








**EMPLOYER:**

In Vfficient, under HR > HR Action > New Hire, Complete the New Hire portion in Vfficient using onboarding option “This employee will be completing the onboarding process on the web.” All red boxes need to be completed. Once submitted, the employee will receive an email to go to the website to complete the employee portion. Note: The employee’s SSN, Name and email address must match when they continue the registration process.

 Vfficient
CLIENT
HR
PAYROLL

HR / Action / New Hire
Client: (12015) TEST COMPANY

**New Hire**

[Work Location](#)  AZ MAIN OFFICE

Employer ID  ▼

Social Security Number  Employee ID U87420

Hire Type  ▼

Use Onboarding  ▼

**Personal Information**

First Name

Last Name

Middle Name

Nickname

Birth Date

Gender  ▼

Ethnic Code  ▼

Marital Status  ▼

Tobacco User  ▼

Handicapped  ▼

Veteran  ▼

Vietnam Veteran  ▼

Disabled Veteran  ▼

Recently Separated Veteran  ▼

Service Medal Veteran  ▼

Other Protected Veteran  ▼

**Resident Address**

Address Line One

Address Line Two

ZIP Code

GeoCode  ▼

City

State

County  School District No.

Home Phone

Mobile Phone

Personal Email Address

Work Email Address

**Employment Details**

Client Start Date

Employer Start Date

Position  8810N - CLERICAL

Employment Status  ACTIVE

Employment Type  FULL TIME

Benefit Group  PRIMARY

Division

Department

Shift

Project

Work Group

Union Code

Reports To

Employee Number

Benefits Thru Date

New Hire Report Date

Clock Number

**Pay Details**

Pay Group  WEEKLY

Pay Method  ▼

Pay Rate

Pay Rate Basis  ▼

Standard Hours

Auto Time Sheet

Default Time Sheet Hours

Benefits Calculation Salary

**EMPLOYEE:**

**The employee will receive an email with directions on how to complete the employee portion.**



Dear Debbie,  
Welcome to Test Company! In order to complete your new hire forms, please follow this link to <https://vns-ep.prismhr.com>. Once the Employee Login screen appears, click on the 'Register' button in the right-hand corner to create your unique username and password. Once you log in, you will be directed to begin the onboarding process.

Please remember to bring the following documents with you on your first day:  
Proof of Identity documentation to complete the federal Employment Eligibility Form (I-9).  
At least one of your identity documents must include a picture.

Please note that you will need documents from either List A OR List B and C, and they must be the original documents (photocopies, faxes, etc. will not be accepted).

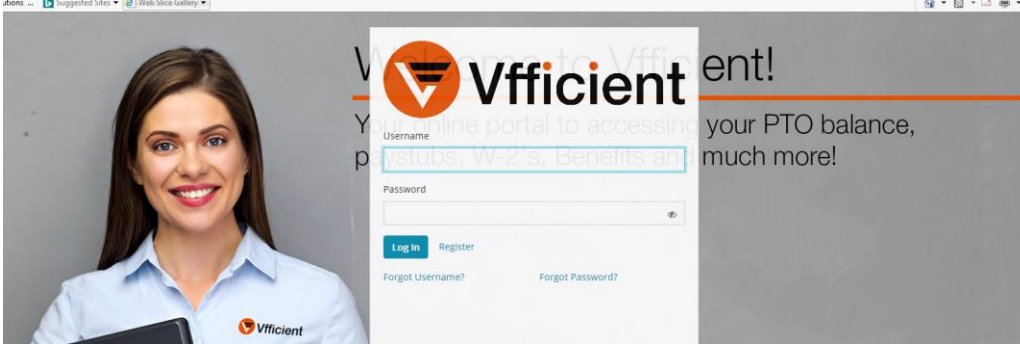
If you need help or have any questions, please contact us.

Sincerely,

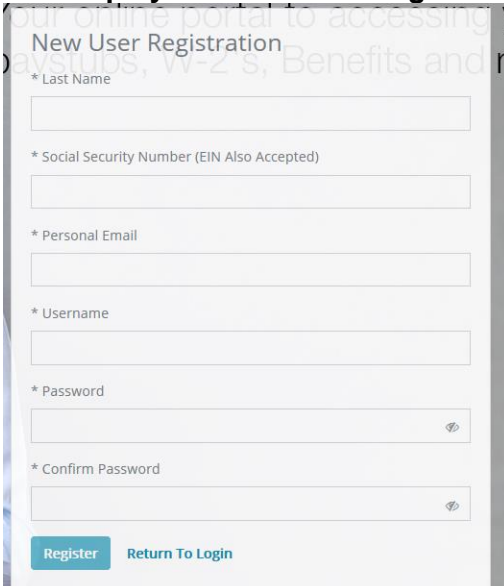
Human Resources Team

**The web address for the employee is:** <https://vns-ep.prismhr.com>.

**The employee needs to register first, then sign in with newly create user name and password.**



**The employee will see this registration screen.**



Once the employee has registered and logs in using the newly created log in, they will receive this message to get started. The employee clicks on "Get Started". The numbers of days the employee has to complete the task is shown on the right in green letters.

Welcome, Debbie!

Welcome to VENSURE TEST COMPANY, INC. and TEST COMPANY! TEST COMPANY partners with VENSURE TEST COMPANY, INC. to provide our employees with top quality HR, Payroll, Benefits, and Risk Management Services.

Click "Get Started" to begin your onboarding process. As you navigate the following pages, you will quickly and easily complete a number of required forms.

Please submit the I-9 and Employee Information no later than 02/19/2019. All other forms must be submitted by 03/06/2019.

Welcome!

Get Started >

1

Days remaining to complete I-9 and Employee Information

16

Days remaining to complete Onboarding

## Some screens are informational.

I-9

### Form I-9 Instructions Overview

The purpose of Form I-9 is to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States.

You, the employee, must complete each field in Section 1. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

To view detailed instructions for Form I-9 [click here](#)

### 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.

Next >

The employee needs to complete all boxes. This information needs to match what the client entered or the employee will receive an error message. If the answer is not applicable, N/A needs to be entered. N/A must be in capital letters just as shown.

I-9

### Employee Information

[View Instructions](#)

\*Last Name (Family Name)

\*First Name (Given Name - Enter "Unknown" if none)

\*Middle Initial (Enter "N/A" if none)

\*Other Last Names Used - if any (Enter "N/A" if none)

\*Address (Street Number and Name)

\*Apt. Number (Enter "N/A" if none)

\*City or Town

\*State

\*Zip Code

\*Date of Birth

U.S. Social Security Number

\*Employee's Email Address (Enter "N/A" if none)

\*Employee's Telephone Number (Enter "N/A" if none)

< Back

Next >

## The employee needs to select their citizenship status for the I-9.

I-9

### Attestation of Citizenship or Immigration Status [View Instructions](#)

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 (select one of the following):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See Instructions)
- 3. A lawful permanent resident
- 4. An alien authorized to work until (expiration date, if applicable)

**Signature of Employee**

By checking this box, I attest that I am electronically signing Form I-9 Section 1.

Debbie Due

Today's Date 02/18/2019

[← Back](#) [Next →](#)

## Completed each page as directed.

I-9

### Preparer and/or Translator Certification (check one): [View Instructions](#)

- I did not use a preparer or translator.
- A preparer(s) and or translator(s) assisted the employee in completing Section 1.

[← Back](#) [Next →](#)

I-9

### Review

Review your completed Form I-9 Section 1 and then click Submit. [Download](#)

To view your PDF, accept the open/download prompt or click the download button.

[← Back](#) [Submit and Continue](#)

### Personal Information

🔒 Locked fields must be edited on I-9 Section 1. [Click here to edit I-9 Section 1](#)

*First Name Debbie 🔒	*Last Name Due 🔒	
Middle Name <input type="text"/>	Nickname <input type="text"/>	
*Birthdate 01/01/1990 🔒	Gender <input type="text"/>	Marital Status <input type="text"/>
*Social Security Number ..... 🔒 show	*Confirm: Social Security Number ..... 🔒 show	
Home Phone <input type="text"/>	Cell Phone <input type="text"/>	
Personal Email debbie.peters@vensure.com		

Next >

**When entering the address, the system will confirm the address or recommend a correction.**

### Resident Address

Enter your street and ZIP Code. We will find your full address.

*Address Line 1 2600 W. Geronimo
Address Line 2 <input type="text"/>
*ZIP Code 84224

We can't find your address

Verify that the street and ZIP Code you entered are correct. If they are not, enter new values.  
If the search cannot find your address, click Edit Address to directly enter your correct address.

Edit Address

< Back   Next >

### Mailing Address

Mailing Address is the same as Resident Address.

< Back   Next >

**Emergency Contacts**

Add

You have no Emergency Contacts. Click Add to enter one.

< Back

Submit and Continue

**Select Disability Status from drop down.**

Disability

**Disability - Voluntary Self-Identification**

Submission of this information is voluntary. Any answer you give will be kept private and will not be used against you in any way.

\*Disability Status

I do NOT have a disability

Submit and Continue

**Select Veteran Status from drop down.**

Veteran Status

**Veteran Status - Voluntary Self-Identification**

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

\*Veteran Status

I am NOT a veteran

Submit and Continue

**Select Race/Ethnicity from drop down.**

Race/Ethnicity

**Race/Ethnicity - Voluntary Self-Identification**

TEST COMPANY is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require us to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

**Anti-Discrimination Notice**

If you choose not to self-identify your race/ethnicity at this time, the federal government requires TEST COMPANY to determine this information by visual survey and/or other available information.

\*Race/Ethnicity

Select

Submit and Continue

# Select Federal and State Tax Forms are next.

Tax

## Employee Withholding Resource Center

The assistant can guide you to the correct forms. You can also choose which forms you would like to fill out if you're certain.

[Start →](#)

**Note: Resident Address Modified**

**Submitted Address :** 2600 W. Geronimo suite 100 Chandler AZ 84224  
**Modified Address :** 2600 W Geronimo Pl Ste 100 Chandler AZ 85224-4996

**Changed Elements :**

- Street Suffix Change
- Postal Code Change

State specific screens will appear according to the employee's address. Complete each section as directed.

Tax

We have determined the sections below apply to your situation

Federal

Arizona Resident

[← Back](#) [Continue →](#)

Tax

### Federal — Survey

[Check my progress](#)

[Survey](#)

**Choose one:**

- Foreign Earned Income Exclusion — I expect to qualify for the foreign earned income exclusion under either the bona fide residence or physical presence test for calendar year or other tax year
- Nonresident Alien — I am exempt from withholding on compensation for independent (or eligible dependent) personal services of a Nonresident Alien  
Individual Instructions for Form 6233
- Quiero continuar en Español
- I want to continue in English

[← Back](#) [Next →](#)

Tax

### Federal — Summary

[Check my progress](#)

[Summary](#)

Based on answers you provided, we have determined the following Federal withholding form(s) may apply to you.

Locality	Name	Title	Status	
<a href="#">Start</a>	Federal	W-4	Employee's Withholding Allowance Certificate	<b>Not completed</b>

[← Back](#) [Next →](#)

Select Filing Status. Forms and instructions are available on the tab at top.

Tax

Federal — Employee's Withholding Allowance Certificate — W-4

★ Wizard

Form and Instructions

Check my progress

Filing Status

Select a filing Status:

- Single
- Married
- Married, but withhold at higher Single rate
- Nonresident Alien

**Check here** if your last name differs from that shown on your social security card. You must call 1-800-772-1213 for a replacement card.

← Back

Next →

Tax

Federal — Employee's Withholding Allowance Certificate — W-4

★ Wizard

Form and Instructions

Check my progress

Filing Status

Federal Withholding

Are you exempt from Federal withholding?

- No
- Yes

**WARNING: To be eligible, I certify that I meet both of the following conditions for exemption:**

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, **AND**
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

← Back

Next →

Complete each section. Click Next to continue.

Tax

Federal — Employee's Withholding Allowance Certificate — W-4

★ Wizard   Form and Instructions

Check my progress

Filing Status ▶

Federal Withholding ▶

Personal Allowances 1 ▶

Would you like to complete the *Personal Allowances Worksheet*?

Yes

No

◀ Back   Next ▶

Tax

Federal — Employee's Withholding Allowance Certificate — W-4

★ Wizard   Form and Instructions

Check my progress

Filing Status ▶

Federal Withholding ▶

Personal Allowances 1 ▶

Total Allowances ▶

Total Federal allowances

Total number of allowances you are claiming:

1

◀ Back   Next ▶

Tax

Federal — Employee's Withholding Allowance Certificate — W-4

★ Wizard   Form and Instructions

Check my progress

Filing Status ▶

Federal Withholding ▶

Personal Allowances 1 ▶

Total Allowances ▶

Additional Withholding ▶

Additional Federal withholding

Additional amount, if any, you want withheld from each paycheck:

\$ 0.00

◀ Back   Next ▶

Tax

- ★ Wizard
- Form and Instructions

Please review the document below

If you would like to make any changes, you may [return to the previous page](#).

If you would like to submit this form, please agree to the terms below.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Submit Form

**Form W-4 (2019)**

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
  - For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.
- If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments

additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Specific Instructions**

**Personal Allowances Worksheet**

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other

**Line F. Credit for other dependents.**

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

**General Instructions**

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>W-4</b> Form Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2019</b>
1 Your first name and middle initial <b>Debbie Due</b>		Last name <b>Due</b>		2 Your social security number *****0110
Home address (number and street or rural route) <b>2600 W Geronimo Pl Ste 100</b>				
City or town, state, and ZIP code <b>Chandler AZ 852244996</b>				
3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .			5 1	
6 Additional amount, if any, you want withheld from each paycheck . . . . .			6 \$ 0.00	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) <b>VENSURE TEST COMPANY, INC. 4140 E. BASELINE RD., STE. 201 MESA AZ 85206</b>			Date ▶ 9 First date of employment 10 Employer identification number (EIN) <b>12-3456789</b>	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2019)

The left column in dark blue will show the status of the sections. Each section will receive a green check mark when completed. The employee can see the sections that still need to be completed.

**TEST COMPANY**

Initial Visit

1-9

Employee Information

Race/Ethnicity

Disability

Veteran Status

Tax

Direct Deposit

Harassment Prevention Policy

Electronic Acknowledgement of Requirements for Handbook

Onboarding Summary

Submit

**Tax**

Your form has been submitted!

Continue

**Form W-4 (2019)**

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2019 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

**General Instructions**

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional

**Specific Instructions**

**Personal Allowances Worksheet**

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be

Complete all State specific questions and click Next to continue.

**Tax**

Arizona Resident — Survey

Check my progress

Survey

Choose one:

I am not a resident of Arizona and meet the conditions set forth under the Military Spouses Residency Relief Act (P. L. 111-97) and will have no Arizona income tax liability

None of the above

Back Next

---

**Tax**

Arizona Resident — Survey

Check my progress

Survey

Survey

Choose one:

I am a Native American living and residing on a Native American reservation

None of the above

Back Next

Complete each State Tax section if it applies to the employee.

Tax

Arizona Resident — Survey

Check my progress

Survey

Survey

Survey

Choose one:

I am not exempt and at my employer's option, I request that my withholding be reduced in accordance with Arizona Revised Statutes (A.R.S.) § 43-401(I) and that quarterly payments be made on my behalf to one or more charity(ies), school(s) and school tuition organization(s)

None of the above

Back Next

Tax

Arizona Resident — Summary

Check my progress

Summary

Based on answers you provided, we have determined the following withholding form(s) may apply to you as a resident of **Arizona**.

	Locality	Name	Title	Status
Start	Arizona	A-4C	Request for Reduced Withholding to Designate for Tax Credits	Not completed
Start	Arizona	A-4	Employee's Arizona Withholding Percentage Election	Not completed

Back Next

Tax

Arizona — Employee's Arizona Withholding Percentage Election — A-4

Wizard Form and Instructions

Check my progress

Withholding percentage

Select an option:

I choose to have Arizona withholding at the rate of 0.0% of my gross taxable wages

I choose to have Arizona withholding at the rate of 1.3% of my gross taxable wages

I choose to have Arizona withholding at the rate of 1.8% of my gross taxable wages

I choose to have Arizona withholding at the rate of 2.7% of my gross taxable wages

I choose to have Arizona withholding at the rate of 3.6% of my gross taxable wages

I choose to have Arizona withholding at the rate of 4.2% of my gross taxable wages

I choose to have Arizona withholding at the rate of 5.1% of my gross taxable wages

I hereby elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year

Back Next

Tax

Arizona — Employee's Arizona Withholding Percentage Election — A-4

Wizard Form and Instructions

Check my progress

Withholding percentage

Additional Withholding

Additional amount to be withheld per paycheck

\$

Back Next



# Employees can set up their direct deposit accounts.

## Direct Deposit

### Direct Deposit Information

You may have your paycheck direct deposited to a personal bank. The following options are available to you:

- Allocate all of the net check into a single checking or savings account.
- Allocate all of the net check into a combination of accounts using fixed amount or percentage.
- Allocate a fixed amount or percentage into a combination of accounts and leave the remaining portion as a negotiable paycheck.

To enroll in direct deposit, press "Set Up Direct Deposit" below.

Set Up Direct Deposit

No Direct Deposit

## Direct Deposit

### Set Up Direct Deposit

Add your direct deposit accounts. If less than 100% of your pay is direct deposited, the remainder will be issued as a paper paycheck.

Add Account

← Back

Submit and Continue

## Direct Deposit

### Add Direct Deposit Account

Select the account type and enter the routing number and account number. Then select the deposit method and enter the amount.

#### Account Info

\* Account Type

Saving

\* Routing Number

122105320

Bank Name

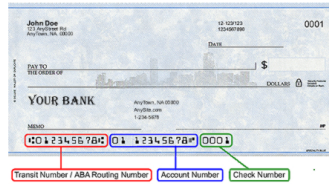
National Bank of America

\* Account Number

..... show

\* Confirm Account Number

..... show



#### Setting

\* Deposit Method

Remainder

\* Amount

Maximum

Add Account

Cancel

## Direct Deposit

### No Direct Deposit

I understand that by selecting "No Direct Deposit" I will receive a paper check on payday.

I acknowledge that I have selected No Direct Deposit

← Back

Submit and Continue

Direct Deposit

**No Direct Deposit**

I understand that by selecting "No Direct Deposit"...

I acknowledge that I have selected No Direct Deposit

**No Direct Deposit Confirmation**

Are you sure you want to select No Direct Deposit?

## Employee must read and acknowledge Harrassment Prevention Policy.

Harassment Prevention Policy

**Harassment Prevention Policy**

Please read and acknowledge by checking the box below

Your worksite employer is committed to providing employees with a working environment free from intimidation, hostility, or other offensive conduct. Harassment of any kind by employees, vendors, clients and customers towards any person is strictly prohibited.

Harassment is defined as conduct that interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment. This would include, but not be limited to, threats, or offensive conduct directed toward a person's sexual orientation, race, age, disability, religion, national origin, or veteran's status.

Any harassment--whether based on gender, race, color, ancestry, religion, national origin, age, disability, or other characteristics protected by law--is strictly prohibited. All employees have a personal responsibility to keep the workplace free of such harassment.

Sexual harassment includes unwelcome sexual advances, propositions or requests for sexual favors, and other offensive conduct that is either sexual in nature or directed at someone because of his or her gender. Sexual harassment undermines the employment relationship by creating an intimidating, hostile, or offensive work environment.

Harassment, whether sexual or based on characteristics listed above, may take on many forms. By way of example, harassment may include:

<b>Verbal Conduct:</b>	Includes suggestive comments, repeated sexual flirtation, derogatory jokes, name calling, innuendoes, demeaning slurs, unwanted kidding or teasing, foul or obscene language, gender based comments, or discussions of a sexual nature.
<b>Visual Conduct:</b>	Includes leering, derogatory or sexually oriented posters, photography, cartoons, drawings, graffiti, electronic mail, or gestures.
<b>Physical Conduct:</b>	Includes assault, offensive touching, patting, pinching, pushing, blocking of normal movement, or interfering with work.
<b>Threats &amp; Demands:</b>	Includes requiring sexual favors as a condition of continued employment or threatening other physical or verbal abuse.

Any employee who engages in conduct prohibited by this policy can expect disciplinary action, up to and including immediate termination, depending upon the circumstances.

Any person who experiences or observes conduct believed to constitute harassment should immediately take steps to eliminate this behavior by addressing the matter with the offending party and/or reporting it to his or her supervisor, the Human Resources Department, or any manager or executive of their worksite employer. All reported violations of this policy will be fairly investigated with prompt remedial action taken.

It is contrary to policy for a supervisor or any employee to retaliate against anyone who files a charge of harassment. Any employee who believes he or she is being subjected to retaliation should promptly report it to one of the individuals listed above.

\*Employee Signature

By electronically signing this form, I acknowledge that I understand, agree with and will abide by this harassment prevention policy.

## Employees acknowledges receipt of Company Policy.

Electronic Acknowledgement of Requirements for Handbook

**Electronic Acknowledgement of Requirements for Handbook**

Please read and acknowledge by checking the box below

I acknowledge that I am obligated to familiarize myself with all of the policies in the Employee Handbook and I agree to abide by all policies, procedures and work rules. If I have not been informed how to access the Employee Handbook, I acknowledge that it is my responsibility to ask my supervisor for access.

I understand that this Handbook represents only current policies and benefits, and that it does not create a contract of employment. The Company retains the right to change these policies and benefits at any time.

Unless expressly proscribed by statute or contract, my employment is "at-will." I understand that I have the right to terminate my employment at any time, with or without cause or notice, and that the Company has the same right. I further understand that my status as an "at-will" employee may not be changed except in writing and signed by the President or Owner of the Company.

I understand that the information I come into contact with during my employment is proprietary to the Company and accordingly, I agree to keep it confidential, which means I will not use it other than in the performance of my duties or disclose it to any person or entity outside the Company. I understand that I must comply with all of the provisions of the Handbook to have access to and use Company resources. I also understand that if I do not comply with all provisions of the Handbook, my access to Company resources may be revoked, and I may be subject to corrective action up to and including discharge.

\*Employee Signature

I acknowledge receipt of the Electronic Acknowledgement of Requirements for Handbook

Once completed, the employee acknowledges the forms are complete and correct by checking the box and clicking on Submit.

Submit

Congratulations! This is the final step.

To complete your onboarding, check the acknowledgement below and click "Submit".

I acknowledge that my forms are complete and correct, and I'm ready to submit them.

Submit

All documents can be reviewed the by employee. All sections on the left should have a green check mark.

Onboarding Summary

Good work! You're almost done.  
Review each form by clicking View. To complete your onboarding, click "Continue".

Continue >

16 Days remaining to complete Onboarding

Completion Progress

Form	Due Date	Status	Completion Date	Action
I-9	02/19/2019	Submitted	02/18/2019	View
Employee Information	02/19/2019	Completed	02/18/2019	View
Race/Ethnicity	03/06/2019	Completed	02/18/2019	View
Disability	03/06/2019	Completed	02/18/2019	View
Veteran Status	03/06/2019	Completed	02/18/2019	View
Tax	03/06/2019	Completed	02/18/2019	View
Direct Deposit	03/06/2019	Completed	02/18/2019	View
Harassment Prevention Policy	03/06/2019	Completed	02/18/2019	View
Electronic Acknowledgement of Requirements for Handbook	03/06/2019	Completed	02/18/2019	View

**ONBOARDING COMPLETED!**

Submit

Onboarding Completed

Thank you for completing the onboarding process.

## Employees will receive emails to remind them to complete the onboarding process.



noreply@prismhr.com

Debbie Peters

**ACTION REQUIRED: New Hire Paperwork is Due Tomorrow**

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Dear Debbie,

Your Test Company new hire forms are due tomorrow and our records show that you have not completed all of the necessary forms.

Please follow these steps:

Login at <https://vns-ep.prismhr.com> website.

You will be directed to your workflow to complete the required new hire information.

Begin filling out the new hire paperwork and make sure to submit all forms.

If you need help or have any questions, please contact us.

Sincerely,

Human Resources Team