

NDSU New Employee OnBoarding

As a new employee, the following tasks are included in the OnBoarding. A link will be sent to the new hire to complete and/or review each of the tasks.

- 1. Welcome**
- 2. Personal Details**
 - a. Additional Information**
 - b. Contact Details**
 - c. Addresses**
 - d. Marital Status**
 - e. Emergency Contacts**
- 3. Payroll**
 - a. Direct Deposits**
 - b. Tax Withholding (W-4 Form)**
 - c. W-2/W-2C Consent**
- 4. NDW-R (Reciprocity Tax Form for MN or MT residents)**
- 5. NDSU Documents - NDSU Universal Availability Notice 403b - no action required.**
- 6. ACA Form – no action required**
- 7. ACA 1095 Consent**
- 8. Disability Status**
- 9. Veteran Status**
- 10. Ethnic Groups**

Full Time Benefitted Employees – they may begin these steps before their “start date” if payroll approves the hire prior

Temps and Student Employees – they may also begin these steps AFTER payroll approves their hire – which is typically on or after their start date.

Contains instructional text regarding completing the OnBoarding Activity Guide as well as any notes/comments the campus wants New Hires to know. The Welcome step also includes a welcome video.

*Currently NDSU is using the delivered Welcome Video, this can be updated to include something specific for NDSU.

Welcome

Welcome to New Employee Onboarding! In this step of the process you need to complete the activities listed on the left side of this page.

Click on an activity name to add or update data, then click 'Save' or 'Submit' on each activity page. It's that easy!

To be compliant with Federal regulations, it is VERY important that you complete Section 1 of the I-9 form as soon as possible but no later than your first day of employment. Once this has been completed, you will receive an email with further instructions. Any delays completing the I-9 form could result in termination of your employment. Thank you

You have the option of watching the video or selecting to view the video transcript. [View Video Transcript](#)

#2 - Personal Details:

Contains nested steps for new/returning employees to view, add update personal information

- **Additional Information: View Only**

Personal Details - Verify Additional Information

Gender	Unknown
Date of Birth	08/01/2000
Birth Country	United States
Birth State	
Social Security Number	123-45-8997
Original Start Date	02/29/2024
Last Start Date	
Highest Education Level	Not Indicated

Employee Information
Contact the Human Resources department if any of your Employee Information is incorrec

- **Contact Details: Add/Update**

Personal Details - Verify Contact Details

Phone

Number	Extension	Type	Preferred
999-999-9999		Home	✓

Email

Email Address	Type	Preferred
work.bucket.nd+VNEIL@gmail.comXX	Personal	✓

- **Addresses: Add/ Update**

Personal Details - Verify Addresses

Home Address

Fargo, ND 58104	Current
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Mailing Address

No Mailing Address exists

[Add Mailing Address](#)

- **Marital Status: Update**

Personal Details - Marital Status Save

Current Status: Married

*New Status:

*As Of:

- **Emergency Contacts: Add**

Personal Details - Emergency Contacts

+

Contact Name	Relationship	Preferred Contact	
Mick Mars	Neighbor	✓	>

#3 - Payroll:

Contains steps for new employee to add and update banking and tax information including:

- **Direct Deposit accounts: Add/Update**

Direct Deposit

Accounts

You have not added any direct deposit account information.

Add Account

- **Tax Withholding (W-4): Add/Update (as needed)**

Company: North Dakota State University
Status: Active

Form Type	Jurisdiction	Withholding Details	
ederal	Federal	Tax Status: Single	Dependent Amount: 0.00
		Other Income: 0.00	Deductions: 0.00
		Extra Withholding: 0.00	Other
tate	North Dakota	Tax Status: Single	Withholding Allowances: 0
		Additional Amount: 0.00	Additional Allowances
		Additional Percentage	Other

- **W-2/W-2C Consent:**

Statement to receive W2 electronically or remove consent. Employee will see how they currently receive this form at the top of the step. The checkbox will indicate the action the employee is making when selecting the checkbox and submitting. Step is password protected when a change is made.

W-2/W-2c Consent Form

You currently receive W-2 or W-2c forms electronically

You have consented to receive Form W-2 electronically. If you prefer to receive a paper Form W-2, you must submit a withdrawal of consent form. After you submit the withdrawal of consent form, it is valid until you submit a new consent form. To withdraw consent, after logging into HCM, go to the Employee Self Service homepage, select the Payroll tile, W-2/W-2c Consent. If you terminate employment, your access to view and print Form W-2 will remain active until May 1st of the calendar year following the date your last paycheck was issued.

I withdraw my consent to receive W-2 or W-2c forms electronically

Submit

#4 - NDW-R:

For MN-MT residents for income tax reciprocity. Instructions are written in this step. Link leads to the Updated NDW-R form for NDSU.

NDW-R Form

Vince Neil

Return completed form to payroll office.

Reciprocal Agreements: North Dakota has reciprocal agreements in effect with Minnesota and Montana. Under the income tax reciprocity agreements, wages paid to residents of Minnesota and Montana for services performed in North Dakota are exempt from North Dakota income tax withholding if an employee completes Form NDW-R, Reciprocity exemption from withholding for qualifying Minnesota and Montana residents working in North Dakota. The employee must renew Form NDW-R at the beginning of each year by completing and giving a new Form NDW-R to the employer by February 28.

1 North Dakota State University [Print NDW-R Form and Instructions](#)

#5 - NDSU Documents:

Will include any campus specific document provided by NDSU. Different Actions can be taken on different documents.

*Currently, NDSU has one active document:

- NDSU Universal Availability Notice 403b with no action by a new employee required.

IDSU Documents

Step 1 - Download Documents

Please download the following listed documents. Those documents requiring updates can be uploaded in the Required Documents to Acknowledge / Upload table.

Document / Description	File Name	Action
NDSU Universal Availability Notice 403b This notice is for Non-Benefited Employees	NDSU_Universal_Availability__Notice_403b_Feb_2021.pdf	Download

#6 - ACA Form:

Link will lead employee to the Current ACA form for NDSU. New employee does not need to do anything on this step if they do not want/need to.

Affordable Care Act Form

Vince Neil

Business Unit	Click Here
1 North Dakota State University	Click Here

#7 - ACA 1095-Consent:

Statement to receive 1095-C electronically or remove consent. Employee will see how they currently receive this form at the top of the step. The checkbox will indicate the action the employee is making when selecting the checkbox and

submitting. Step is password protected when a change is made.

You currently receive Form 1095-C statements electronically

You have consented to receive an electronic Form 1095-C. If you prefer to receive a paper Form 1095-C, you must submit a Withdrawal of Consent Form. After you submit the Withdrawal of Consent Form, it is valid until you submit a new Consent Form. To withdraw consent, log into Human Resources and go to the Employee Self-Service homepage, select the Benefit Details tile, then select Form 1095-C Consent. If you terminate employment, your access to view and print Form 1095-C will remain active until May 1st of the calendar year following the date your last paycheck was issued.

If you have any questions, please contact your Benefits Administrator.

I withdraw my consent to receive Form 1095-C electronically

Submit

#8 - Disability:

Delivered OMB form for indicating an employee's disability status. Form likely has already been completed from the Application in Recruiting Solutions.

Disability
OMB Control Number: 1550-0055
Expires: 1/4/2025

Name: Vince Neil
Employee ID: 85121633
Date: 02/12/2024

Why are you being asked to complete this form?

You are a federal contractor or subcontractor. The law requires us to provide equal employment opportunities to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law asks us to measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we measure this question at least every two years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.ofccp.gov.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your major life activities. If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder and identifying drugs (opioids)
- Autism spectrum disorder (ASD)
- Epilepsy
- Hemophilia
- HIV/AIDS
- Multiple sclerosis (MS)
- Muscular dystrophy (MD)
- Parkinson's disease
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Sickle cell anemia
- Spina cord injury
- Stroke
- Tinnitus
- Tourette syndrome
- Visual impairment
- Weight loss or gain
- Chronic pain
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel disease
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorders, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, resulting from the use of a wheelchair, scooter, walker, leg braces) and/or other devices
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodegenerative, for example, Alzheimer's disease, dementia (AD), autism spectrum disorder, dystonia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Physical or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Sleep disorders
- Traumatic brain injury

Please check one of the boxes below:

Yes, I have a disability, or have had one in the past

No, I do not have a disability and have not had one in the past

I am not sure

#9 - Veteran Status:

Federal form for Veteran Status self-identification. Form should have an indicator from Application in Recruiting Solutions.

As a Government contractor subject to VEVRAE, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the appropriate option below.

I belong to the following classifications of protected veterans (choose all that apply):

Disabled Veteran

Recently Separated Veteran

Active Duty Wartime or Campaign Badge Veteran

Armed Forces Service Medal Veteran

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

I am NOT a veteran.

Military Discharge Date:

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

A disclaimer you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, if regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Self-Identification

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- Recently Separated Veteran
- Active Duty Wartime or Campaign Badge Veteran
- Armed Forces Service Medal Veteran

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I am NOT a protected veteran.

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Submit

#10 - Ethnic Groups:

Self-identification of ethnicity. Should already be completed from the Job Application in Recruiting Solutions.

Summary:

Will show each step, the status of the step, allow an employee to mark steps complete, go to the step, or complete their OnBoarding. Once OnBoarding is complete for a new hire, the new hire will not have access to the HCM System until their hire date.