New Hires Checklist Guide

It's recommended that you complete your checklist on a computer.

In the checklist, employee will complete:

- 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
- OSU Work Permit Form obtained from the Office of International Students and Scholars (ISS) at <u>iss@okstate.edu</u> or 309 Wes Watkins Center, Stillwater, OK 74078
- 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.

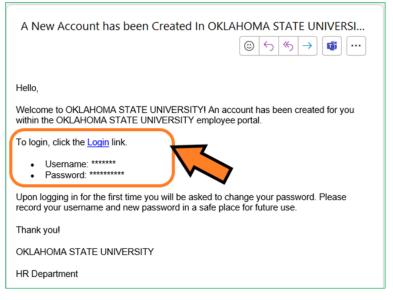
- Withholding Form
- Direct Deposit Form

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

• Salary Deferral Form (For full-time faculty only)

If you have any questions, please contact your department administrator or hiring manager.

 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 checklist.



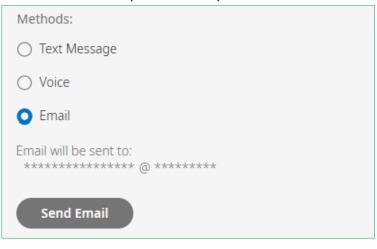
2. Enter the Username and Password provided in the email and click login.

| Log in | 9:47 AM [CST] |
|----------------------|-----------------|
| Username* | |
| 1 | |
| Password* | |
| •••••• | |
| Login | |
| Forgot your password | !? |

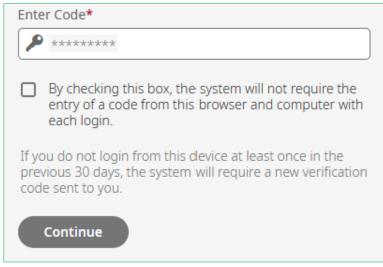
3. For virtual code settings, you can provide a phone number or continue to use your email account. Click Save.

| SMS Terms & Conditions |
|------------------------|
| Text Message # |
| ■ +1 ▼ 201-555-0123 ▼ |
| Voice Phone # |
| ■ +1 ▼ 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.



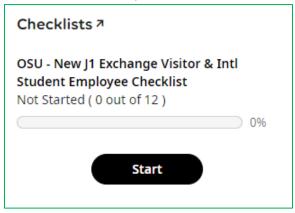
5. Enter the code and click "Continue" button.



6. Create a new password. Click "Change" button. NOTE: Keep the password in a safe place as you will need it if you must get back into the system.

| 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 checklist.



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. If you do not click Mark as Complete on each page, your process will not be registered as complete.

| My HR > Checklists | |
|--|--|
| Welcome | Mark as Complete |
| Welcome to Oklahoma State University and c position. As a new employee, there are a few care of before your start date in order for you you to receive your first paycheck. Informatic and confidential. | things you will need to take ar employment to begin and for |

9. This section contains Personal Information Update, Biographical Information Update, Education Background Update, and Emergency Contacts 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.

| Employ | yee Information Update | | |
|---------|---|-----------------------------|------------------------------------|
| 0 | Personal Information Update | Personal Information Update | |
| \odot | Biographical Information Update | | |
| 0 | List your monest degree or | Banner ID (if available) | Social Security* 999-99-9999 Ø |
| 0 | Educational Background Update - Additional Degree or Diploma | Preferred Name* | Legal First Name.* |
| 0 | Emergency Contact(s) Update | Middle Name* | Last Name (Family name / Surname)* |
| | | Country* United States | Street* |

| Personal Information Update | Biographical Information Update | |
|---|---------------------------------|---------------|
| Biographical Information Update | Birthday* | Gender* |
| Educational Background Update - List your HIGHEST degree or diploma first Educational Background Update - | mm/dd/yyyy Marital Status* | |
| Additional Degree or Diploma Emergency Contact(s) Update | Ethnicity* | |
| | | Save Continue |

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

| Personal Information Update | Emergency Cont | act(s) Update | | |
|---|------------------|---------------|-----------|----------------------|
| Biographical Information Update | Account Contacts | | | |
| Educational Background Update - List | ✓ Page 1 o | f1 ▶ 0 Rows | All (0) 🔻 | + Add |
| your HIGHEST degree or diploma first | Name | Relationship | Code | Preferred Phone Numb |
| Educational Background Update - Additional Degree or Diploma | i No Data to | Display | | |
| Emergency Contact(s) Update | | | | |
| | | | | Save Continue |

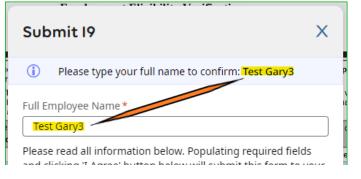
10. Next section begins with introduction and instructions for I-9 form. Review information and click "Mark as Complete" to proceed to the next step.

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

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 | PDF Submit I9 |
|-------------|--|--|
| Status: New | | |
| | Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services | USCIS Form I-9 OMBNs 1615-0647 Express 1615-0647 Express 1615-0622 |
| | structions carefully before completing this form. The instructions must be available, form. Employers are liable for errors in the completion of this form. | either in paper or electronically, |

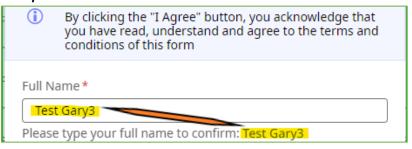
12. While signing your I9 form, be sure to type your name as it appears on the Submit I9 pop-up window. *They are case- and space-sensitive*. (Do not copy and paste)



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



When signing the form, be sure to type your name as it appears on the signature pop-up window. *They are case-and space sensitive*.



14. 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.

| R > HR Actions | |
|----------------------------|-----------------------------------|
| te of Oklahoma Outstand | ding Wages Beneficiary |
| | |
| / Image Form | |
| ▲ 1 of 2 ▶ | ⊖ 81% 😧 🏷 Reset |
| | |
| State of Oklahoma Outstand | ing Wages Beneficiary Designation |
| Employee First Name | |
| Employee Last Name | |

15. 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.

| ly HR > HR Actions | | | | |
|--|--|--|--|--|
| Oklahoma Teachers' Retirement System | | | | |
| | | | | |
| Image Form | | | | |
| ▲ 1 of 2 ▶ ④ 81% ⊕ ⑤ Reset | | | | |
| Oklahoma Teachers' Retirement System Notification Form | | | | |
| OTRS Status* | | | | |

16. 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 the document here and print, and complete in front of a notary. Your employer can notarized Loyalty Oath. | |
| Your employer or HR offices can help notarize the document. Below are a list of OSI | J HR offices: |
| Stillwater Campus - 401 General Academic Building (MAP) | |
| OKC Campus - 210 Administration Building (MAP) | |
| • CHS/Tulsa Campus - 1405 Mail Hall (MAP) | |
| Okmulgee Campus | |
| () A maximum of 5 files are allowed to be selected per upload. | |
| 土 Upload Document | |
| Choose No file chosen | |

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

| My HR > HR Actions | | | | |
|---|--------------------------------|--|--|--|
| Voluntary Self-Identification of Disability | | | | |
| | | | | |
| DURUIC RUDDEN STATEMENT: According to the Paperwork Pe | duction Act of 1995 no persons | are required to respond to a collection of | | |
| 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. | | | | |
| | - | | | |
| | | | | |
| Effective From * | | | | |
| 03/21/2023 | | Save Submit | | |
| | | | | |
| | | | | |
| Disability Information | | | | |
| Disability* | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| ۰ | | | | |

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

| My HR > HR Actions | | |
|---------------------------------------|---|-------------|
| Veteran Voluntary Self-Identification | | |
| Effective From * | | |
| 12/09/2022 | i | Save Submit |
| | | |
| Veteran Information | | |
| Veteran | | |
| Are You A Protected Veteran* | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |

19. For OSU Work Permit, you will need to upload a copy of your OSU Work Permit obtained from the Office of International Students and Scholars. Click "**Mark as Complete**" to proceed to the next step.

| My HR > Checklists |
|--|
| OSU Work Permit Mark as Complete |
| Upload a scanned copy of your OSU Work Permit obtained from the Office of International Students and Scholars. |
| Click Mark as Complete button once you finish uploading your documents. |
| () A maximum of 5 files are allowed to be selected per upload. |
| |
| Choose No file chosen |

20. For Document Upload Acknowledgement, review information and click "Submit".

| My HR > HR Actions | |
|---|-------------|
| OSU Work Permit Document Upload | |
| Thank you for uploading the OSU Work Permit. Information provided will be kept secure and confidential. Click on ${\rm Submit}$ to proceed to the next step. Effective From * | |
| 04/07/2023 | Save Submit |
| | |
| | |
| | Save |

- 21. (For OSU-CHS employees only) 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 checklist.

You will need to make an appointment with your employer or department HR office to complete the I9 verification inperson or remotely, if appropriate. Additional guidance and resources will be emailed to you by your employer or department administrator once you have fully completed the I9 identification process and notarization of the loyalty oath form.