,500</td>
<td></td>
</tr>
<tr>
<td>Optional Life - Securian (Employee)</td>
<td>Elect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional AD&amp;D - Securian (Employee)</td>
<td>Elect</td>
<td>$60,000</td>
<td></td>
</tr>
<tr>
<td>Optional AD&amp;D - Securian (Family)</td>
<td>Elect</td>
<td>$60,000</td>
<td></td>
</tr>
</tbody>
</table>

Coverage level is available after you choose 'elect'

Make elections as desired for Life Insurance. Some options require additional verification or approval.

Read important information
Add beneficiaries to the life insurance policies previously elected. Assign appropriate percentages to beneficiaries.

**Note:** Beneficiaries must first exist in Workday to be available as options. You can select ‘Create’ from the prompt to add a new beneficiary to Workday. When finished, you will be redirected back to this task.
IMPORTANT: Do not upload your dependent documentation here. Your documents should have been uploaded through HRConnect. The documentation will be approved and your dependents will be verified after you click Submit.

Elected Coverages 4 items

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Coverage Begin Date</th>
<th>Deduction Begin Date</th>
<th>Coverage</th>
<th>Calculated Coverage</th>
<th>Dependents</th>
<th>Beneficiaries</th>
<th>Employee Cost (Monthly)</th>
<th>Benefit Credit (Monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical - Blue Cross Blue Shield of TX PPO A&amp;M Care</td>
<td>02/01/2019</td>
<td>02/01/2019</td>
<td>Employee Only</td>
<td></td>
<td></td>
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<td>$623.77</td>
<td></td>
</tr>
<tr>
<td>Dental - Delta Dental DPPO</td>
<td>02/01/2019</td>
<td>02/01/2019</td>
<td>Employee Only</td>
<td></td>
<td></td>
<td></td>
<td>$29.41</td>
<td></td>
</tr>
<tr>
<td>Vision - Superior Vision VIS</td>
<td>02/01/2019</td>
<td>02/01/2019</td>
<td>Employee Only</td>
<td></td>
<td></td>
<td></td>
<td>$7.00</td>
<td></td>
</tr>
<tr>
<td>Basic Life/AD&amp;D - Securian (Employee)</td>
<td>02/01/2019</td>
<td>02/01/2019</td>
<td>$7,500</td>
<td>$7,500.00</td>
<td>Cherry Pie</td>
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<tr>
<td>Total:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$666.77</td>
<td></td>
</tr>
</tbody>
</table>
Review Information & Sign

> Waived Coverages
> Beneficiary Designations

Electronic Signature

Payroll Deduction/Pretax Premium/Billing Agreement: I authorize The Texas A&M University System to deduct from my earnings the amount required to cover my share of the premiums for those coverages. I authorize the A&M System to reduce my taxable income by an amount equal to my health/dental/vision/AD&D premiums.

Waiver Agreement: After my 60-day enrollment period, I understand that in order to enroll in the future I may be required to provide evidence of insurability, and I may enroll in some plans only during enrollment periods and/or be subject to pre-existing condition limitations.

Release of Information: I understand that certain information collected by the A&M System must be sent to the carriers of the plans in which I have enrolled. The A&M System and the insurance carriers will treat this information as confidential.

Tobacco User Agreement: I understand that if I have indicated that I am not a tobacco user and this proves to have been a false statement, my coverage and any associated dependent benefit coverage may be cancelled.

Certification and Signature: I understand that I may be required to provide additional documentation to certify the change I have made in order to make changes to my benefits. I further understand that should it be found that I have made a false statement in connection to my benefit change, my benefit coverage will be canceled and I may be prosecuted to the full extent of the law.

Insurance Cancellation Agreement: If cancelling any insurance coverage, I understand that in order to participate in the future I may be required to furnish evidence of insurability at my own expense. Coverage is subject to the carrier’s approval and is not guaranteed. I may enroll in some plans only during specified enrollment periods. Benefits will be paid based on coverage records in my insurance file and in accordance with the applicable group policy.

Select 'I Agree' to provide your electronic signature
Congratulations! You have completed your onboarding tasks in Workday. Be sure and follow up with your HR professional regarding any outstanding documentation needed (if applicable).

If you have not already, you can complete the online training, *Working in Workday*, available on TrainTraq for more information on how you will use Workday in your position at your organization.

For more information on Workday visit the website Workday Help. Both TrainTraq and Workday Help are available on your SSO menu.