NEW EMPLOYEE CHECKLIST

COMPLETE ON YOUR FIRST DAY:

- New Employee Welcome and Orientation (NEWO) View a recording of the University's NEWO presentation at the following link: https://meeting.austin.utexas.edu/pdi1a7f5yn3a/.
- Setup DUO Multi-Factor Authentication (MFA) and upgrade your UT EID You will need DUO to access Workday to complete onboarding tasks and to access other online services at UT. In addition, you will need an upgraded UT EID to do things like view your tax forms and update banking information. To be eligible to upgrade your EID, an ID Center staff must be able to verify your identity and you must have a clear relationship with the university.
 - ✓ Follow these directions to <u>register for DUO</u>
 - ✓ Request an EID upgrade by completing the Remote EID Upgrade Request form.
 - ✓ An ID Center employee will process your request and then contact you to confirm a date and time to conduct a video chat to <u>verify your identity</u> and obtain your signature electronically on the <u>EID Agreement</u> using <u>DocuSign</u>.
- Acceptable Use Policy- Read the Information Security Office's Acceptable Use Policy (AUP) and sign the acknowledgement form. This is required at the time of hire and subsequently renewed annually.
- Onboarding tasks in Workday You should have already received an email from Workday. Please log into Workday and begin completing the following onboarding tasks:
 - ✓ Complete Form I-9 Complete and submit Part 1 of your Form I-9 no later than your first work day. Once you have completed part 1, your identity and employment eligibility documents must be verified and Section 2 must be completed no later than your third work day. Here are the steps to complete Section 2:
 - a) Print off the paper Form I-9 attached to this checklist
 - b) Complete Section 1 of the Form (in addition to having already completed Section 1 electronically in Workday as mentioned above)
 - c) Select a known individual to be your Authorized Representative and have them complete Section 2 of the Form I-9. The "Authorized Representative" must follow the format below when completing Section 2:
 - 1. At the bottom of Section 2, directly under the employee's start date, the Authorized Representative will include the requested information:
 - 2. Signature of Employer or Authorized Representative: Individual verifying documents must sign his/her name
 - 3. Today's Date (mm/dd/yyyy)
 - 4. Title of Employer or Authorized Representative: Individual must write "Representative"
 - 5. Last Name of Employer or Authorized Representative
 - 6. First Name of Employer or Authorized Representative
 - 7. Employer's Business or Organization Name: University of Texas at Austin
 - 8. Employer's Business or Organization Address (Street Number or Name): 1616 Guadalupe Street, Suite 1.408
 - 9. City or Town: Austin

10. State: Texas11. ZIP Code: 78701

- d) Once the paper form I-9 is completed, scan the Form I-9 and your documents establishing identity and employment authorization (a list of acceptable documents is on page 3 of the attachment). If you do not have access to a scanner, you may use a free app called "FineScanner" to take a picture of your documents using the app.
- e) Upload the scans to the secure UT Box folder that should have been emailed to you separately.
- ✓ <u>Employee Information</u> Complete your employee biographical information, your veteran status information, and emergency contact. `
- ✓ <u>Payroll Information</u> Complete Manage Payment Elections. You will need an upgraded EID to complete this in Workday.
- ✓ <u>Acknowledge the Ethics Statement</u> Read and acknowledge the Standards of Conduct and Political Activities.
- ✓ <u>UT System Worker's Compensation Insurance Health Care Network Notification</u> Read and acknowledge the Worker's Compensation Network Acknowledgement Form.
- ✓ <u>Selective Service Eligibility</u> If you are a male between the ages of 18 and 25, you will need to complete this online through Workday. For more information, see the Selective Service Registration <u>Frequently Asked Questions</u> page.

COMPLETE BY YOUR FIRST WEEK:

- Compliance Training Log into <u>UTLearn</u> and begin your compliance training modules. This
 training must be completed within your first 30 days of employment. For alternate methods of
 taking the training, call the compliance training coordinator at 512-232-7842.
- Supervisor Meeting Talk with your supervisor about your job description, performance expectations, probationary period, and performance evaluation. If working remotely, you will need to discuss university issued hardware (laptop, etc) and a <u>flexible work arrangement</u> agreement. If your supervisor's expectation is to work all or part of the time on campus, the following items may apply:
 - ✓ Protect Texas App This daily COVID-19 symptom tracker was developed by UT students and researchers that can help all of us stay mindful about our health while protecting our friends and colleagues as well. Download and use the Protect Texas App before coming to campus and follow any additional instructions given to you by your supervisor about their expectations.
 - ✓ Keys Keys may be issued as needed by UT Locks & Keys. Please speak with your supervisor to find out if you should be issued keys. Additionally, starting March 16, 2020, all campus buildings will require UT ID card access (BACS) to enter.
 - ✓ Parking Permit Visit the <u>Parking and Transportation website</u> for information about parking on campus.
 - ✓ UT Driver and Cart training Check with your supervisor if you are required to complete the <u>edriving Fleet Services</u> driver training. After you've gone to the website, follow these steps:
 - 1. Click on the "Student Login" tab, enter "UTA" and click submit.
 - 2. Enter your driver license number and create your own password and click submit.

- 3. Enter the personal information requested. When you come to "account code", provide the account number provided to you by your department. If unsure, please contact hrss@austin.utexas.edu.
- 4. Upon receipt of the "eDriving Fleet Services Certificate of Course Completion" email, please forward the certificate to Human Resources Support Services and to your department UT Driver delegate.
- 5. <u>Cart Training</u> Located in UTLearn under "Cart Driver Training", this is a 20 minute, online video presentation followed by a short quiz. After you have completed the quiz and received a score of 80% or better, you will receive credit in UTLearn for taking the training.
- <u>Timesheets</u> Complete your timesheets online in <u>Workday</u> using the Time Application. Talk to your supervisor, if you are unable to access your timesheet.
- <u>Prior State Service (Including FERPA)</u> If you have worked for any other State of Texas agency or public university, print a <u>Transfer of State Service</u> (PDF) form and fax it to Human Resources at UTA. Read more about prior state service transfer.
- Nonresident Aliens Please be sure you have completed your <u>GLACIER</u> record. You should receive your login instructions within two weeks of beginning employment. Send the forms generated from GLACIER and required immigration documents to <u>Payroll Services</u>.

COMPLETE BY YOUR FIRST MONTH:

Insurance Coverage —You must make your insurance elections online during your Initial Benefits Enrollment period, which is the first 31 calendar days of employment. If you do not make elections and you are a full-time employee, you will default to the Basic Coverage only. If you are a part-time employee, you will forfeit insurance coverage altogether if elections are not made. Review the New Employee Benefits Enrollment Checklist for details about how to complete your enrollment.

If you have questions, please contact FAS Human Resources Support Services (HRSS).



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but not			ist complete and	d sign Se	ection 1 o	f Form I-9 no later					
Last Name (Family Name)	First Name (Given Name) Middle Initi			Other Last Names Used (if any)							
Address (Street Number and Name)	Apt. Number	City or Town			State	ZIP Code					
Date of Birth (mm/dd/yyyy) U.S. Social Sec	urity Number Empl	ress	Employee's Telephone Num								
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.											
I attest, under penalty of perjury, that I am (check one of the following boxes):											
1. A citizen of the United States											
2. A noncitizen national of the United States (See instructions)											
3. A lawful permanent resident (Alien Registration Number/USCIS Number):											
4. An alien authorized to work until (expira	• • • • • • • • • • • • • • • • • • • •			_							
Some aliens may write "N/A" in the expira	•	,	=		Q	R Code - Section 1					
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.											
Alien Registration Number/USCIS Number: OR											
2. Form I-94 Admission Number: OR											
3. Foreign Passport Number:											
Country of Issuance:											
Signature of Employee			Today's Date	e (mm/dd/	<i>(</i> уууу)						
Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.) I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my											
knowledge the information is true and c	orrect.	completion of a	Section 1 of thi	is form a	and that i	to the best of my					
Signature of Preparer or Translator				Today's E	Date (mm/d	dd/yyyy)					
Last Name (Family Name)		First Nam	ne (Given Name)								
Address (Street Number and Name)		City or Town			State	ZIP Code					

STOP

Employer Completes Next Page

STOP

Form I-9 10/21/2019 Page 1 of 3



Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

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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.") Last Name (Family Name) M.I. First Name (Given Name) Citizenship/Immigration Status **Employee Info from Section 1** OR I ist A List B **AND** List C Identity **Identity and Employment Authorization Employment Authorization** Document Title Document Title Document Title Issuing Authority Issuing Authority Issuing Authority Document Number **Document Number** Document Number Expiration Date (if any) (mm/dd/yyyy) Expiration Date (if any) (mm/dd/yyyy) Expiration Date (if any) (mm/dd/yyyy) **Document Title** QR Code - Sections 2 & 3 Additional Information Issuing Authority Do Not Write In This Space Document Number Expiration Date (if any) (mm/dd/yyyy) **Document Title** Issuing Authority Document Number Expiration Date (if any) (mm/dd/yyyy) 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 State Employer's Business or Organization Address (Street Number and Name) City or Town ZIP Code Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) B. Date of Rehire (if applicable) A. New Name (if applicable) Last Name (Family Name) Middle Initial Date (mm/dd/yyyy) First Name (Given Name) 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)

Name of Employer or Authorized Representative

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.

Today's Date (mm/dd/yyyy)

Signature of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	Docume	LIST B nts that Establish Identity	ID	LIST C Documents that Establish Employment Authorization	
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary		Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION	
4.	I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		government provided it c information s gender, heig	ed by federal, state or local agencies or entities, ontains a photograph or such as name, date of birth, pht, eye color, and address	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has		. Voter's regis	ard with a photograph stration card card or draft record endent's ID card	3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
	the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		. U.S. Coast (Card	J.S. Coast Guard Merchant Mariner		Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of	
			P. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record			Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security	
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI						

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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