## **New Hires Paperwork Guide**

It's recommended to complete your paperwork on a computer.

 Open the email with subject line "A New Account has been Created In OKLAHOMA STATE UNIVERSITY's Employee Portal" and you will see a Login link, Username, and Password. Click on the login link to login to your account to begin your paperwork.



2. Enter the Username and Password provided in the email and click login.

| Log in                | 9:47 AM [ CST ] |
|-----------------------|-----------------|
| Username*             |                 |
| Password*             |                 |
| Login                 |                 |
| Forgot your password? |                 |

3. For virtual code settings, you can provide a phone number or continue to use your email account. Click Save.

| SMS Terms & Conditions     |   |
|----------------------------|---|
| Text Message #             |   |
| <b>■ +1 ▼</b> 201-555-0123 | • |
| Voice Phone #              |   |
| <b>■ +1 ▼</b> 201-555-0123 | • |
| Email                      |   |
| ******* @ ******           | • |
| Save                       |   |

4. Click "Send Email" button and the system will send a code to your email account. Click on email with subject line "ACTION REQUIRED by User" to see your code.

| Methods:   |  |
|--|--|
| <ul> <li>Text Message</li> </ul>                 |  |
| ⊖ Voice  |  |
| O Email  |  |
| Email will be sent to:<br>************ @ ******* |  |
| Send Email                                       |  |

5. Enter the code and click "Continue" button.



6. Create a new password. Click "Change" button.

| Change Password       |
|-----------------------|
| Old Password*         |
|                       |
| New Password* (?)     |
|                       |
| Confirm New Password* |
|                       |
| Change                |

7. On the Home Screen, you will see a checklist listed. Click on the "Start" button to begin your paperwork.



8. The first page displays the welcome message. Review information listed and click "Mark as Complete" to proceed to the next section. Acknowledge all popup messages.

| My HR > Checklists   |   |
|--|---|
| Welcome  | Mark as Complete  |
| Welcome to Oklahoma State University and congratula<br>position. As a new employee, there are a few things yo<br>care of before your start date in order for your employ<br>you to receive your first paycheck. Information provide<br>and confidential. | ation on your new<br>ou will need to take<br>yment to begin and for<br>ed will be kept secure |

9. In this section, it contains Personal Information Update, Biographical Information Update, Education Background Update, Emergency Contacts Update, and Direct Deposit Update. You will be able to go back and forth for any correction before moving to the next section. NOTE: Once you submit and move on to the next section, you will not be able to go back to previous section for any edits or correction. Acknowledge all popup messages.

| Emplo   | yee Information Update  |                             |                                    |
|---------|---|-----------------------------|------------------------------------|
| 0       | Personal Information Update                                     | Personal Information Update |                                    |
| $\odot$ | Biographical Information Update                                 |                             |                                    |
| 0       | Educational Background Update -<br>List your HIGHEST degree or  | Banner ID (if available)    | Social Security*                   |
| 0       | Educational Background Update -<br>Additional Degree or Diploma | Preferred Name*             | Legal First Name. *                |
| 0       | Emergency Contact(s) Update                                     | Middle Name*                | Last Name (Family name / Surname)* |
| 0       | Direct Deposit Update   |                             |                                    |
|         |   | Country*                    | Street*                            |
|         |   | United States 💌             |                                    |
|         |   |                             | Zip*                               |

| Personal Information Update   | Biographical Information Update |
|---|---------------------------------|
| Biographical Information Update   | Birthday* Gender*               |
| Educational Background Update - List<br>your HIGHEST degree or diploma first<br>Educational Background Update -<br>Additional Degree or Diploma | Marital Status*                 |
| Emergency Contact(s) Update<br>Direct Deposit Update  | Ethnicity* Choose               |
|   | Save Continue                   |

| Personal Information Update Biographical Information Update                  | Educational Background Update - List your HIGHEST degree or<br>diploma first |                          |
|--|--|--------------------------|
| Educational Background Update - List<br>your HIGHEST degree or diploma first | Degree 1*  | Year Received 1*         |
| Educational Background Update -<br>Additional Degree or Diploma              | Institution Name 1*  | Institution Location 1 * |
| Emergency Contact(s) Update  |  |                          |
| Direct Deposit Opdate  |  | Save Continue            |

| Personal Information Update   | Emergency Contact(s) Update   |                      |
|---|---|----------------------|
| Biographical Information Update<br>Educational Background Update - List                                 | Account Contacts  | + Add                |
| your HIGHEST degree or diploma first<br>Educational Background Update -<br>Additional Degree or Diploma | Name         Relationship         Code           ①         No Data to Display | Preferred Phone Numb |
| Emergency Contact(s) Update<br>Direct Deposit Update  |   | Save Continue        |

| Personal Information Update  | Direct Deposit Update |                  |
|--|-----------------------|------------------|
| Biographical Information Update  | Bank Account Type*    | Bank Routing # * |
| Educational Background Update - List<br>your HIGHEST degree or diploma first | Bank Account #*       |                  |
| Educational Background Update -<br>Additional Degree or Diploma              |                       |                  |
| Emergency Contact(s) Update  |                       | Save Submit      |
| Direct Deposit Update  |                       |                  |

10. Next section begins with introduction and instructions for I-9 and W-4 forms. Review information and click "**Mark as Complete**" to proceed to the next step.

| My HR > Checklists  |                  |
|---|------------------|
| Instructions for I-9 and W-4 Forms  | Mark as Complete |
| I-9 Employment Eligibility Verification Form Instructions: Click Here                 | 2                |
| • Employee MUST complete ALL of Section 1 on Page 1                                   |                  |
| • If you have use a preparer and/or Translator while completing I-9, you will need to |                  |
| Complete Page 2   |                  |

11. Fill out the I-9 form and click "**Submit**" button to sign and agree to the form. Acknowledge all popup messages.

| Form I9  | View Instructions Download  | I PDF Submit I9  |
|--|---|--|
| Status: New  |   |  |
| 8  | Employment Eligibility Verification<br>Department of Homeland Security<br>U.S. Citizenship and Immigration Services   | USCIS<br>Form 1-9<br>OMB No. 1615-0047<br>Express 10-31/2022 |
| ► START HERE: Read in<br>during completion of this | structions carefully before completing this form. The instructions must be available<br>form. Employers are liable for errors in the completion of this form. | , either in paper or electronically,                         |

12. Fill out Federal Withholding form by click on "Add New" button.

| Withhold | ing       |        |        |   |       |          |      |   | ĸ    | N | Ad             | dd N | ew |
|----------|-----------|--------|--------|---|-------|----------|------|---|------|---|----------------|------|----|
| 1 of 1 → | 0 Rows    | [ Syst | em ] 🔻 |   |       |          |      |   |      |   | <b>Y</b> (0) [ | •    |    |
|          | Year      | -      | Status | • | State | •        | Code | - | Name | • | ↓ Creat        | •    |    |
|          | =         | •      | =      | • | =     | •        | =    | • | =    | • | =              | •    | 5  |
|          |           |        |        |   |       |          |      |   |      |   |                |      | 8  |
| (i) N    | o Data to | Displ  | ау     |   |       | <u> </u> |      |   |      |   |                |      |    |

13. Select Federal Withholding form by clicking on "+ Add". Click on "Mark as Complete" to proceed to the next form. Acknowledge all popup messages.

| Add New Withholding   | ×  |
|---|--|
| 2022  Vame Federal (1) Employee's Withholding Certificate Oklahoma (1)  | Code<br>W-4 + Add  |
|   |  |
| My HR > Forms > Government Forms > Withholding Federal: W-4 Status: New   | Download PDF Submit Save   |
| Form W-4<br>Department of the Tessary<br>Interest Service<br>Start of Revenues Service<br>Start of Revenues Service<br>Start of Revenues And Service<br>Service A | holding Certificate       CMB No. 1545-6074         tithold the correct federal income tax from your par.       2022         bject to review by the IRS.       0). Social accuity number         0       0.0 Social accuity number         State 400 707 2153 or go to stress agos.       State 400 727 2153 or go to stress agos. |

14. Fill out State Withholding form by click on "Add New" button.

| Withholdi  | ing         |        |        |   |       |          |      |   | R<br>Z | N | A            | dd N | ew        |
|------------|-------------|--------|--------|---|-------|----------|------|---|--------|---|--------------|------|-----------|
| 1 of 1 ▶ 0 | 0 Rows      | Syste  | em ] 🔻 |   |       |          |      |   |        |   | <b>T</b> (0) | •    |           |
|            | Year        | •      | Status | • | State | •        | Code | • | Name   | • | ↓ Creat      | •    |           |
|            | =           | •      | =      | • | =     | •        | =    | • | =      | • | =            | •    | 5         |
|            |             |        |        |   |       |          |      |   |        |   |              |      | $\otimes$ |
|            | . D         | D:     |        |   |       | <b>^</b> |      |   |        |   |              |      |           |
| 1 No       | o Data to l | Displa | у      |   |       |          |      |   |        |   |              |      |           |

15. Select State W-4 Withholding form by clicking on "+ Add". Click on "Mark as Complete" to move to the next section. Acknowledge all popup messages.

| 2022 🔻   |  |  |             |
|--|--|--|-------------|
| ✔ Name   |  | Code   |             |
| > Federal (1)  |  |  |             |
| <ul> <li>Oklahoma (1)</li> </ul>   |  |  |             |
| Employee's Withholding Allowance Certificat  | te   | OK-W-4   | + Add       |
|  | Contraction of the local division of the loc | THE REAL PROPERTY AND ADDRESS OF TAXABLE PROPERTY. |             |
| Status: New  | Download PD  | F Submit   | Save        |
| Status: New Form OK-W-4 Revised 3-2021 Form OK-W-4 Revised 3-2021 This conflicte is for in NOTE: Do NO   | klahoma Tax Commission<br>te Withholding Allowar<br>norme tax withholding purposes<br>T mail to the Makahom Tax C  | Ce Certificate                                     | Save        |
| Status: New Form OK-W-4 Provide a contract of the status o | klahoma Tax Commission<br>te Withholding Allowar<br>norme tax withholding auroses<br>T mail to the Okahoma Tax Co<br>Last Name   | F Submit   | Save        |
| Status: New  Form OK W/4 Revised 3-2021 Employee's Stat This coefficiate is for i NOTE: Do NO  Vour First Name and Middle Ioilla  Mome Address (Number and Street or Rural Route)  | Aklahoma Tax Commission<br>te Withholding Allowar<br>room tax withholding purposes<br>IT mail to the Oklahoma Tax Cr<br>Last Name  | F Submit   | sity Number |

16. Next section begins with introduction and instructions for our custom forms. Review information and click "**Mark as Complete**" to proceed to the next step.



17. Fill out the Wage Beneficiary form. *If you do not wish to fill in any information, you are still required to Sign and Agree on page 2 of the form* and click on "**Submit**" button to move to the next form. Acknowledge all popup messages.

| Page 1 of 2 ▶   | ⊖ 83% 🤆                  | ) 5 Reset        | Employee First Name              |   |
|---|--------------------------|------------------|----------------------------------|---|
| State of Oklahoma Ou                                    | itstanding Wages Benefic | iary Designation | Employee Last Name               |   |
| Employee First Name                                     |                          |                  |                                  |   |
| Employee Last Name                                      |                          |                  | Banner ID                        |   |
| Banner ID   |                          |                  |                                  |   |
| Primary Beneficiary<br>Primary Beneficiary<br>Full Name | • •                      |                  | Primary Beneficiary Full Name    |   |
| Primary Beneficiary<br>Relationship                     |                          |                  | Primary Beneficiary Relationship |   |
| Primary Beneficiary<br>DOB                              |                          |                  |                                  |   |
| Primary Beneficiary<br>SSN                              |                          |                  | Primary Beneficiary DOB          |   |
| Primary Beneficiary<br>Address                          |                          |                  | mm/dd/yyyy                       | Ē |
|   |                          |                  | Deine Brandering CON             |   |
| Deneficien  |                          |                  | Primary Beneficiary SSN          |   |

18. Fill out the Oklahoma Teachers' Retirement System (OTRS) Update form. **Sign and Agree** to the form and click "**Submit**" button to move to the next form. Acknowledge all popups messages.

| My HR > HR Actions   |                        |
|--|------------------------|
| Oklahoma Teachers' Retirement System   |                        |
| Effective From*  |                        |
| 12/09/2022   | 💬 🛛 Save Submit        |
| Oklahoma Teachers' Retirement Notification Form<br>Oklahoma Teachers' Retirement System OTRS |                        |
| ✓ Page 1 of 2  →   | OTRS Status*           |
|  | ▼ 0                    |
| Oklahoma Teachers' Retirement System Notification Form                                       | OTRS Employer*         |
| OTRS Status  |                        |
| If you have selected "Yes, I participate in OTRS through my employer",                       | OTRS Institution Name* |
| Complete next two questions  | <u> </u>               |

- 19. For Loyalty Oath, you will need:
  - 1. Download the form
  - 2. Click "Mark as complete", proceed to next form
  - 3. Get notarized by your employer or HR Office

Failure to upload completed Loyalty Oath will delay hiring processing.

| My HR > Checklists  |
|---|
| Loyalty Oath Test Mark as Complete  |
| Affirms that the Constitution and laws of the U.S. and the State of Oklahoma will be upheld. Download the document here and print, and complete in front of a notary. Your employer can help you upload the notarized Loyalty Oath. |
| Your employer or HR offices can help notarize the document. Below are a list of OSU HR offices:   |
| • Stillwater Campus - 401 General Academic Building (MAP)   |
| OKC Campus - 210 Administration Building (MAP)  |
| • CHS/Tulsa Campus - 1405 Mail Hall (MAP)   |
| Okmulgee Campus   |
| ① A maximum of 5 files are allowed to be selected per upload.   |
| 土 Upload Document   |
| Choose No file chosen   |

20. Fill out Disability form and click "Submit" button to proceed to the next form.

| My HR > HR Actions   |  |
|--|--|
| Voluntary Self-Identification of Disability  |  |
| PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 n<br>information unless such collection displays a valid OMB control number. This survey | o persons are required to respond to a collection of<br>/ should take about 5 minutes to complete. |
| Effective From * 03/21/2023  | 📼 Save Submit  |
| Disability Information   |  |
| Disability*  |  |
| · · ·  |  |
|  |  |

21. Fill out the Veteran fields and click "**Submit**" to proceed to the next section. Acknowledge all popup messages.

| My HR > HR Actions<br>Veteran Voluntary Self-Identification |          |                 |
|---|----------|-----------------|
| Effective From*   |          |                 |
| 12/09/2022  | <b>•</b> | 💬 🛛 Save Submit |
|   |          |                 |
| Veteran Information   |          |                 |
| Veteran   |          |                 |
| Are You A Protected Veteran*                                |          |                 |
| · ·   |          |                 |

- 22. Fill out all OSU-Center for Health Sciences Acknowledgement forms.
  - a. Confidentiality Agreement form
  - b. Hepatitis B Declination form
  - c. Policies and Procedures form
  - d. Download and review CHS New Hire Information

**Congratulations**! You completed your paperwork.