Administrator: Hire Employee Guide

Content:

New Hire Checklist

Employees will need to complete their onboarding checklist. This process applies to:

- New hires (first employment with OSU)
- Re-hires (employee's employment with OSU has lapsed more than 30 days for benefited or 180 days for non-benefited)

In the checklist, employee will complete:

- Within UKG
    - Employee Information Form
    - State of Oklahoma Outstanding Wage Beneficiary Form
    - Oklahoma Teachers' Retirement System Notification Form
    - Loyalty Oath Form – with instructions to meet with HR Admin or locate a notary and then upload the notarized form.
    - I9 Form
    - Work Permit Form (For international professionals only). If an employee is in J1 Visitor Exchange status, International Grad student, or International student, they will need to upload OSU Work Permit obtained from ISS.
    - Voluntary Self-Identification of Disability Form
    - Veteran Voluntary Self-Identification Form
    - CHS Confidentiality Agreement Form (For Center of Health Sciences only)
    - CHS Hepatitis B Declination Form (For Center of Health Sciences only)
    - CHS Policies and Procedures Form (For Center of Health Sciences only)

Employees will need to complete these in Banner Self-Service **after** they have their O-Key account. (UKG capability coming soon)

- Withholding Form
- Direct Deposit Form

Employees can complete this optional form with OSU Payroll **after** they receive the email from the department administrator.

- Salary Deferral Election Form (**for full-time faculty only**).
  https://adminfinance.okstate.edu/payroll/salary-deferral.html
  Employee complete form and send to payroll.services@okstate.edu

When an employee completes their checklist, the department's administrator will receive an email notification and can follow-up with the employee to review their checklist, I9 verifications, upload E-Verify submission along with supporting documents, and Loyalty Oath verification/notarization. It is recommended to include UKG Employee ID in the EPAF comments.

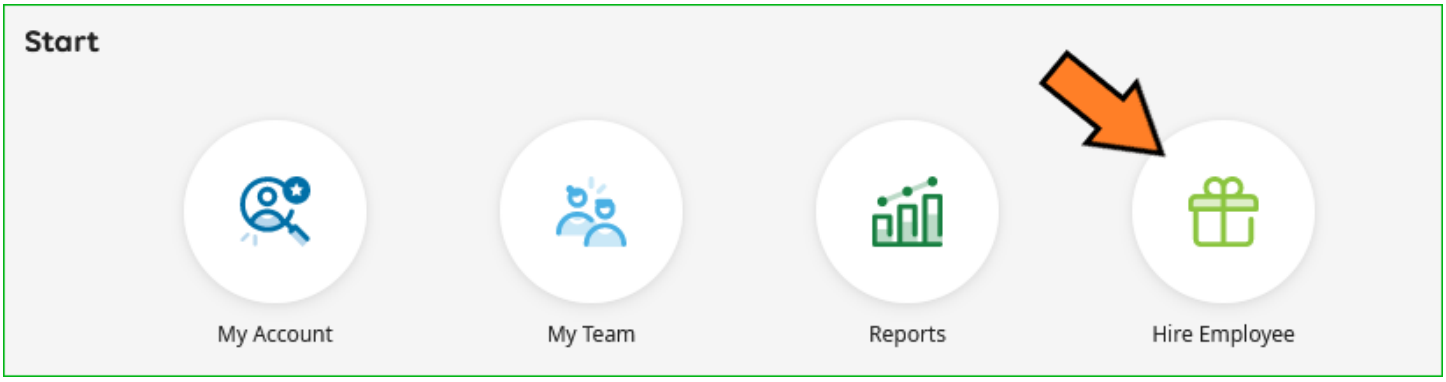
The administrator can email additional guidance to employees once the I9 identification process and notarization of the loyalty oath form are completed. The guidance may include W4, direct deposit, benefits/orientation (if appropriate), salary deferral (if appropriate), etc.

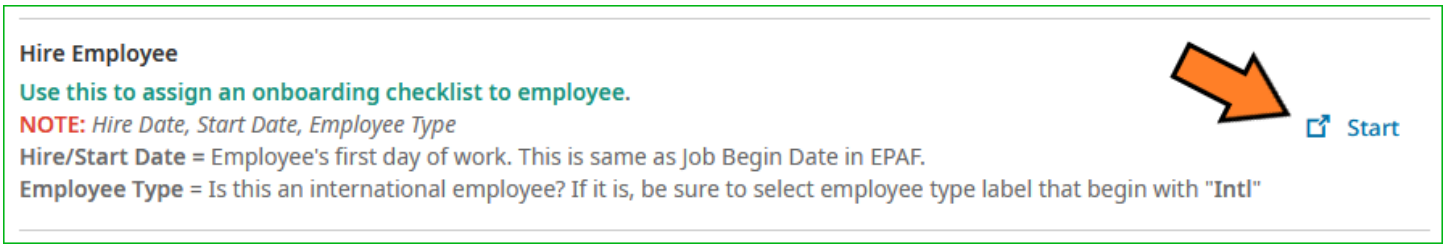
Hiring Employees

Gather employee's information from hiring manager:

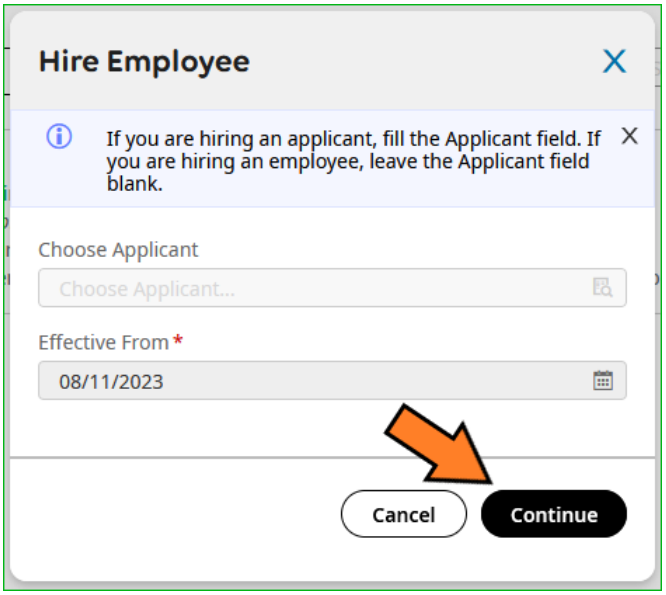
- First Name, Middle Name, Last Name
- Email address
- Start date
- Employment type (Faculty, Staff, Student)
- Employment status (Full-Time, Part-Time/Temp)
- Employee status (U.S. Citizen/Permanent Resident, J1, International)
- Org Code
- Position number
- And any other info that you may need.

To begin new hire checklist, login to UKG Ready (*this hyperlink is for Admin only, do not share with employee*) and click on the Hire Employee icon, then click on the Start link.



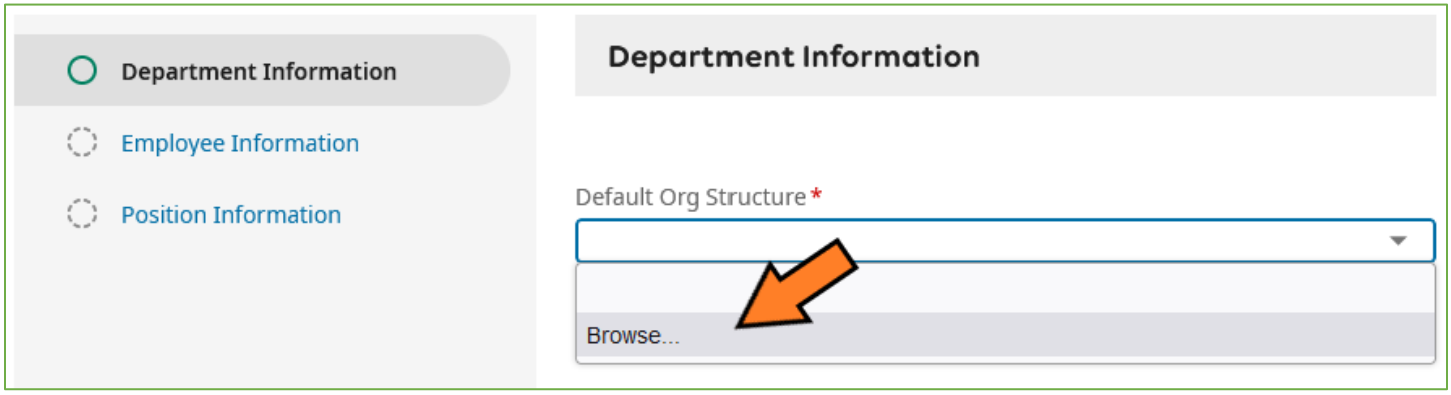


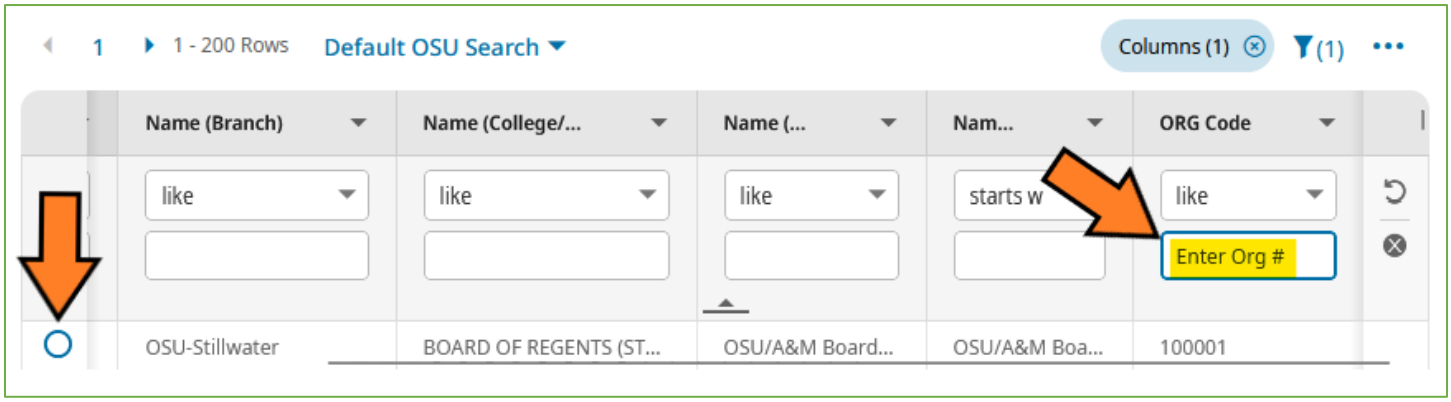
Leave the "Choose Applicant" blank and click on the Continue button.



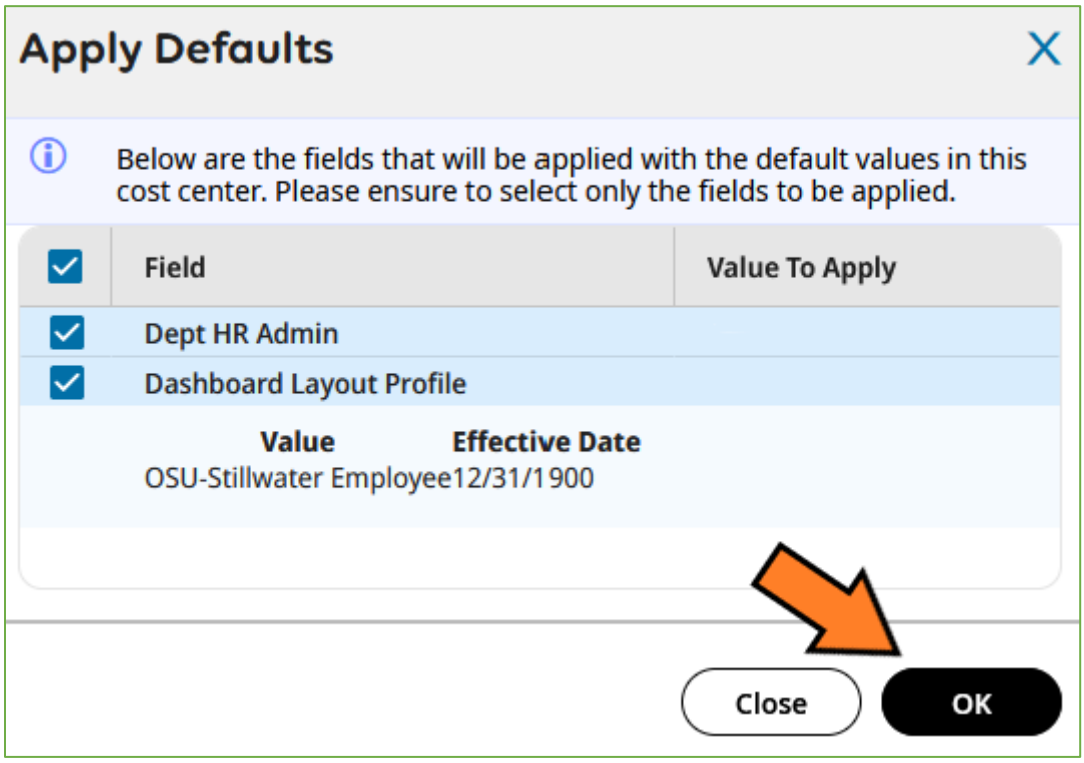
Department Information Section

Default Org Structure: Select the department/office that the employee belongs to.
Click on the dropdown, then click on Browse to select the department/office.



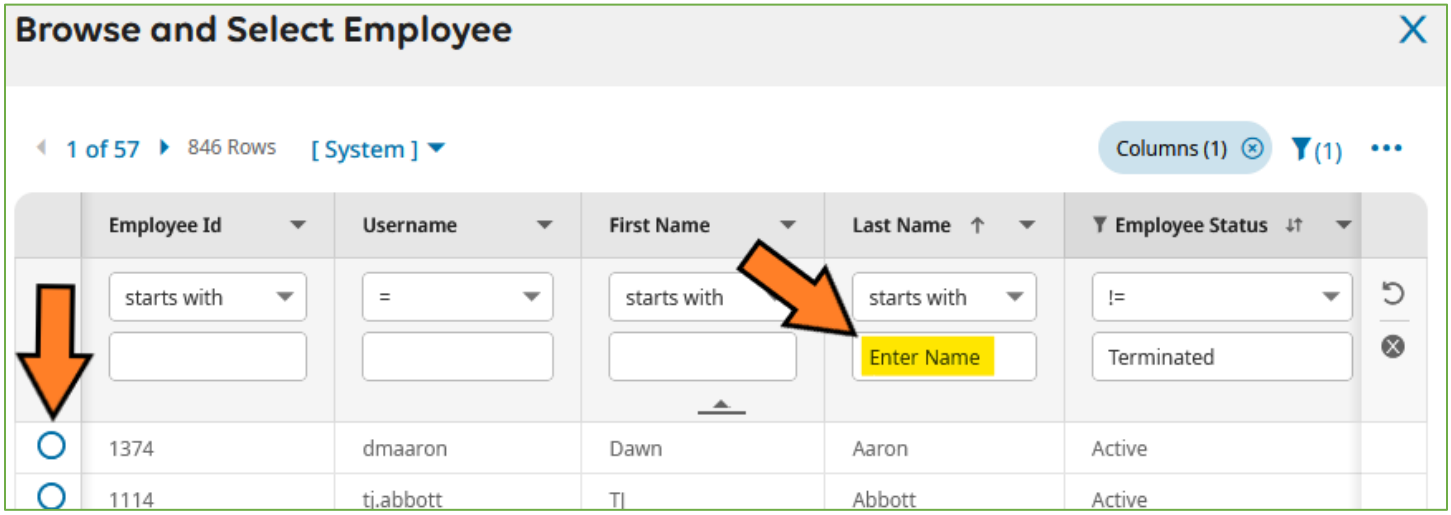


Apply Defaults: Leave all fields checked and click OK button.



Dept HR Admin: This is pre-populated for you. If not, you may select the person that will be processing the new hire checklist including verifying I-9, etc. after the employee has completed their checklist.

Click on to browse and select the Dept HR Admin. Select the user by clicking on the first column.



Click on Continue button to proceed to Employee Information Section.

Employee Information Section

Employee Type: IMPORTANT – Select the correct employee type as this will control which checklist to assign. If the wrong employee type is selected, employee may need to redo the correct checklist when a correction is made.

- Intl - J1 Exchange Visitor (*Short-term scholar, research scholar, professor, needs legal work authorization*)

- FT Faculty (*Faculty full time employment*)
- Intl - FT Faculty (*International faculty full time employment, needs legal work authorization*)

- FT Staff (*Full time staff member*)
- Intl - FT Staff (*International full time staff member, needs legal work authorization*)

- PT/Temp Faculty (*Faculty part time or temporary employment*)
- Intl - PT/Temp Faculty (*International faculty part time or temporary employment, needs legal work authorization*)

- PT/Temp Staff (*Part time or temporary staff member*)
- Intl - FT Staff (*International full time staff member, needs legal work authorization*)

- CHS Student (*Student employment for CHS campus*)
- Intl - CHS Student (*International student employment for CHS campus, needs legal work authorization*)

- Grad Student (*Graduate student employment*)
- Intl - Grad Student (*International graduate student employment, needs legal work authorization*)

- Undergrad Student – WS (*Undergraduate student employment that has Federal Work Study Grant*)

- Undergrad Student -Non-WS (*Undergraduate student employment that DOES NOT have Federal Work Study Grant*)
- Intl - Undergrad Student (*International undergraduate student employment, needs legal work authorization*)

Hired: The first day employee starts working and is the same date you would enter for "Current Hire Date" in Online EPAF.

Started: The first day employee starts working and is the same date you would enter for "Current Hire Date" in Online EPAF.

Contract month begin if less than 12 months: Select the beginning month of the contract July, August, or September from the dropdown list. This is for employees that are on a less than 12 months contract (*usually for Faculty*).

Job End Date: Select the last date employee is on the job. This is for employees with part-time or temporary contract (*usually for Graduate Assistantship employment*).

First Name: Enter employee's legal first name.

Last Name: Enter employee's legal last name.

Banner ID: Enter employee's Banner ID is available. If a student, please complete this field.

Primary Email: Enter employee's email address provided in job application or resume. (Due to email delivery issue, don't use icloud and okstate email address)

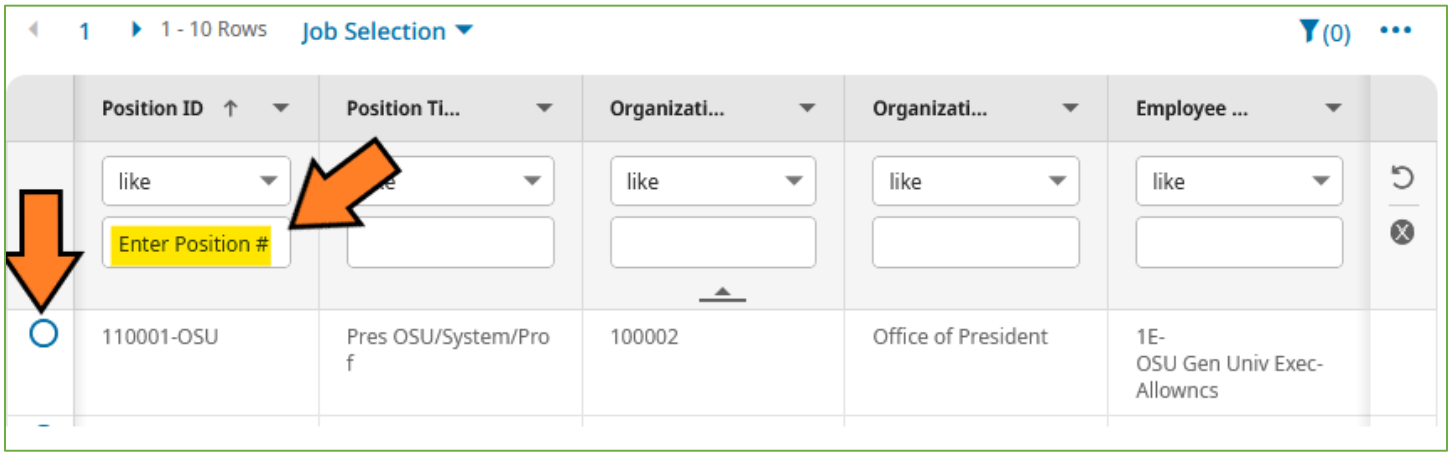
Employee ID, Username, & New Password: IMPORTANT - Leave it blank to allow UKG system to auto generate.

Click on Continue button to proceed to Position Information Section.

Position Information Section

Default Job: Select employee's job function.

Click on to browse job list and search for the position number. Select the position by clicking on the first column.



Reason Code: Select New Hire or Re-Hire from the dropdown list.

Working Title: Enter the employee's working title.

FTE: This is the same FTE number you would enter in Online EPAF (1 = full time, 0.75 = ¾ time, 0.5 = half time, etc).

Pay Type: Select Hourly or Salary from the dropdown list.

Factor: This is the same Factor number you would enter in Online EPAF. This field will be used to compute the monthly salary paid to the employee. Annual Salary divided by Factor is the monthly compensation (for a full month). As a rule, the Factor will be the number of months in the contract / assignment for faculty members, 1 for graduate assistants, 12 for monthly employees, and 26 for part-time student employees and bi-weekly employees.

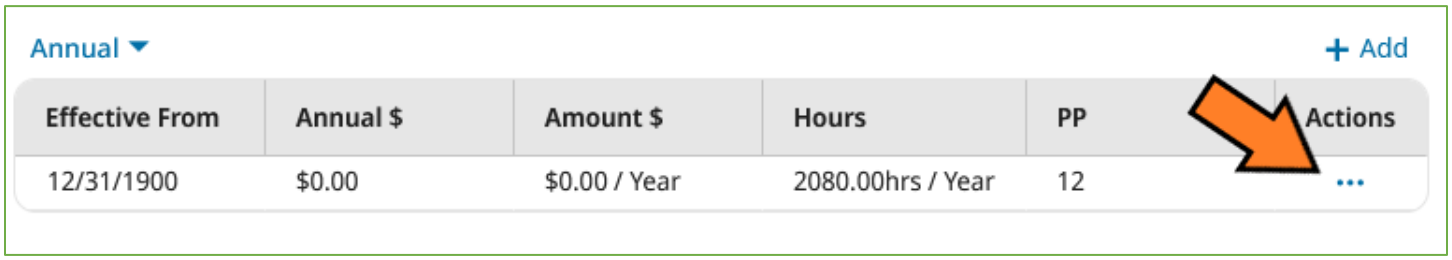
Default Labor Distribution: Select Yes or No from the dropdown list. Are you using the Default Labor Distribution for this position? If not, then additional data will need to be entered after the employee's checklist is complete before the EPAF can be applied.

Time Entry Method: Select Web, Third-Party, or Department Entry from the dropdown list.

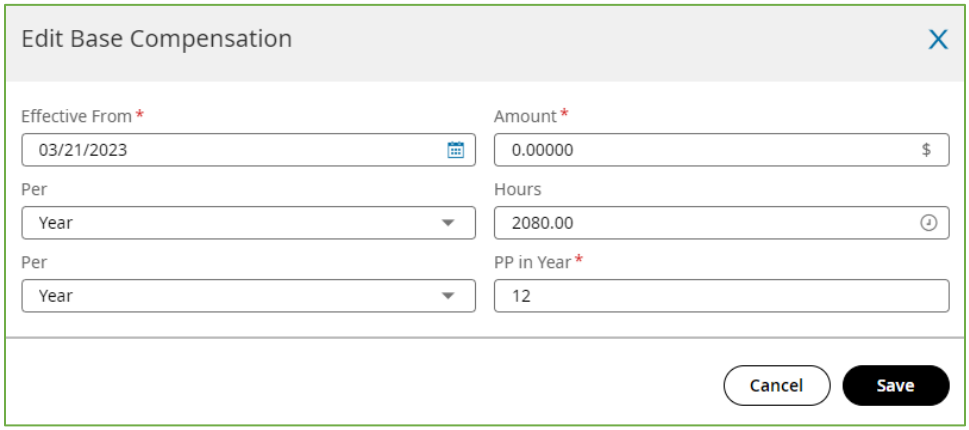
Leave Accrual Rule Override: This is the same category as you would enter for "Job Leave Category" in Online EPAF. This field specifies the leave accrual rule for the job. If an employee is receiving standard accrual for the employee class group, leave it blank. Enter if the employee will accrue leave using a specified leave accrual alternative rule for the employee class group, enter the appropriate leave accrual rule in this field.

Deferred Salary: Select Yes or No from the dropdown list. (*Usually for Faculty*)

Base Compensation: Click on ••• to edit employee's pay information.



Amount: This is the same number as you would enter for "AnnSalary/ContractAMT" in Online EPAF. Click Save button to complete the Base Compensation.



Amount = Employee's salary or pay rate
Per (top) = Year for salary employee and Hour for hourly employee
Hours = 2080 x FTE (For example: 2080x0.5=1040 for Part-Time)

Per (bottom) = Year
PP (Pay Periods) in Year = 12 for monthly employees, 26 for biweekly employees, (9, 10, or 11) for non-salary deferral faculty

Click on Submit button to complete Hire Employee action.

UKG Ready will create an account for this employee based on the information provided and send an email notification with login instructions to the system to complete the New Hire Checklist.

Hiring International Employees

Follow the Hiring Employees steps above except for Employee Type:

- For J1, International Grad Students, and International Students
  - These steps apply to all J1 Exchange Visitor even if they are in a faculty or staff position.
  - Employees will need to obtain an OSU Work Permit from ISS before completing the checklist.
  - Employee Type: IMPORTANT – Select the correct employee type as this will control which checklist to assign. If the wrong employee type is selected, employee may need to redo the correct checklist when correction is made.
    - Intl - J1 Exchange Visitor (*Short-term scholar, research scholar, professor*)
    - Intl - CHS Student (*International student employment for CHS campus*)
    - Intl - Grad Student (*International graduate student employment*)
    - Intl - Undergrad Student (*International undergraduate student employment*)
  - Employee will receive one checklist which includes:
    - PIF info Form, I9 Form, Wage Beneficiary Form, Loyalty Oath Form, Voluntary Self-Identification of Disability, Veteran Voluntary Self-Identification.
    - Upload OSU Work Permit obtained from ISS.

- For International faculty and staff (Full-Time, Part-Time, and Temp)
  - Complete OSU Work Permit form in UKG. Immigration Services Team and Tax/Compliance Team will verify and approve the work permit.
  - Employee Type: IMPORTANT – Select the correct employee type as this will control which checklist to assign. If the wrong employee type is selected, employee may need to redo the correct checklist when correction is made.
    - Intl - FT Faculty (*International faculty full time employment*)
    - Intl - FT Staff (*International full time staff member*)
    - Intl - PT/Temp Faculty (*International faculty part time or temporary employment*)
    - Intl - FT Staff (*International full time staff member*)
  - Employees will receive a series of 3 checklists (one checklist at a time) to complete.
    - Checklist 1 – Will be auto assigned when Hire Employee action is complete.
      - PIF Info Form, Wage Beneficiary Form, OTRS Notification Form, Loyalty Oath Form, Voluntary Self-Identification of Disability, Veteran Voluntary Self Identification
      - Upload Immigration Documents
      - OSU Work Permit Form

      Immigration Services Team and Tax/Compliance Team will review the uploaded immigration documents and work permit in UKG. Tax/Compliance Team will issue a GLACIER account to the employee.

    - Checklist 2 – Will be auto assigned when employee completes checklist 1
      - Upload a copy of the Tax Summary Report from GLACIER Online Tax Compliance System

      Tax/Compliance Team will review uploaded immigration documents and Tax Summary Report; and work on approving the work permit.

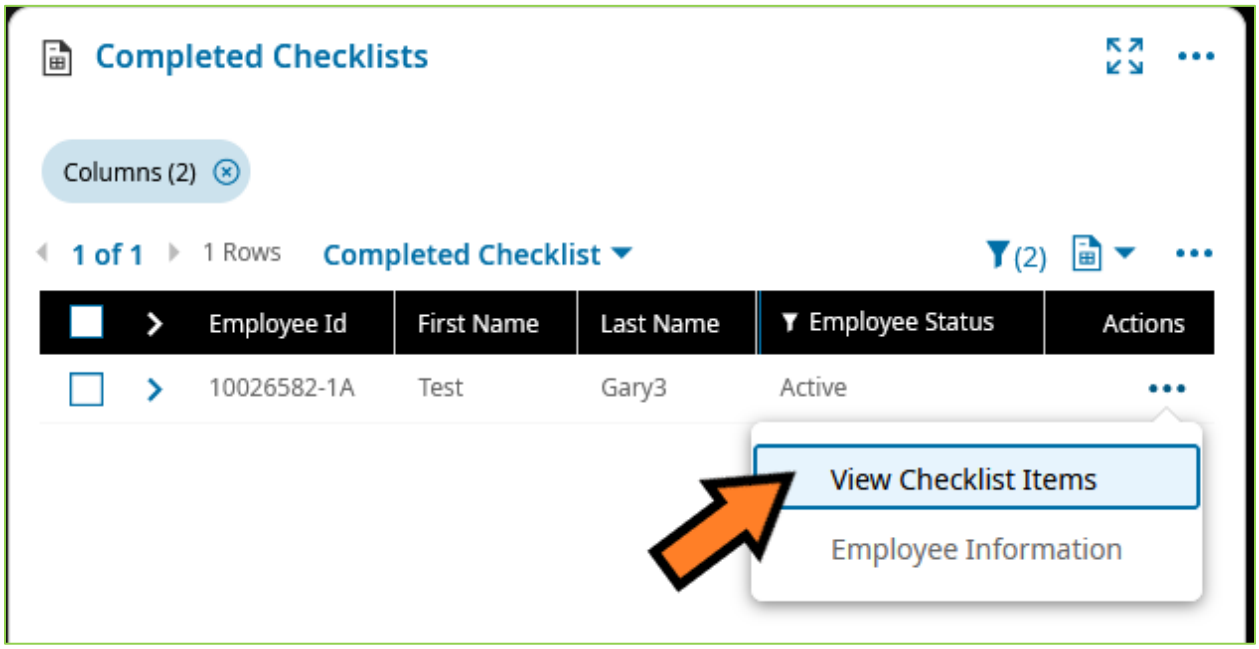
    - Checklist 3 – Will be auto assigned when Tax/Compliance approves the work permit.
      - I9 Form

NOTE: International employees can complete the checklist and I9 without SSN.

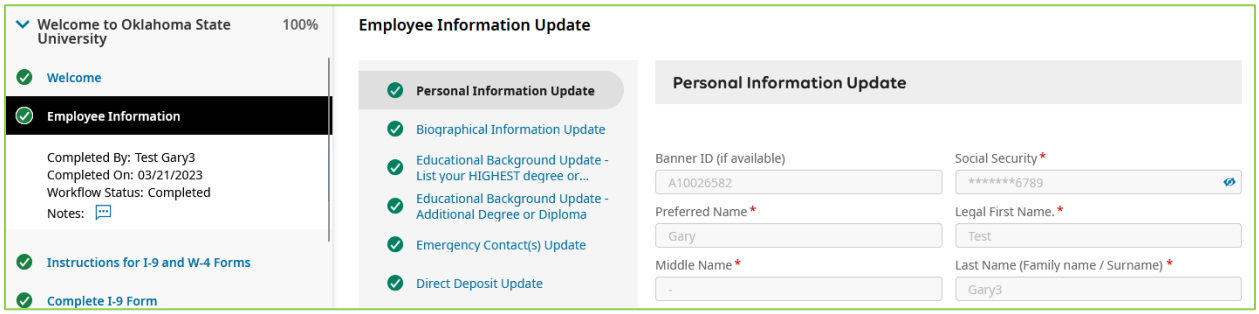
Review Employee Information

No documents needs to be printed for the New Hire Team. UKG system will house the scanned documents.

On your Home Dashboard, navigate to the Completed Checklists Widget then click on the "…" for the specific employee and select View Checklists Items.

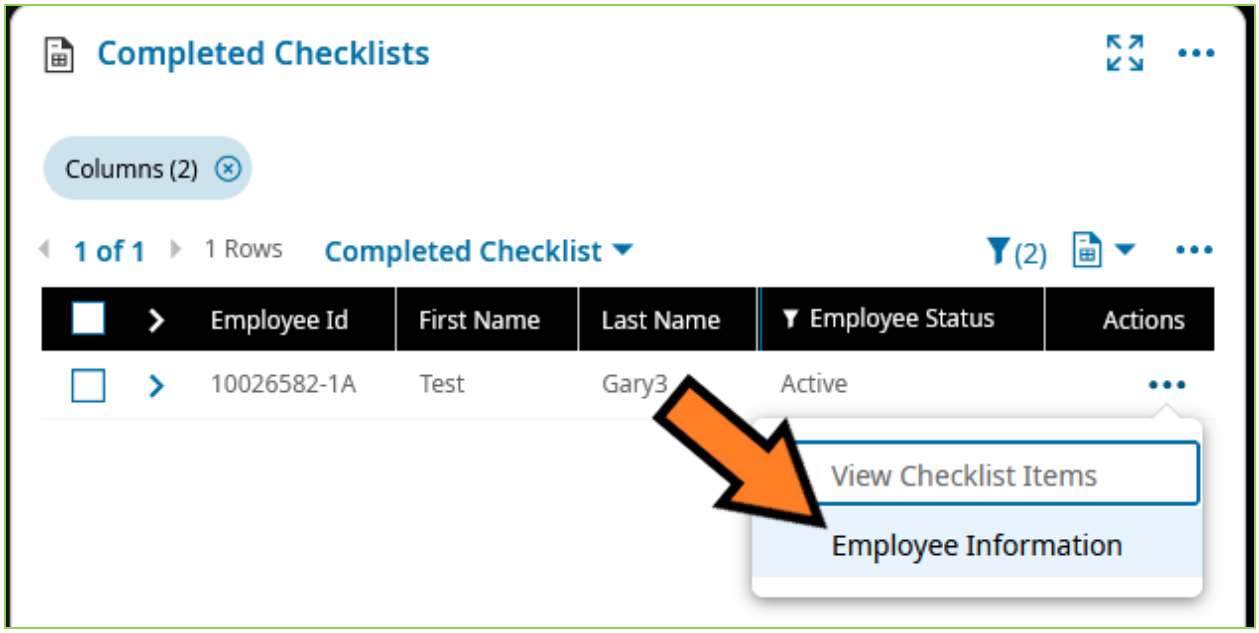


Click on the "Pencil" to start reviewing the checklist items. Once in the checklist, on your left-hand side, you will see a list of items. You can click on any of the items, for example, Employee Information contains employee's personal information, biographical information, etc.

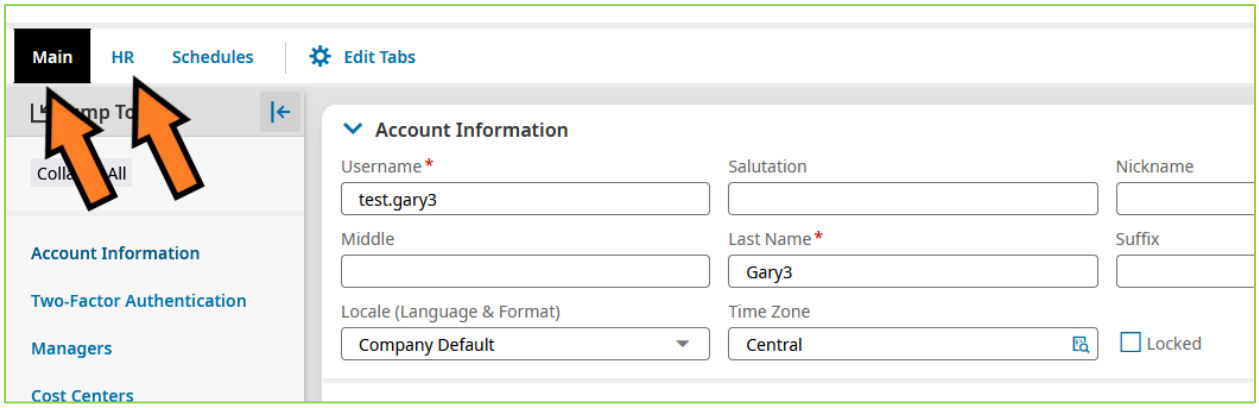


As you go through each item, you can review submitted information from the employee. Take note of any data that needs changed. You are not able to make changes while in checklist view.

To make changes, navigate to Home Dashboard by clicking on OSU logo. On the Completed Checklist Widget, click on the "…" for the specific employee and select "Employee Information".

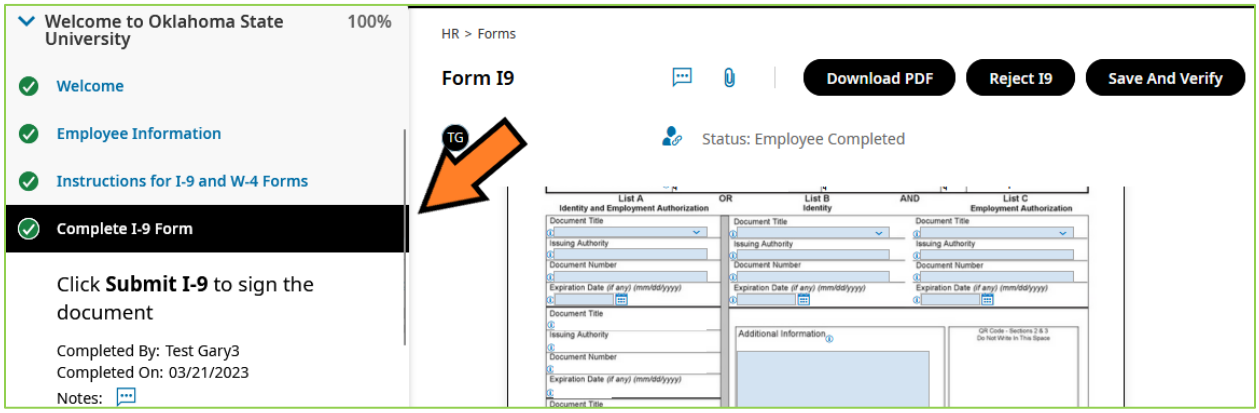


Depending on the changes, some fields are on “Main” tab while others are on “HR” tab.

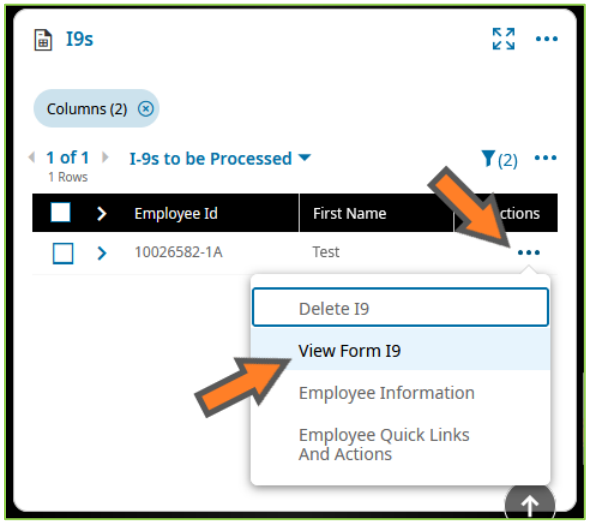


I9 Verification/Processing

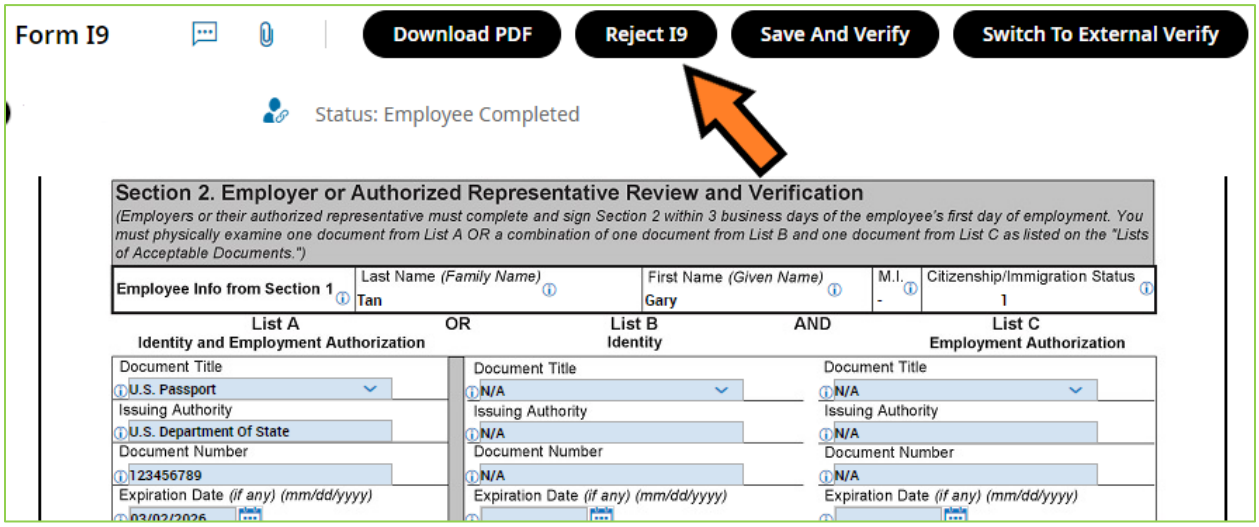
You can process I9 within this checklist. To process I9, click on “Complete I-9 Form” on the left-hand side checklist items.



You can also process I9 from the I9 to be Processed widget. On your Home Dashboard, navigate to the I9s Widget then click on the ellipsis "..." for the specific employee > View Form I9

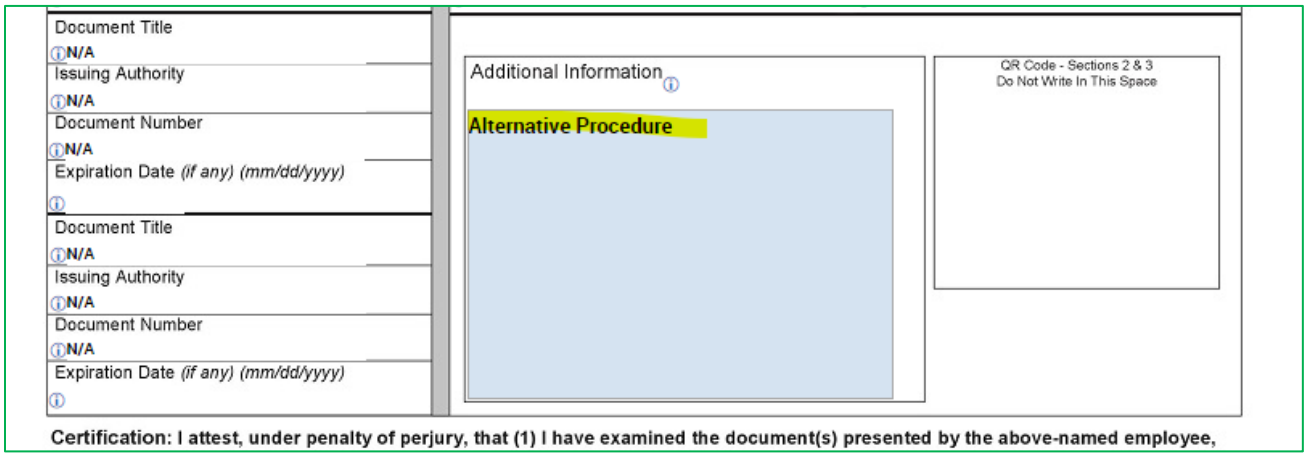


Review Section 1, and if there are mistakes and need corrections, click on “Reject I9” button. This will allow employees to correct their mistakes and resubmit. You will need to notify employees manually as this action will not send an email notification to employees.

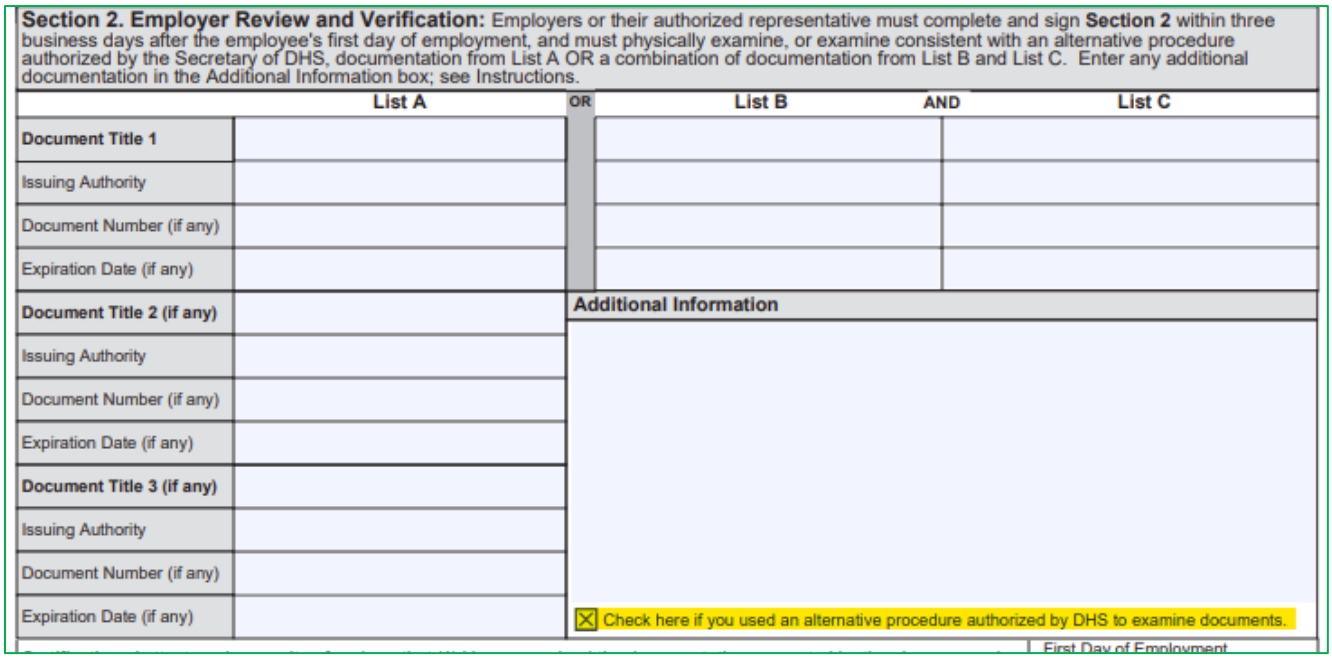


If all is good in Section 1, complete Section 2. If you remotely examine employee's I9 via a live video, you will need to:

For I9 form dated 10/21/2019 – add "Alternative Procedure" in the Additional Information field.

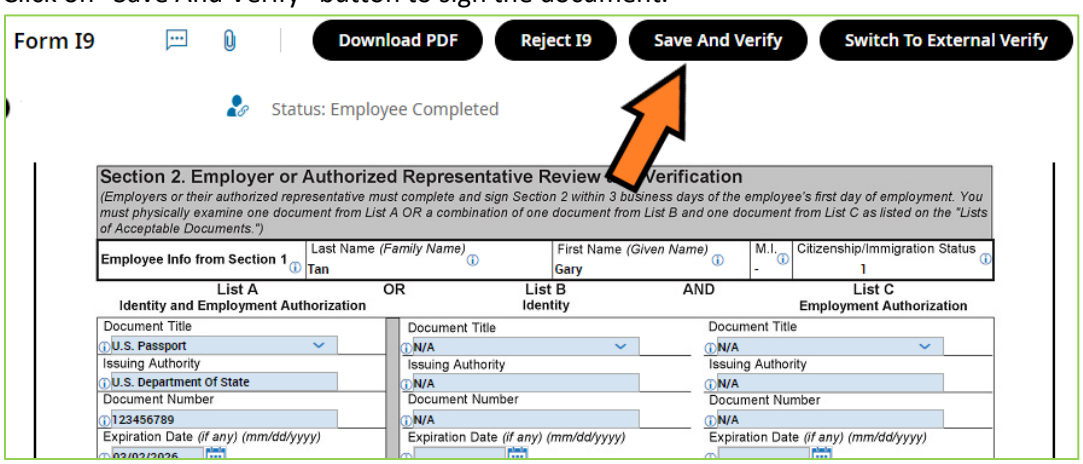


For I9 form dated 08/01/2023 – check the box in the Additional Information field. (Coming soon in UKG)

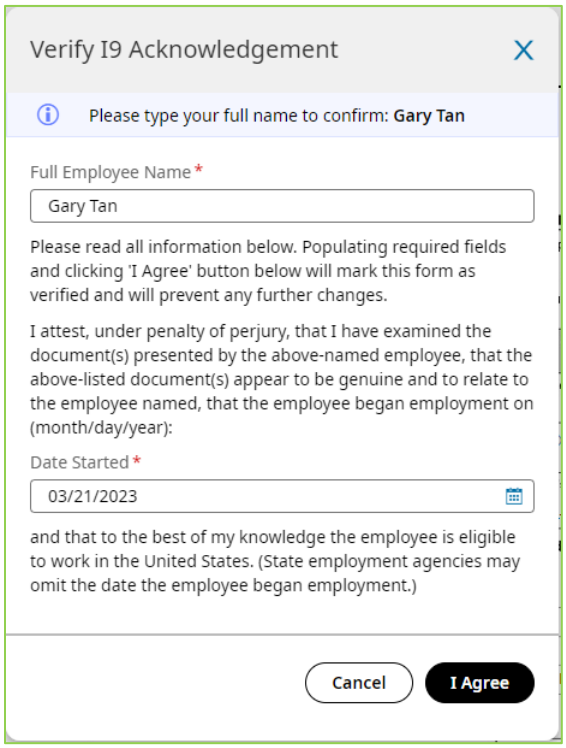


IMPORTANT NOTE: Beginning 11/01/2023, only use I9 form dated 08/01/2023.

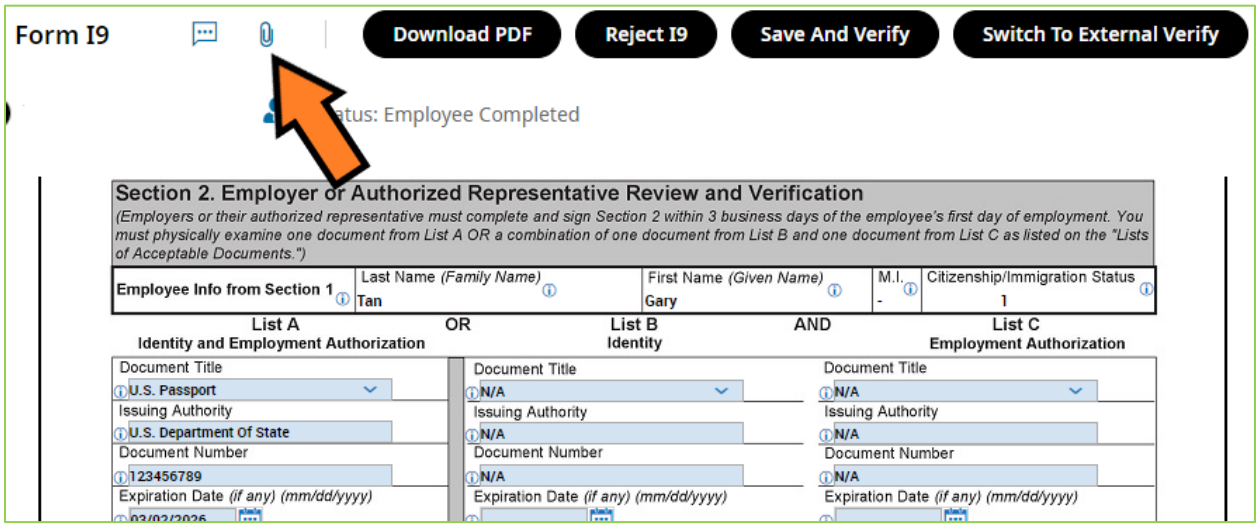
Click on "Save And Verify" button to sign the document.



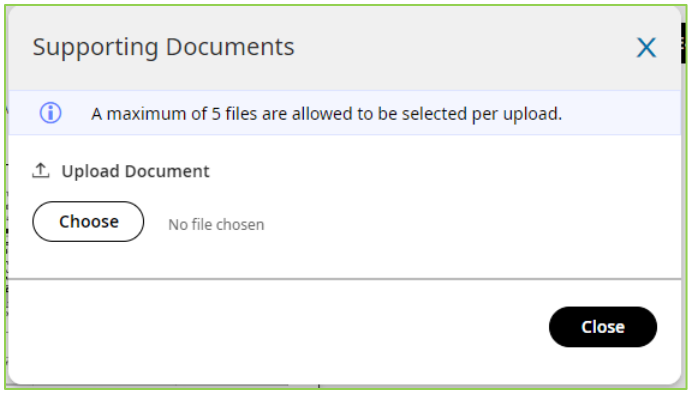
Type your name to sign and enter the employee start date (*Note: The Date Started needs to be within 90 days of the day of I9 processing. For example, if today is 8/15, the Date Started can be before 11/13*)



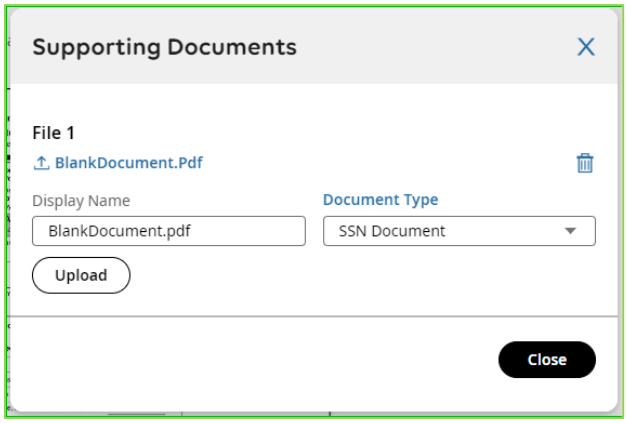
Complete E-Verify and download a copy of the summary. To upload the E-Verify summary, Social Security, and/or any other identification documents to UKG, click on the paperclip link.

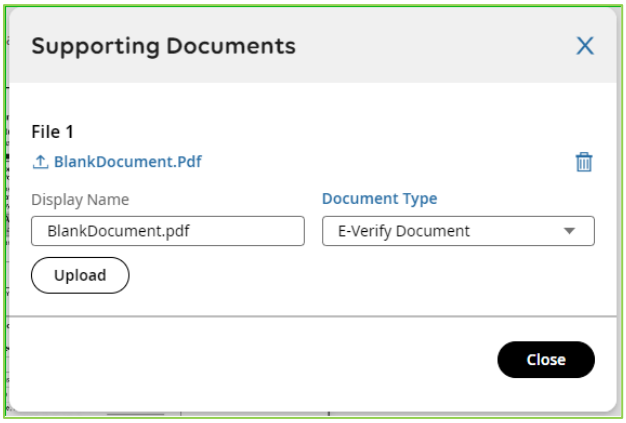


Click on “Choose” button to select your file.



Click on “Upload” button.





You have successfully processed the I9. **DO NOT** click on “Mark E-Verify Completed” button. Leave this action for the New Hire Team.

Due to the many possible combinations of documents and not being able to ask for specific documents that can be used for I9 verification, it is impossible to provide sample I9s for non-international. Administrators can refer to Form I9 Acceptable Documents https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents for reference.

I9 Verification/Processing for International Employees

Follow the I9 Verification/Processing above. Administrator can still verify I9 for international employees that do not have a Social Security Number. Below are samples of international employees' I9.

The new Hire Team will tag the I9 with "Temp Social" and leave the I9 on-hold until it can be processed further when the employee receives their Social Security Cards. This hold does not delay the EPAF process.

Administrator will need to email New Hire Team newhire@okstate.edu to get a temporary social security number for Banner:

Email subject: Temp Social for International Employee
Email body: Employee name and UKG ID

Administrators will need to email New Hire Team to release the hold on the I9 once employee receives their Social Security Number from SSA. Once you receive confirmation that the I9 hold is released, you can reject the I9, and this will allow the employee to insert their Social Security Number.

Review Section 1 and 2. If all is correct, click on "Save And Verify" button to sign the document.

Email New Hire Team that the I9 is completed, they will remove the Temp Social tag.

Sample of International Employees' I9

F-1 Student

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status
	SEINFELD	JERRY	N/A	4

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Foreign Passport, work-authorized nonimmigrant Issuing Authority: Kazakhstan Document Number: W8521385444 Expiration Date *(if any)(mm/dd/yyyy)*: 01/01/2035 Document Title: Form I-94/I-94A Issuing Authority: U.S. Customs and Border Protection Document Number: 98514720325 Expiration Date *(if any)(mm/dd/yyyy)*: N/A Document Title: Form I-20 Issuing Authority: U.S. Immigration and Customs Enforcement Document Number: N0085964412 Expiration Date *(if any)(mm/dd/yyyy)*: 05/31/2023		Document Title: N/A Issuing Authority: N/A Document Number: N/A Expiration Date *(if any)(mm/dd/yyyy)*: N/A		Document Title: N/A Issuing Authority: N/A Document Number: N/A Expiration Date *(if any)(mm/dd/yyyy)*: N/A

Additional Information

QR Code - Section 2
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

J-1 Employee

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status
	WESTBROOK	RUSSELL	N/A	4

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Foreign Passport, work-authorized nonimmigrant Issuing Authority: Nigeria Document Number: P85466211 Expiration Date *(if any)(mm/dd/yyyy)*: 11/08/2030		Document Title: N/A Issuing Authority: N/A Document Number: N/A Expiration Date *(if any)(mm/dd/yyyy)*: N/A		Document Title: N/A Issuing Authority: N/A Document Number: N/A Expiration Date *(if any)(mm/dd/yyyy)*: N/A
Document Title: Form I-94/I-94A Issuing Authority: U.S. Customs and Border Protection Document Number: 85421796385 Expiration Date *(if any)(mm/dd/yyyy)*: N/A				
Document Title: Form DS-2019 Issuing Authority: U.S. Department of State Document Number: N0014528765 Expiration Date *(if any)(mm/dd/yyyy)*: 12/30/2020				

Additional Information

QR Code - Section 2
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any)* *(mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

Employee with EAD card.

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status
	KARDASHIAN	KIM	N/A	4

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Employment Auth. Document (Form I-766)		Document Title: N/A		Document Title: N/A
Issuing Authority: U.S. Citizenship and Immigration Services		Issuing Authority: N/A		Issuing Authority: N/A
Document Number: 123-456-789		Document Number: N/A		Document Number: N/A
Expiration Date *(if any)(mm/dd/yyyy)*: 12/31/2020		Expiration Date *(if any)(mm/dd/yyyy)*: N/A		Expiration Date *(if any)(mm/dd/yyyy)*: N/A
Document Title: N/A				
Issuing Authority: N/A				
Document Number: N/A				
Expiration Date *(if any)(mm/dd/yyyy)*: N/A				
Document Title: N/A				
Issuing Authority: N/A				
Document Number: N/A				
Expiration Date *(if any)(mm/dd/yyyy)*: N/A				

Additional Information

QR Code - Section 2
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any)* *(mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

Employee With Pending EAD extension.

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status
	KNOWLES	BEYONCE	N/A	4

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Employment Auth. Document (Form I-766)		Document Title: N/A		Document Title: N/A
Issuing Authority: U.S. Citizenship and Immigration Services		Issuing Authority: N/A		Issuing Authority: N/A
Document Number: 123-456-789		Document Number: N/A		Document Number: N/A
Expiration Date *(if any)(mm/dd/yyyy)*: 08/02/2018		Expiration Date *(if any)(mm/dd/yyyy)*: N/A		Expiration Date *(if any)(mm/dd/yyyy)*: N/A
Document Title: N/A				
Issuing Authority: N/A				
Document Number: N/A				
Expiration Date *(if any)(mm/dd/yyyy)*: N/A				
Document Title: N/A				
Issuing Authority: N/A				
Document Number: N/A				
Expiration Date *(if any)(mm/dd/yyyy)*: N/A				

Additional Information
180 Day Extension

QR Code - Section 2
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

H1B/E-3/O-1 Employee

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status
	GAGA	LADY	N/A	4

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Foreign Passport, work-authorized nonimmigrant Issuing Authority: Australia Document Number: K85141574 Expiration Date *(if any)(mm/dd/yyyy)*: 10/31/2029		Document Title: N/A Issuing Authority: N/A Document Number: N/A Expiration Date *(if any)(mm/dd/yyyy)*: N/A		Document Title: N/A Issuing Authority: N/A Document Number: N/A Expiration Date *(if any)(mm/dd/yyyy)*: N/A
Document Title: Form I-94/I-94A Issuing Authority: U.S. Citizenship and Immigration Service Document Number: 58155740236 Expiration Date *(if any)(mm/dd/yyyy)*: 11/15/2021				
Document Title: Issuing Authority: Document Number: Expiration Date *(if any)(mm/dd/yyyy)*:				

Additional Information

QR Code - Section 2
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: ____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

H1B Transfer

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status
	CLOONEY	GEORGE	N/A	4

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Foreign Passport, work-authorized nonimmigrant Issuing Authority: France Document Number: B85245874 Expiration Date *(if any)(mm/dd/yyyy)*: 04/14/2025		Document Title: N/A Issuing Authority: N/A Document Number: N/A Expiration Date *(if any)(mm/dd/yyyy)*: N/A		Document Title: N/A Issuing Authority: N/A Document Number: N/A Expiration Date *(if any)(mm/dd/yyyy)*: N/A
Document Title: Form I-94/I-94A Issuing Authority: U.S. Citizenship and Immigration Service Document Number: 12378546585 Expiration Date *(if any)(mm/dd/yyyy)*: 05/15/2019				
Document Title: Issuing Authority: Document Number: Expiration Date *(if any)(mm/dd/yyyy)*:				

Additional Information

QR Code - Section 2
Do Not Write In This Space

H1-B, I-129 Approval on MM/DD/YY

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

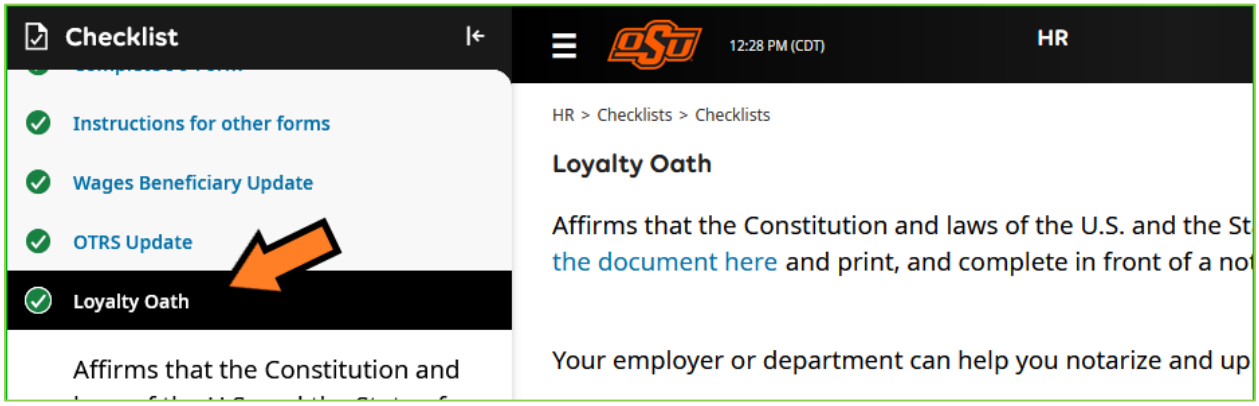
Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

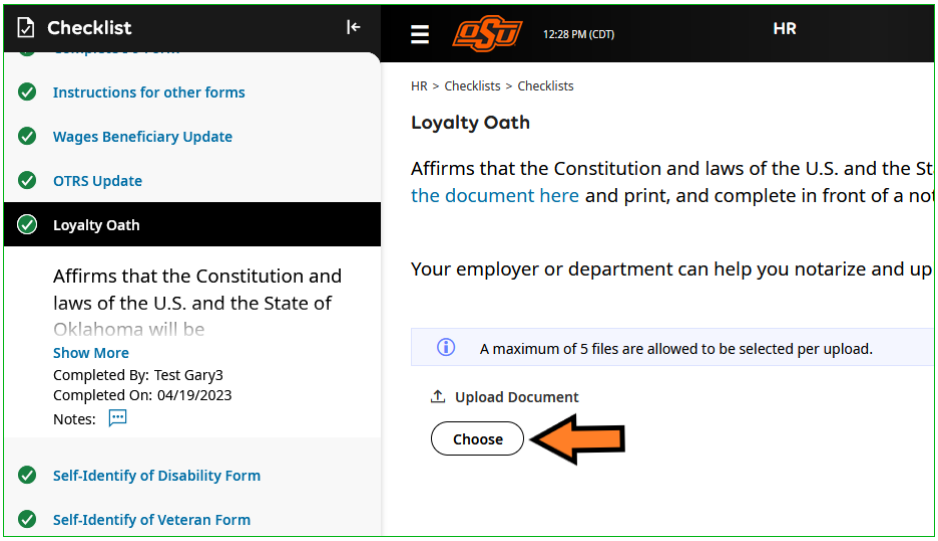
Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

Loyalty Oath Verification/Processing

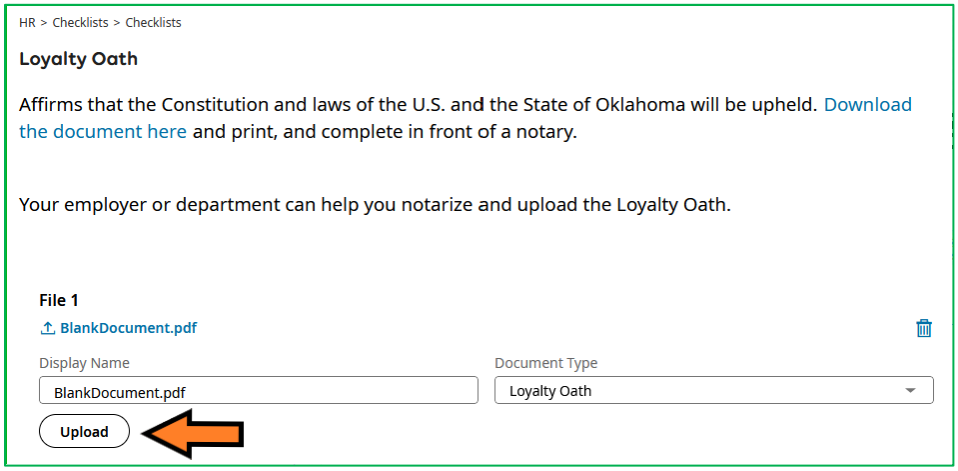
You can upload a notarized Loyalty Oath within this checklist. To upload Loyalty Oath, click on “Loyalty Oath” on the left-hand side checklist items.



Click on “Choose” button, select the file, and select Document Type



Click “Upload” button

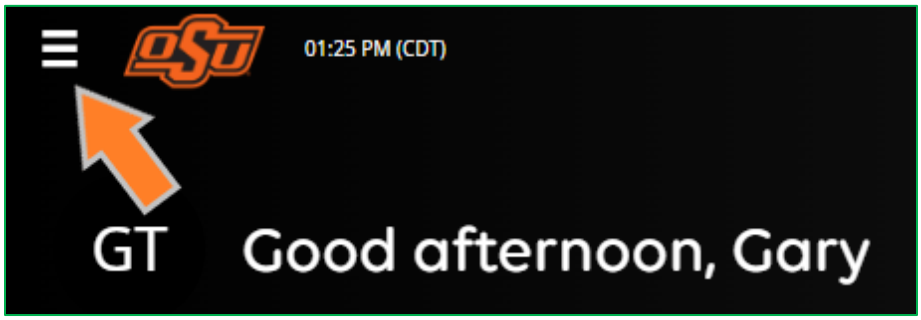


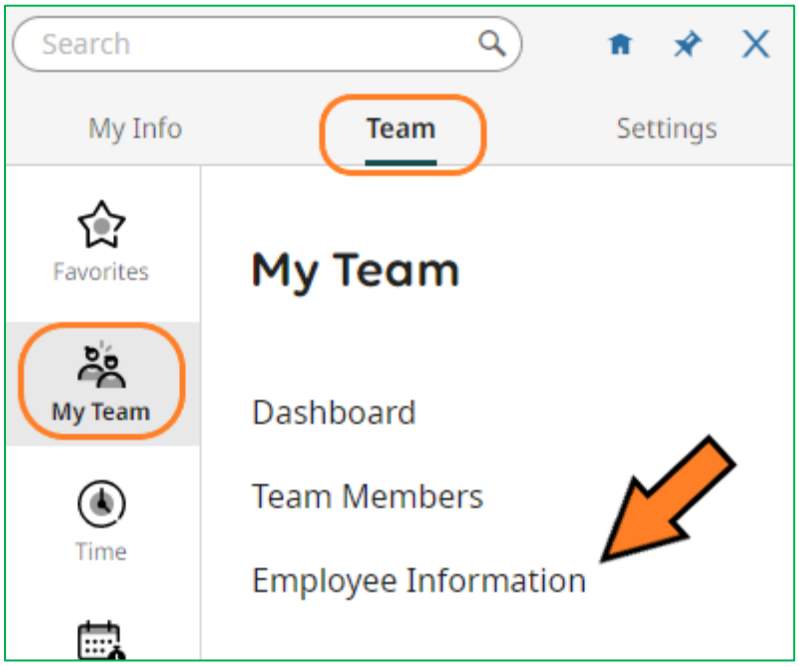
You have successfully uploaded the notarized Loyal Oath.

Resend New Hire (UKG account creation) Email

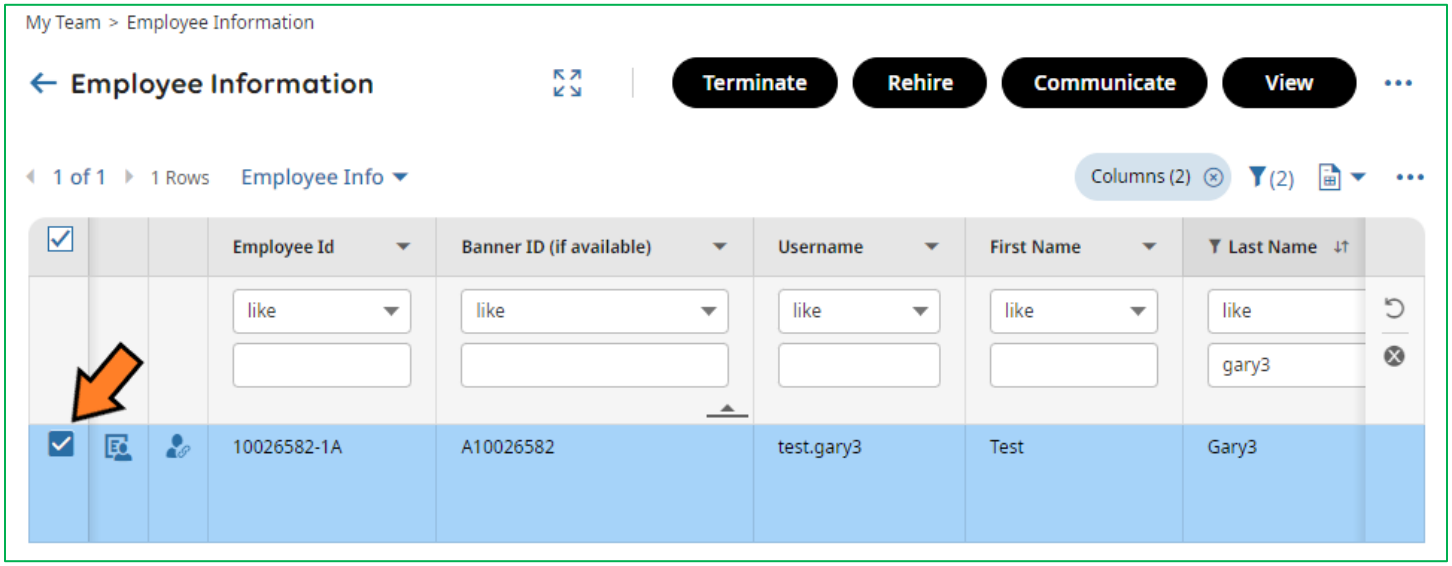
Have them check their spam or junk folder before initiating a resend.

To resend the initial email, click on the hamburger menu on the top left > Team > My Team > Employee Information
This do not reset the password.

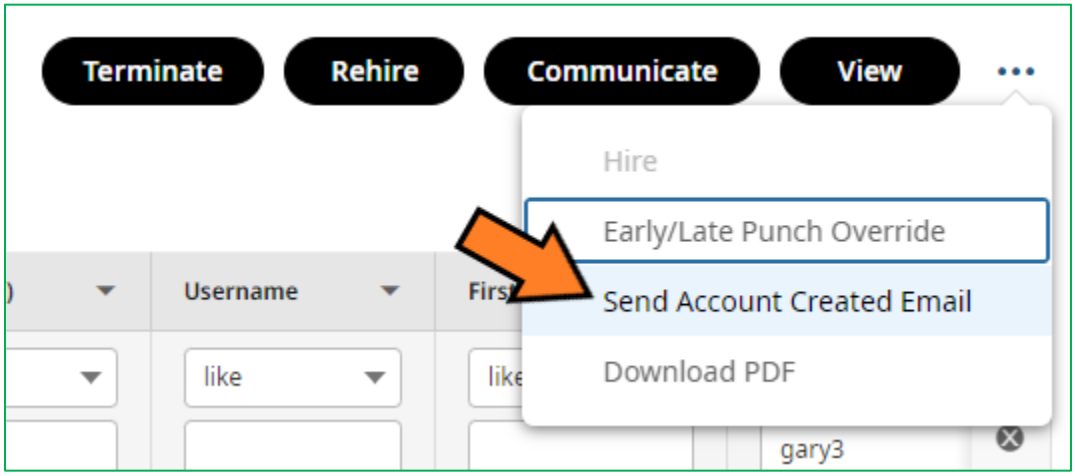




Locate the employee and click the checkbox to the left of their name



Click on "…" > Send Account Created Email > Send button



If you wish to email them directly from your email account, below is the standard info:
Link: https://secure6.saashr.com/ta/6182890.login?NoRedirect=1
Username: Can be found on their Employee Information page
Password: Contact newhire@okstate.edu

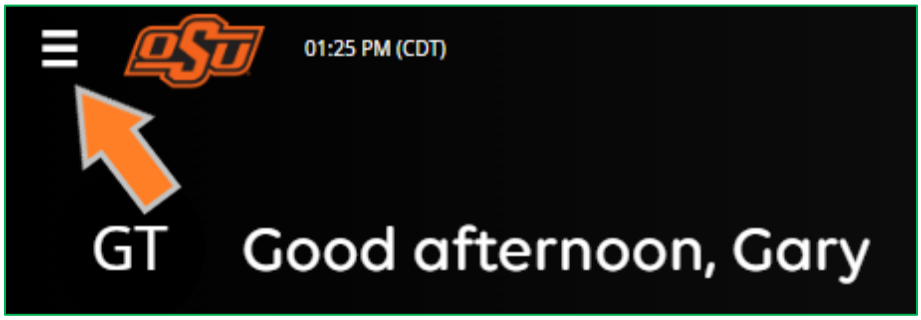
If employees have previously logged in to UKG, the password above will not work. Employees would need to click on the "Forgot your password" link on the login page to reset their password.

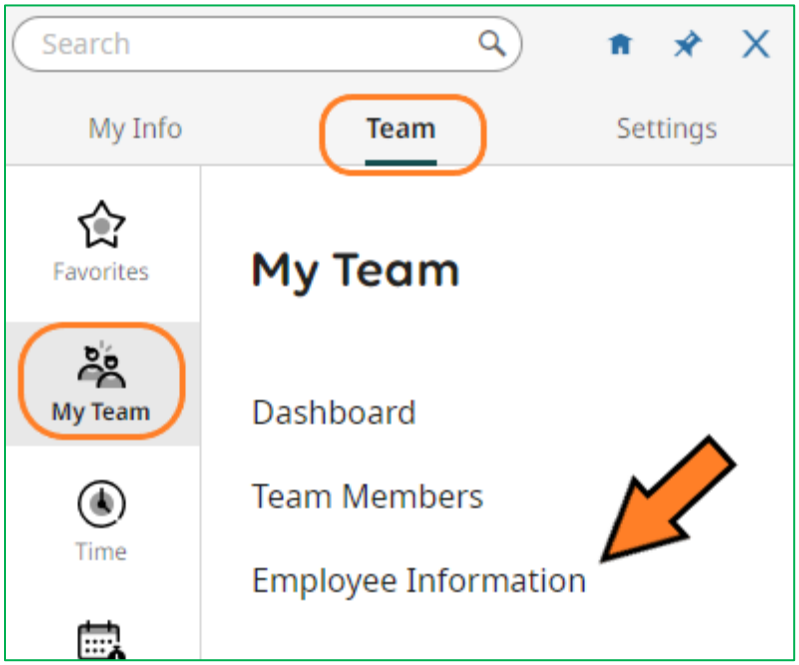
Unlock Employee Account and Clearing Two-Factor Authentication

UKG will lock employee account if:

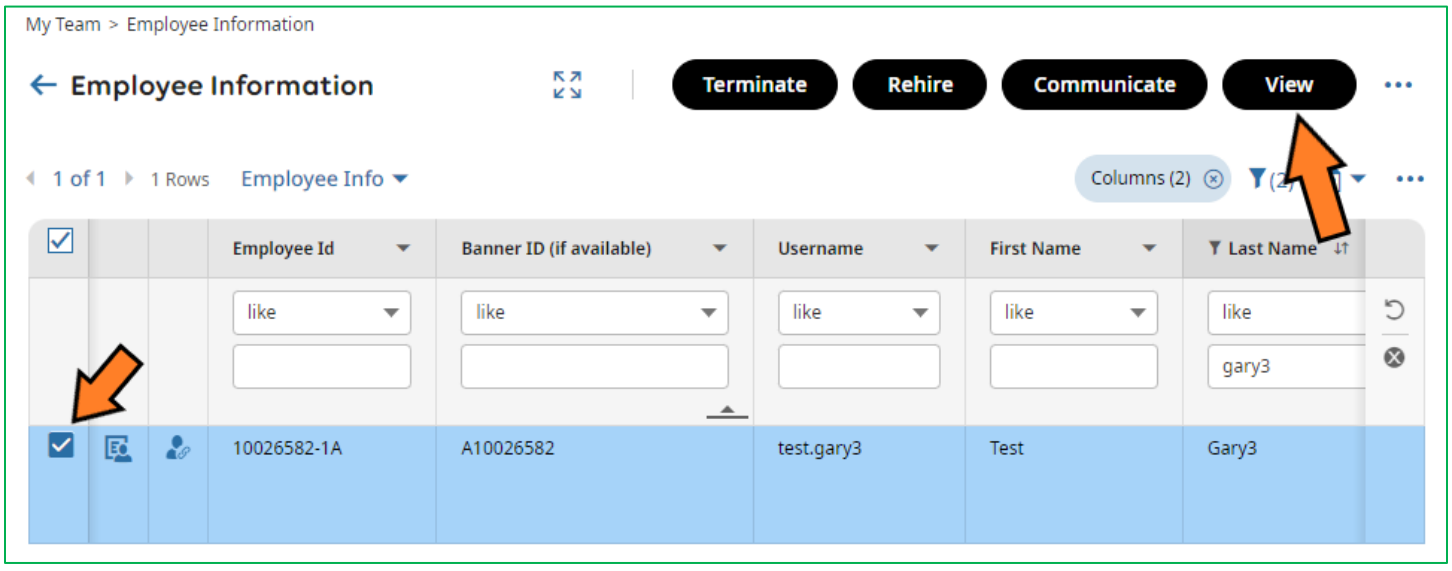
- They have not logged in to UKG within 14 days of account creation.
- Login failed after 5 attempts.

To unlock the account, click on the hamburger menu on the top left > Team > My Team > Employee Information

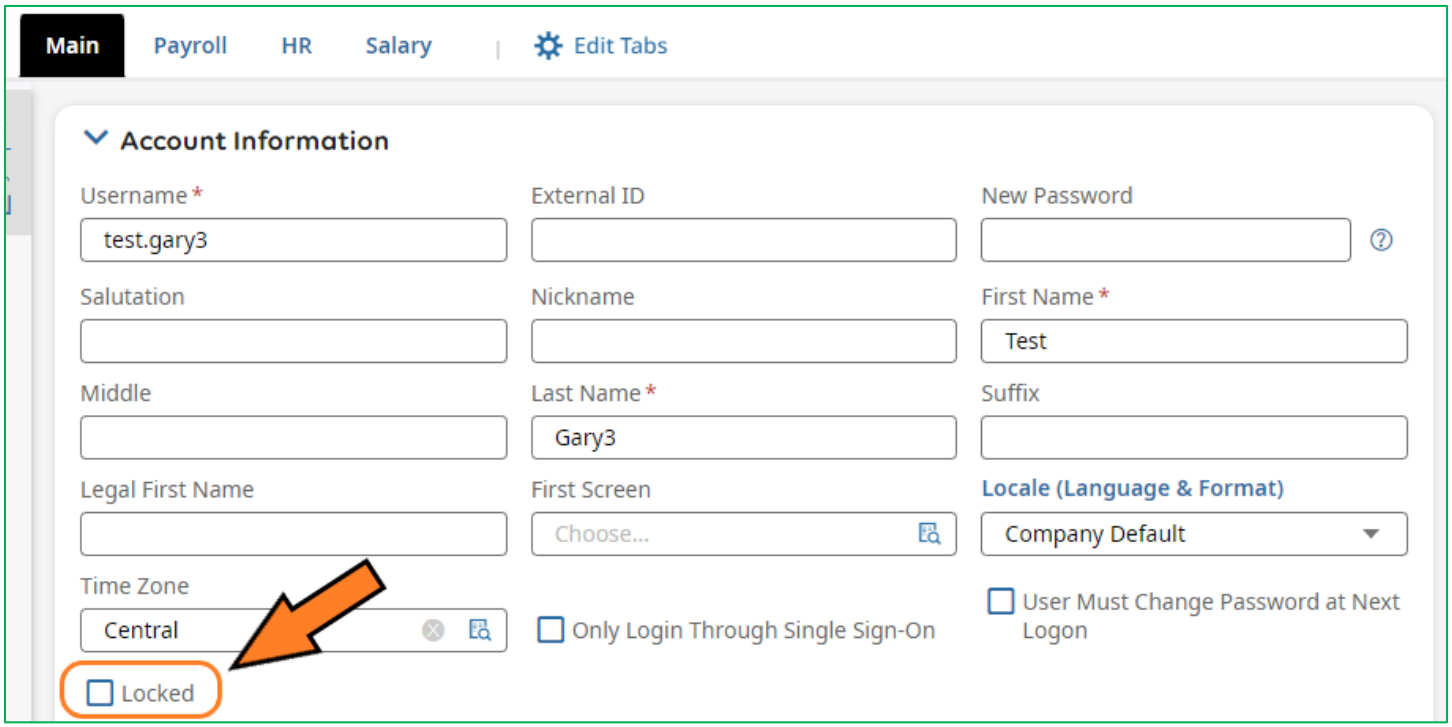




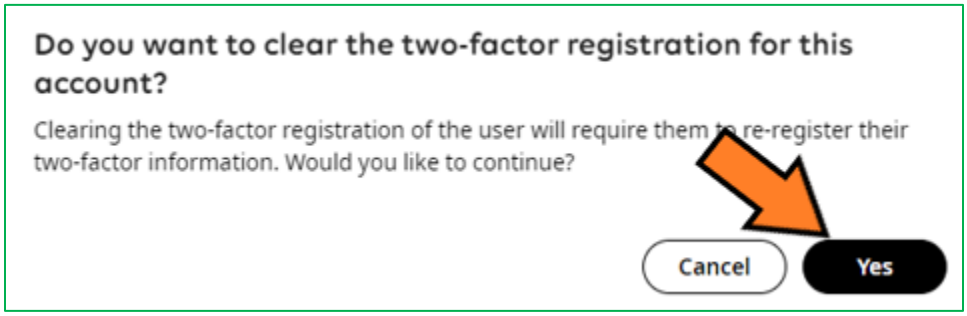
Locate the employee, click the checkbox to the left of their name, click on View button.



Unchecked the Locked field.



Scroll to Two-Factor Authentication > click the “Clear Two-Factor Registration” button > “Yes” button



FAQs

Additional resources can be found here: https://hr.okstate.edu/new-hire/ukg-resources.html