

04/2021

PEO Client Onboarding New Hire Process

The Onboarding New Hire process includes four sections:

1. Employer Initiation

Set up the new hire in the system which generate a welcome email to the employee. Login credentials will be the employee Social Security Number.

2. Employee Portion

Employees complete their New Hire Information.

3. Employer Verification

Verify and process the Employee's documents.

4. Propel Review

Your Payroll Specialist will receive notification and review data.

Reminders:

- Any field with a **blue bar** is a "required" field and must be completed. <u>Email</u> <u>addresses and telephone numbers are needed</u>. Enter any additional information you may have.
- You may wish to provide the Employee Section found on Pages to your New Hire to assist them in completing their documents.

Due to our ability to customize your set up, the Examples shown throughout this document may vary from your actual screens. Please contact us for assistance with any questions you might have.

Pre-work – During the Job Offer

You will need the following information from your candidate **before you hire them in the system**:

- Employee's Full Name (as it appears on their social security card)
- Employee's Social Security Number
- Employee's Email Address
- Employee's Hire Date (which is their first day of work)

Part 1 – Manager Initiation (Before the First Day of Work)

- 1. Log into the Worklio payroll system using your management access.
- 2. Once you have logged in, access your **Employee List**, then click the **Onboarding** tab at the top. (Note: Do NOT click the Create Employee Record.)



3. Click Onboard New Employee to begin.



4. Select the Onboarding Template – use the dropdown and select **Standard PEO Hire** and click **Continue**.

Select Onboarding Template 🛛 🕄	► 1
	Standard ASO Hire
	Standard PEO Hire

5. The next page, **Onboarding Setup Template**, is Propel HR use only. – **NO ACTION IS NEEDED**. Just click the **NEXT** button at bottom to continue.

You are now ready to start entering your employee information. *Note: the fields highlighted with blue are* <u>*REQUIRED*</u>. You will not be able to continue without entering the blue fields. Once this information is entered, click **NEXT**.

6. Employee Basic Information - Enter the Employee's First Name, Last Name, SS# and Email Address (this email address will be used to send notifications to the employee).

Click **NEXT** at the bottom to continue.

7. Employment Basic Information - Enter the Employee's Original Hire Date (Employee's first day of work). *NOTE: No other information is needed on this page.*

Click **NEXT** at the bottom to continue.

8. **Employment Detail Information** - Use the dropdown boxes to complete required fields and all other fields such as *Position, Department, Reports To, Time Off Group and EEO Class*.

Skip the **Additional Details** section. Click **NEXT** to continue to the next page.

NOTE:

• Compensable Hours are the number of hours the employee will work in a pay period.

Example:

Here is a sample of a completed screen:

0	(2)	0	
Effective Date	4/16/2021	601051/51701	
tatus	Active ~	COMPENSATION Employment Type	Regular Full-Time
ull Into Payroll	~	Compensation Type	Hourly
		Payroll Rule	Weekly
	Customer Service	Pay Period	Set From Payroll Rule
/ork Location (Default)	SC - MAIN	Worker Type	Non-Exempt ~
epartment	1 - Office	Compensable Hours 🛛 🗇	40
/ork Comp Code (Default)	8810 - Clerical Office Employees 🗸	Hourly Rate	\$ 12.0000
ertified Code (Default)	~	Estimated Annual Wage	\$24,960.00
enefit Group	REMA - All Eligible Employees 🗸 🗸		
enefit Group Assignment Date	MM/DD/YYYY 💼	ADDITIONAL DETAILS	
EO Class	Professionals ~	S Corp Owner	
me Off Group	PTO-Vacation Hourly 🗸	Business Owner	
		Percentage Of Ownership	96
		Eligible For Section 125	~
		Statutory Employee	
		943 Agricultural Employee	
		Corporate Officer	
		Exempt From Worker's Comp	
		Highly Compensated Employee	No

Key Employee

No

Next, you use the dropdown menu to choose the correct Job Costing. This should be your Location
 Number or Department. Click FINISH at the bottom when completed.

You are finished with Part 1. The system will generate a Welcome Email to the Employee, including the link to complete their New Hire Information and instructions.

(You can view the following screen to confirm that your portion is done. Onboarding Status will state Invitation Sent as pictured below.)

 Successfully Saved 							
nboarding New Hire List							
Onboard New Employee Bulk Employee Onboarding Unions	Q Search	Name	Hire Date	t	Onhoarding Statur		Export V Select Colum
Onboard New Employee Bulk Employee Onboarding Conservations	Q. Search Employee ID	Name Q.	Hire Date	î	Onboarding Status (All)	•	Export V Select Colum Processed By

Part 2 - Employee Portion (Before the First Day of Work)

Note: You will need to have the following information available BEFORE you complete onboarding.

- Social Security Number
- Bank Routing and Account Numbers (if direct deposit is desired)
- Federal and State Tax Withholding Information for W-4 (ask a parent if help is needed)

You will receive an email inviting you to start your new hire onboarding. Click **Start** to begin. Login using your **social security number**. (This will need to match the SSN given to the GM.) Click **Next**.

Click the Start Onboarding Process button at the bottom of the screen.



Important Onboarding Notes:

- Any field with a **blue bar** is a required field and must be completed, in addition to contact number and email.
- If the system times out while you are entering your information, you will be prompted to enter your SS# and continue where you left off.

 Employment Summary Approval - Carefully review Employment Summary Approval page to see if Employment Information is correct. If everything is accurate, click APPROVE AND CONTINUE in the bottom right of the screen to continue.

2	-3	6	 	9	10		
Review Your Employment Detail	is						
EMPLOYEE INFO							
First Name	Test						
Last Name	Employee				1	2	
Social Security Number	***-**-2020 🕒 Unmask						
GENERAL EMPLOYMENT INFO							
Start Date	01/31/2021						
POSITION INFO							
Position							
Home Division (Default)	5064 York						
Work Location (Default)	64 York						
Department	Kitchen						
Report To	Emmons, Stephanie						
COMPENSATION							
Employment Type	Regular Part-Time						
Compensation Type	Hourly						
Pay Period	Semi-Monthly						
Worker Type	Non-Exempt						
Compensable Hours (0)	0.00						
Hourly Rate	***** 🕑 Unmask						

If you feel something is incorrect, click **REPORT WRONG DATA** at the bottom right of the screen and enter a message detailing the item. When finished, click **REPORT** in the bottom right of the screen. Your message will be sent to your manager for correction. You will be notified when this is completed. Log back in and pick up where you left off entering your new Hire Information.

2. I-9 Form - Please complete the I-9 Form. A copy of the instructions to complete the I-9 form are available for download. After reading the statement, check I Attest, That which will open a form where you will complete your Personal Information, including your Email and Phone Number.

Employee Information and Attestation (I-9 Page 1) - You will be directed to the next screen to begin entering your Personal Information. **Please enter your Email and Phone Number in this step.**

Attestation - Check the appropriate response. Check E-Signature Click

create Signature to sign the document electronically. You can either use your mouse and write your signature or click the to use your keyboard and type your name. Click SAVE when finished.

I-9 Review - Review the three (3) pages of your **completed I-9 Form**, clicking **NEXT** to move to the next page.

		South South	- +	Automatic Zoom	+			
	E U	Employmen Departmen .S. Citizenshi	it Eligib i it of Hom ip and Im	ility Verific reland Secur migration Se	ation ity rvices			USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022
► START HERE: Read instr	uctions carefully	before comple	ting this fo	rm. The instruct	tions must be ava	ilable, e	ither in pa	aper or electronically,
ANTI-DISCRIMINATION NO employee may present to est documentation presented has	TICE: It is illegal to ablish employmen s a future expiratio	o discriminate aq at authorization a on date may also	gainst work- and identity.	authorized indivi The refusal to hi illegal discriminal	iduals. Employers (ire or continue to e tion.	CANNO mploy ar	T specify v n individua	which document(s) an I because the
Section 1. Employed than the first day of emp	e Informatio loyment, but no	n and Attes of before accept	station (i pting a job	Employees mu offer.)	st complete and	sign Se	ection 1 o	f Form I-9 no later
Last Name (Family Name)		First Name (G	Given Name)	Middle Initial	Other L	ast Name	s Used (if any)
Employee		Test			N/A	N/A		
Address (Street Number and	l Name)	Apt.	Number	City or Town			State	ZIP Code
2040 Tiger Paw lane		N/A		York	3		SC	29745
Date of Birth (mm/dd/yyyy)	U.S. Social Se	ecurity Number	Employ	ree's E-mail Add	ress	E	mployee's	Telephone Number
02/02/2000	250-2	20 - 2020	0 N/A			N,	/A	
	law provides for upletion of this	or imprisonme s form.	ent and/or	fines for fals	e statements o	r use of	f false do	ocuments in
I am aware that federal connection with the cor I attest, under penalty o	f perjury, that l	am (check o	ne of the	following box	es):			

3. **Personal Information** - Gender is a required field and must be completed. If you wish, complete the other information. *NOTE: Driver's License information does <u>NOT</u> need to be completed.*

0	0-0-0	6	7	8	9	10	(1)	12	
PERSONAL INFORMATION	-								
Social Security Number	***-**-2020 💿 Unmask		Date	Of Birth		2/2/2000			
Salutation	Mr. ~		Gend	er		Male		~	
First Name	Test		Citizer	nship		A Citizen Of The	United States	~	
Last Name	Employee		Driver	's License Numb	er		I		
Middle Name			Driver	's License Expira	tion Date	MMZDDZYVYY	ίπ)		
Other Last Names User (If Any)			Driver	's License Class			_		
Nickname			Dive	s License class					
			Driver	's License State			\sim		

4. **Contact Information** - Enter any additional **Contact Information**.

If you use an Alternate Mailing Address, such as a P.O. Box, enter it.

Emergency Contact – enter your emergency contact information. When finished, click **NEXT** in the bottom right of the screen to continue.

RESIDENTIAL ADDRESS (PHYSICAL ADDRE	ESS)	ALTERNATE MAILING ADDRESS			
Address	2040 Tiger Paw Iane	Setup Alternate Address			
Apt. Number					
City Or Town	York	EMERGENCY CONTACT			
State	South Carolina 🗸	Setup Emergency Contact	J.		
ZIP Code	29745	First Name	\sim		
		Last Name			
CONTACT INFORMATION		Phone	()		
Personal Phone	()	Alternate Phone	()		
Personal Cell Phone	(864) 999-9999	Email Address			
Personal Email Address 🛛 🗇	propelhr@yahoo.com	Relationship		~	
Company Cell Phone	()	Note			
Company Phone	() Ext			11	
Company Email Address					

5. **EEO Identification** - This information is used for Equal Employment Opportunity reporting purposes. We ask you to supply it so that we can generate government-mandated statistics.

When finished, click **NEXT** in the bottom right of the screen to continue.

6. Tax Withholding - Complete your Federal W-4 Form and your State W-4 Form (if applicable). The W-4 worksheet or online IRS Calculator is available for your use, if you wish. This can be done by clicking IRS Calculator.

When finished, click **NEXT** in the bottom right of the screen to continue.

02						_0					
Federal Tax											
	100.01										
Use the W-4 worksheet or the on	ine IKS Calc	ulator.									
STEP 1 - PERSONAL INFORMATION											
SN	***.*	*-2020 💿 เ	Unmask		Addres	5		2040 Tiger Paw	lane		
First Name and middle initial	Test				City Or	Town, State and	d ZIP Code	York, SC 29745			
Last Name Filling Status	Emp	oloyee									
Select Head of Household only if	ou're unm	arried and pay r	more than half th	ne costs of keepir	ng up a home for yo	ourself and a qu	alifying individu	ial.			
	Sing	le or Married fili	ng separately		\sim						
EXEMPTION FROM WITHHOLDING					N						
I claim exemption from withh	olding and I	certify that I m	eet both of the fo	ollowing conditio	ons:						
I had no federal income tax liabi	lity in 2020,	and									
I expect to have no federal incor	ne tax liabil	ity in 2021					la				
r you claim exemption, you will h (ou will need to submit a new For	m W-4 hv F	ebruary 15, 200	a from your payd 22.	neck and may ov	we taxes and penalt	aes when you fi	e your 2021 ta	return.			
	in n v cy i	coroary 10, 202									
	ove										
I claim both of the following of	anditions ar	oolies and I war	at to check the bo	ax 2(c) on Form V	N-4-						
I hold more than one job at the	time or I'm	married filling is	iointly and my sp	ouse also works.							
There are only two jobs total.			one ny sp								
STEP 3 - CDAINI DEPENDENTS											
My total income will be \$200,	000 or less (\$400,000 or les:	s if married filing	jointly)							
My total income will be \$200,0	000 or less (\$400,000 or les:	s if married filing	; jointly)							
My total income will be \$200,0	000 or less (\$400,000 or les:	s if married filing	; jointly)					BACK	NEXT	CLOSE
My total income will be \$200,0)00 or less (\$400,000 or les:	s if married filing	; jointly)					BACK	NEXT	CLOSE
My total income will be \$200,	000 or less (\$400,000 or les:	is if married filing	; jointly)					BACK	NEXT	CLOSE
My total income will be \$200,0	000 or less (\$400,000 or les:	s if married filing	jointly)					BACK	NEXT	CLOSE
My social income will be \$200,0 Deductions Tax Withholding Resider	000 or less (t State (S	\$400,000 or les: South Caroli	s if married filing s na)	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider	000 or less (at State (S	\$400,000 or less South Caroli	s if married filing	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider See SC W4 for more information	ot State (S	s400,000 or less South Caroli	s if married filing	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider See SC Vi4 for more information Marchal Conver	nt State (S	s400,000 or less	s if married filing s s ina)	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider See SC W4 for more information Marital Status Nos: If Marited Sting separately, chec	100 or less (It State (S 1 k "Married, bi	\$400,000 or less South Caroli	s if married filing s s ina)	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider See SC W4 for more information Marical Status Note: If Married filing separately, chec	100 or less (It State (S k "Married, bi	\$400,000 or less South Caroli	s if married filing	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider See SC W4 for more information Marital Status Note: If Married filing separately, chec	tt State (S k *Married, bs	5400,000 or les: South Caroli	s if married filing	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider See SC W4 for more information Marital Status Note: If Married filing separately, chec If your last name is different on	tt State (S k *Married, bu v your Social	5400,000 or less South Caroli us withhold at high	s if married filing	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider See SC W4 for more informatio Marital Status Note: If Married filing separately, chec If your last name is different on	tt State (S	5400,000 or less 5000 Caroli us withhold as high 1 Security card, 4	s if married filing (s ina) er Single rate*, check here,	; jointly)					ВАСК	NEXT	CLOSE
Deductions Tax Withholding Resider Tax Withholding Resider See SC W4 for more informatio Marical Scarus Note: If Married filing separately, chec If your last name is different on	nt State (S k "Married, bi v your Social	5400,000 or less South Caroli us withhold at high	s if merried filing	; jointly)					ВАСК	NEXT	CLOSE
Deductions Deductions Tax Withholding Resider See SC W4 for more information Marikal Status Note: If Married filing separately, chec If your last name is different on Total number of allowances you	nt State (S k 'Married, bu vour Social	5400,000 or less South Caroli Us withhold at high I Security card, it ng	s if married filing	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider Tax Withholding Resider See SC W4 for more information Marital Status Nore: If Married filing separately, chec If your last name is different on Total number of allowances you	tt State (S k "Married, bi v J your Social	5400,000 or less 500th Caroli I Security card, o 19	s if married filing (s) ner Single rate*. check here.	; jointly)					BACK	NEXT	CLOSE
In provide the second	t State (S k "Married, bi v v v v social u are claimir	5400,000 or less 500th Caroli Usecurity card, i 19	s if married filing	; jointly)					BACK	NEXT	CLOSE
In y stability of the second	t State (S k 'Married, bi k 'Married, bi your Social a are claimin want withhe	5400,000 or less 50uth Caroli us withhold at high I Security card, o ng Id from each pa	s if married filing	; jointly)					ВАСК	NEXT	CLOSE
	t State (S k "Married, bu v our Social a are claimir vant withhe	5400,000 or less 500th Caroli 1 Security card, of ng 1d from each pe	s if merried filing (s ina) ver Single rate*, check here, aycheck	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider Tax Withholding Resider See SC Vi4 for more information Marical Status Note: If Married filing separately, chec If your last name is different on Total number of allowances you Additional amount, if any, you v	t State (S k "Married, bu v your Social a are claimin vant withhe	5400,000 or less 500th Caroli Us withhold at high I Security card, of ng Id from each pa	s if married filing s ina) er Single rate*. check here. aycheck	; jointly)					BACK	NEXT	CLOSE
	t State (S k 'Married, bu vour Social a are claimin vant withhe	5400,000 or less 500th Caroli Us withhold at high I Security card, of ng Id from each pa	s if married filing (s ina) er Single rate*. check here. aycheck	; jointly)					BACK	NEXT	CLOSE
Deductions Tax Withholding Resider Tax Withholding Resider See SC W4 for more information Marital Status Note: If Married filing separately, chec If your last name is different on Total number of allowances you Additional amount, if any, you v S EXEMPTION Liclaim exemption from withhol	t State (S t State (S k "Married, bi v vour Social a are claimin vant withhe ding for 202	5400,000 or less 50000 Caroli us withhold as high 1 Security card, of ng 1d from each ps 21. Check the bro	s if married filing (s) ina) er Single rate*, check here, aycheck ox for the exemp	; jointly)					ВАСК	NEXT	CLOSE
	at State (S at State (S a k*Married, bi vour Social a are claimin vant withhe ding for 202 p a refund	5400,000 or less 50000 Carolis 50000 Carolis 15 Security card, of 16 16 from each per 21. Check the bo of all South Caro	s if married filing s in a) er Single rate*. check here. aycheck ox for the exemp	tion reason:	use I had no tax liat	ollty.			BACK	NEXT	CLOSE
	t State (S t State (S k "Married, bu v) your Social a are claimin vant withhe ding for 200 to a refund of a	5400,000 or less 500th Caroli South Caroli Security card, of Is courtly card, of Is courtly card, of Is court card Is court Caroli Is	s if married filing (s) ina) er Single rate*, check here, aycheck ox for the exemp rolina Income Tax vi	tion reason:	use I had no tax liab I expect to have no	silty, tax liability.			BACK	NEXT	CLOSE
Deductions Deductions Tax Withholding Resider Tax Withholding Resider See SC W4 for more informatio Marical Status Note: If Married filing separately, chec If your last name is different on Total number of allowances you Additional amount, if any, you v s EXEMPTION L claim exemption from withhol For tax year 2020, I had a right: and for tax year 2020, I had a right:	t State (S t State (S k "Married, bu your Social a are claimin vant withhe ding for 200 to a refund of a	5400,000 or less 500th Caroli South Caroli I Security card, i Id from each pa 21. Check the br of all South Carolin II South Carolin	s if married filing s ina) er Single rate*. check here. aycheck ox for the exemp rolina income Tax wi	tion reason: x withheld because	use I had no tax liat I expect to have no	pility.			BACK	NEXT	CLOSE
Deductions Tax Withholding Resider Tax Withholding Resider See SC W4 for more information Marital Status Note: If Married filing separately, chec If your last name is different on Total number of allowances you Additional amount, if any, you v EXEMPTION L claim exemption from withhol For tax year 2020, I had a right 1 and for tax year 2021 I expect a	t State (S t State (S k "Married, bi v your Social a are claimin vant withhe ding for 200 to a refund of a	5400,000 or less 50 uth Caroli us withhold as high I Security card, of ng 1d from each pa 21. Check the bio of all South Carolin II South Carolin	s if married filing s ina) rer Single rate*. check here. aycheck ox for the exemp rolina income Tax wi	; jointly)	use I had no tax Ilab I expect to have no	altry, tax itability.			BACK	NEXT	CLOSE
Deductions Tax Withholding Resider Tax Withholding Resider See SC W4 for more informatio Marital Status Note: If Married filing separately, chec If your last name is different on Catal number of allowances you Additional amount, if any, you v S EXEMPTION I claim exemption from withhol For tax year 2020, I had a right and for tax year 2021 I expect a I elect to use the same residence I elect to use the same res	at State (S at State (S a k "Married, bi vour Social a are claimin vant withhe ding for 202 to a refund of a e for tax pu	5400,000 or less 50000 Carolis Us withhold at high 1 Security card, of ng 11 Grom each pa 21. Check the bin of all South Carolin II South Carolin II South Carolin II South Carolin	s if married filing [5] ina) er Single rate*. check here. aycheck ox for the exemp rolina Income Tax wi military serviceme	tion reason: x withheld because ember spouse. I	use I had no tax liat I expect to have no have provided my	pility, tax liability. employer			BACK	NEXT	CLOSE

W-4 Form Review - Review and Sign your completed Federal W-4 and State Withholding forms. Click Next at

the top right Next Accept and Sign to move from your Federal form to your State form. If changes need to be

made on either form, click BACK at the bottom right of your screen.

After confirming the forms are completed correctly, check I Declare.

To sign the forms, click Verify Signature and VERIFY. When finished, click NEXT in the bottom right of the screen to continue.

	1 of 2	Previous Next	
₽ € Form W-4 (Rev. December 2020	1 of 4 - + Automatic Zoom Employee's Withholding Certificate Complete Form W-4 so that your employer can withhold the correct federal income tax from	your pag.	WARNING You must review 1 document(s). Click NEXT a the document to review them all. Then pleas check, accept and sign the document(s).
Step 1: (4) Enter A Personal 20 Information Y Ya	First name and middle initial Last name t Employee tdfss 0 Tigst Pax lane 10 Tigst Pax lane	(b) docial security number 150-20-2020 > Does your rame match the name of your social security careful nick, to ensure you get doct in the comment you get doct in the comment SSA at 800-772 FTS or go to www.ssa.gov.	I Declare Under penalties of perjury, I declare that I have examined these certificates and, to the best of m knowledge and belief, they are true, correct, and complete. I confirm that I have read and agree to documents.
Complete Steps claim exemption Step 2:	2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more inform rom withholding, when to use the estimator at www.im.gov/W4App, and privacy. Complete this step if you (1) hold more than one job at a time, or (2) are married also works. The correct amount of withholding depends on income aeroset from all.	nation on each step, who can	E-Signature The parties agree that this agreement may be electronically signed. The parties agree that the
or Spouse Works	Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this. (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for n	step (and Steps 3-4); or oughly accurate withholding; or	electronic signatures appearing on this agreement the same as handwritten signatures for the purpo validity, enforceability, and admissibility.
	(c) If there are only two jobs total, your may check this box. Do the same on Form W- is accurate for jobs with similar pay; otherwise, more tax than necessary may be v TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your sp income, including as an independent contractor, use the estimator.	4 for the other job. This option vithheld ► □ pouse) have self-employment	Test Employee
Complete Stene	3-4(b) on Form W-4 for only ONE of those jobs. Leave those steps blank for the oth	er jobs. (Your withholding will	Verify Signature

7. Direct Deposit Setup – (Use this option to send your paycheck directly to your bank.) Click
 Add New Bank Account to add your direct deposit. Add your banking information as listed below:

ACCOUNT DETAILS	
Account Type	Checking ~
Account Number ③	123456
Routing Number ①	053207766 WELLS FARGO BANK
Account Holder Name	Test Employee
ALLOCATION DETAILS	

When finished, click **NEXT** in the bottom right of the screen to continue.

 Custom Fields - Do you wish to use a Paycard instead of a bank account? If not, use the dropdown and select No. If you do, use the dropdown and select Yes and complete the <u>All</u> information in this section to include Consent for Electronic W-2.

When finished, click **NEXT** in the bottom right of the screen to continue.

334_	6	-7	6	 	-0	12	
Do you wish to use Paycard for Direct Deposit?	Yes, I will use PayCard. V						
f Yes, Complete Information Below:	If Yes, Complete Information Below:						
mployee Name	I						
Employee SSN							
Employee Date of Birth							
imployee Address (Street, City, State Zip)							
mplovee Phone							

9. Documents Acknowledgement - Here you will find several documents for your review. Each document must be reviewed. Click Next at the top right Accept and Sign to move to the next form. When finished, check
 I Declare . To sign the forms, click Verify Signature and
 VERIFY . When finished, click
 NEXT in the better right of the several to continue.



10. **Signing Documents Summary** - The Documents you have completed or acknowledged are available for you to download for your records. Click Download next to the document you wish to download.

Click **FINISH** in the bottom right of your screen. Employee Onboarding / Signing Documents Summary (13/13) -2-0--6) 6 -0--(8)-0 -(10) (11) (12) -Download All Q Search Actions Document Name Download Master Electronic Disclosure and Consent Agreement Download | Harassment & Substance Abuse Policy Acknowledgement Download Marketplace Coverage Options Download Employee Worksite Notice Download | PayCard Authorization Form Download Employee Handbook - Sonic (SC Only) rev 01.2020 Download Handbook Acknowledgement - Sonic (SC Only) Download Tip Reporting - Acknowledgement.docx D Download I-9 Form Download W-4 Form Download W-4_SC.pdf 20 50 100 Page 1 of 1 (11 items) 1

11. You are done! Once you see the screen that says Your Onboarding is Complete, that's it.

Your Onboarding is Complete	Thank you Test and welcome abcard!
	Master Electronic Discl Harassment & Substan Marketplace Coverage Employee Worksite Not
Je Berly	PayCard Authorization Employee Handbook Handbook Acknowledg Tip Reporting - Acknow

On your first day of work, you will need to bring your **unexpired ID(s)** that establish your identity and work authorization and **a voided check or bank document** if you choose to have your paycheck deposited into your bank account so that your manager can complete the next step.

Part 3 – Manager Verification (Employee's First Day of Work)

- 1. Email Notification You will get an email notifying you that the employee has completed their section.
 - Click the Onboarding button to begin the Employer Verification of the Employee's Documents. or
 - Click Verify from the employee onboarding screen to begin the Employer Verification of the Employee's Documents.
- 2. Forms Verification You will be asked to verify information provided by the employee. Begin with the first item in the list, click on the Blue Words to open the form.



<u>Complete Net Pay Allocation</u> Review the information provided. No action is required here. You simply have to review what is entered and click **Next**.

- Add Herry	ocation Q	Search							Select	Lolumn
Actions	Туре	Account Number	Routing Number	Account Holder Name	Account Type	Amount	Percent	Require Pre-Note	Days To Wait After Pre-Note	Gene
Edit Remove	Direct Deposit	123456	053207766	Test Employee	Checking	-	100	No	-	-

Tax Setup Verification - Enter the Effective Date (Hire Date) and click NEXT. Verify Residential and

Work Addresses. Click ^{EDIT} on the Employee's Residential Address. Review/Verify the information, update if needed and click **Save**. Click **NEXT** when finished.

ffective Date	01/31/2021						
ISIDENTIAL ADDRESS	2040 Tiger Paw Iane York, SC 29745	E	DIT PRIMARY WOR	RK LOCATION (SUTA AND MULTIP	LE WORKSITE) 1560 E Alexander Love Hwy York, SC 29745	у	
DDITIONAL INFORMATION							
DDITIONAL INFORMATION ax Setup Note THER WORK LOCATION							
DDITIONAL INFORMATION SX Setup Note THER WORK LOCATION Add Work Location Q	Search						Select Colur
DOITIONAL INFORMATION Asx Setup Note THER WORK LOCATION Add Work Location Add Work Location Q Actions Name	Search	Address Line 1		City	St	tate	Select Colur ZIP Code
DDITIONAL INFORMATION EX Setup Note THER WORK LOCATION Add Work Location Q Add Work Location Q Actions Name	Search	Address Line 1		City	St	tate	Select Colur ZIP Code

Review the **Federal and State Exemptions** provided by the Employee. Click **FINISH** in the bottom right of your screen. Note: you should not make any changes to this screen.

0			
FEDERAL TAX			
Open the corresponding Tax Withholding Form that was p	rovided by employee.		
Filing Status ③	Single or Married filing separately ∽		
Two Jobs 💿			
Claim Dependents 0	\$		
Other Income 0	5		
Deductions 0	\$		
Extra Withholding	\$		
Exempt From ER Social Security 0			
Exempt From Federal Income Tax			
Exempt From EE Social Security			
Exempt From Federal Unemployment Tax			
Exempt From Medicare ①			
STATE TAXES - SC (RESIDENTIAL LOCATION)			
Open the corresponding Tax Withholding Form that was p	rovided by employee.		
Total Allowances 🛛 🗇	1	Car .	
Additional Withholding ①	\$ 0.00		
Nonresident Certificate ③			
Exempt From South Carolina State Unemployment Tax	o 🗆		
		PACK EINIG	CANCEL

<u>I-9 Verification</u> - Next, select the option for **Complete I-9**. Select the **Document Type** by checking the appropriate list(s). Enter the information from the documents provided by the Employee. Attestation – check I Attest, Under Penalty of Perjury, That and click Next.

EMPLOYEE INFO FROM SECTION 1	Teet		Middle Island		
Last Name (Family Name)	Employee		Citizenship/Immigration Status	A Citizen Of The United States	
VERIFICATION					
Employee's First Day Of Employment	1/31/2021				
Select Document Type	List A List B & List C				
LIST A - FIRST			OTHER INFORMATION		
Document Title	U.S. Passport ~		Additional Information		
Issuing Authority	Dept of State				
Document Number	1234567	2			
Expiration Date	3/12/2021				
ATTESTATION					
I Attest, Under Penalty Of Perjury,	That				
	s presented by the above-named employee				
 I have examined the documents 					

Verify the Business or Organization Information. Enter your **Title**. Check E-Signature. Click SAVE when finished, click NEXT in the bottom right of the screen to continue.

Review the completed I-9 form. If changes are needed, click **back** in the lower right of your screen. When finished, click **FINISH**.

	E. U.	mpioyment Department S. Citizenship	of Hon and Im	inty Verific reland Secur migration Sec	ation ity rvices			Form I-9 OMB No. 1615-004 Expires 10/31/2022
► START HERE: Read instru during completion of this for ANTI-DISCRIMINATION NOT employee may present to esta documentation presented has	ctions carefully m. Employers an ICE: It is illegal to blish employment a future expiration	before completing re liable for error discriminate aga t authorization an n date may also c	ng this fo rs in the o inst work- d identity. constitute	rm. The instruct completion of the authorized indivity The refusal to hi illegal discrimination	tions must be av iis form. duals. Employers ire or continue to tion.	CANNC employ	either in p T specify t In individua	aper or electronically, which document(s) an al because the
Section 1. Employee than the first day of employee	Information	n and Attest	tation (Employees mu offer.)	st complete an	d sign S	ection 1	of Form I-9 no later
Last Name <i>(Family Name)</i> Employee		First Name (Given Name) Middle In Test N/A			Middle Initial N/A	al Other Last Names Used (if any) N/A		
Address (Street Number and 2040 Tiger Paw lane	Name)	Apt. N N/A	Apt. Number City or Town N/A York		Sta sc		State sc	ZIP Code 29745
Date of Birth (mm/dd/yyyy) 02/02/2000	U.S. Social Se 250-2	ecurity Number Employee's E-mail Address Employee's Telephone Number 20 - 20 20 3/A S/A				Telephone Number		
I am aware that federal I connection with the com I attest, under penalty of	w provides fo pletion of this perjury, that I	r imprisonmer form. am (check on	nt and/or	r fines for fals following box	e statements o es):	or use o	of false d	ocuments in
I A citizen of the United	States							

NOTE: You will need to upload copies of the employee's supporting documents at the end of the onboarding process.

Document Review/Signing - Here you will find **several documents** for your review. **Each document must be reviewed.**

Click **Next** at the top right Next Accept and Sign to move to the next form. When finished, check **I Declare** and click **Save**.



Important Note About PayCard Acknowledgement Form



- All employees must complete this form, even if they are getting a direct deposit.
- If an employee does not complete direct deposit and declined pay card form, they will receive a live check.
- Employees who do not supply a voided check with their direct deposit form will also receive a live check.

Once you have reviewed all of the required Forms, you will need to click the **Finish Onboarding** button.

· · · · · · · · · · · · · · · · · · ·	
Successfully Created	
List Of Forms To Be Completed	
 Complete Net Pay Allocation 	
Tax Setup	
✓ Complete I-9	
 Document Review/Signing 	
	1 Annual and the second sec

 <u>Upload Supporting Documents</u> - (I-9 documentation, voided check for Direct Deposit, etc.). Open the Employee Profile from the Employee option on the left side of your screen in black margin to see your active employee list. Select the appropriate Employee and click Details. Under the Personal Tab, select Documents. Then, you will see an option to Upload New Document.

						Q	Thursday, January 20.3
🛔 Emp	loyees	Overview Orboarding					
TE	Test Er Employ	nplayee ee #18325					
verview	Persona	al V Payroll V Deductions V Time Off					
O Uple	and New Do	cument Q. Search					Expert ~
Actions		Document Name	Document Type	Author	Uploaded By	Visible To Employee	Created On
		٩	Q	Q,	٩	(All) •	Q 5
view	Download	W42021-01-27	W4/ Tax Documents	Ficklin, Samuel	Client	Yes	1/27/2021, 1:53 PM
View	Download	W4 State SC 2021-01-27	W4/ Tax Documents	Finklin, Samuel	Client	Yes	1/27/2021, 1:53 PM
View	Download	Master Electronic Disclosure and Consent Agreement.pdf	General	Finklin, Samuel	Client	Yes	1/27/2021, 1:53 PM
View	Download	Harassment & Substance Abuse Policy Acknowledgement.pdf	Gereral	Finklin, Samuel	Client	Yes	1/27/2021, 1:53 PM
View	Download	Marketplace Coverage Options.pdf	Gereral	Finklin, Samuel	Client	Yes	1/27/2021, 1:53 PM
View	Download	Employee Worksite Notice.pdf	General	Finklin, Samuel	Client	Yes	1/27/2021, 1:53 PM
	Download	PayCard Authorization Form.pdf	General	Finklin, Samuel	Client	Yes	1/27/2021, 153 PM
View	Desistante	Employee Handbook - Sonic (SC Only) rev 01.pdf	Gereral	Finklin, Samuel	Client	Yes	1/27/2021, 1:53 PM
View	Download			in and the second second	Class	Ver	1/27/2021 1-52 8M
View View View	Download	Hardbook Acknowledgement - Sonic(SC Only).pdf	Gereral	Finitin, Samuel	Comment		

Next, you will need to upload your document by using the **file browser** link to search for your file name on your PC or by dragging and dropping the file from your desktop.

Document Type:

- Select **E verify** for identification.
- Select **Direct Deposit** for voided check or bank information.

Visibility – Select Visible

Name – Type name of document such as Voided Check, Drivers License, SS Card, etc....

Supported files are DOC, DOCX, XLS upload is 25MB.	5, XLSX, PDF, RTF, PAGES, or NUMBERS. Maximum size for fil
	<u>+</u>
Drag and drop	file here to upload or use the <u>file prowser</u> .
I	No file chosen
Document Type ①	×
Visibility For Test Employee ③	Visible Hidden
Note	