

## **WELCOME!**

As the newest member of our team, we want to ensure you have a smooth transition into your new position and you have the best possible on-boarding experience.

### **DON'T FORGET YOUR ID FOR VERIFICATION OF YOUR I9!**

You must complete the I9 online through the link that was sent to you by your Pre-Boarding Specialist or your Human Resources contact prior to your first day.

If you did not receive the link to complete your I9 contact a **Pre-Boarding Specialist at 877.554.8484** or your Human Resources contact immediately. This must be completed online prior to your first day. This must be completed online prior to your first day.

**You **MUST** bring your I9 supporting documents with you on your first day unless you have already presented them in person. Not bringing your ID with you could prevent you from starting work.**

## Voluntary Self-Identification of Disability

Employee ID

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Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>i</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

### **Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## Post Hire Things I need to do **within 2 weeks** of starting my new job!

Once you have received your Lawson Log in information from your manager.  
Log into Lawson/ProvConnect Employee Self Service (ESS) and review and:

- ☐ Input my Emergency Contact information
- ☐ My address and phone number (review for accuracy)
- ☐ W4 deductions
- ☐ Direct Deposit Information



### Input my Emergency Contact Information:

Log into Lawson  
Employee Self Service (ESS)

1

2

Select Emergency Contacts

Select "Add"  
Complete information  
Select "Update"



## W4 Exemptions (Tax Withholding):

Log into Lawson  
Employee Self Service (ESS)

1

2

Description	Resident Status	Marital Status	Exemptions	Additional Amount
FIT EE	Resident	Married	1	

Click "FIT EE" to change your Exemptions

Click here to view a Demo on how to make changes to your Federal Tax Withholdings

infor|Lawson  
A PROVIDENCE Health & Services program

Welcome to PROD, Valerie (284500) [logout]

W-4 Form

Employee's Withholding Allowance Certificate

Form W-4

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

For Privacy Act and Paperwork Reduction Act Notice, see page 2 of paper form.

2014

1 Type or print your first name, middle initial and last name

2 Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

3 ☐ Single ☒ Married ☐ Married, but withheld at higher Single rate

Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 If your last name differs from that on your social security card, call 1-800-772-1213 for a new card.

5 Total number of allowances you are claiming..... 5 1

6 Additional amount, if any, you want withheld from each paycheck..... 6

7 I claim exemption from withholding for 2014, 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, enter "EXEMPT" here. (Contact your Payroll department to claim EXEMPT).

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.

Employee's signature

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)

9 Office code (optional)

10 Date

Continue Back Print for your records

Update your exemptions, marital status or additional amount

3

Verify W-4 Changes

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.

- If you select "Update", you are authorizing these changes.
- If you "Cancel", your changes will not be processed.

Update Cancel

4



## Direct Deposit – (Entering Bank Information):

1

Log into Lawson  
Employee Self Service (ESS)

The login screen for the Lawson Employee Self Service (ESS) system. It features the 'INFOR Lawson' logo and the text 'Service provided by PROVIDENCE Health & Services'. There are input fields for 'User Name' and 'Password', and a 'Login' button. A small disclaimer at the bottom states: 'This system is the property of Providence Health & Services. It is for authorized use only. Unauthorized access is a violation of applicable laws and regulations. Liability will be prosecuted. Continued use is an acknowledgment that you accept these terms and conditions.'

The dashboard of the Lawson Employee Self Service (ESS) system. It shows a 'Welcome to PROD, [User Name]' message. The left sidebar contains a 'Home' button and a 'Pay' menu with options: 'Parent Menu', 'Pay Checks', 'Year to Date', 'Tax Withholding', 'Direct Deposit', and 'Leave Balances'. The main content area displays 'Direct Deposit' information, including a table of accounts and a section for authorization.

2

Click "Add" to enter your  
new bank information

The 'Direct Deposit' screen in the Lawson Employee Self Service (ESS) system. It shows a table of accounts with columns: Bank, Account, Description, Type, and Amount. The table lists two accounts: 'Anywhere USA Bank' (Savings, 150.00) and 'Anywhere USA Bank' (Checking, 100.00%). There are 'Close My Account' buttons for each. Below the table is an 'Add' button and a 'Select New Default' button. A red arrow points to the 'Add' button. The screen also includes an 'Authorization' section with a statement and two radio buttons: 'I agree with the above statement.' and 'I do not agree with the above statement.'.

3

Follow Add Account Instructions:  
Enter your new bank information  
Click "update" when completed

The 'Add Account' screen in the Lawson Employee Self Service (ESS) system. It provides instructions for adding a new bank account. The instructions state: 'In the "Bank" field, select your Bank as follows: Click on the search icon to the right of the "Bank" field. Enter your Bank's routing number in the search field. Click on "Filter." Use the "Next>>" button to locate your bank's name and click the name to select. If your bank is not listed, please contact your payroll department. If your bank name is preceded by \*\*\* please submit a direct deposit form to the Payroll Dept.' The form includes fields for 'Bank', 'Description', 'Account Type' (Checking, Savings), 'Flat Amount', 'Percent of Net', 'Routing Number', and 'Account Number'. There are 'Update' and 'Cancel' buttons. A red arrow points to the 'Update' button.

Employee ID

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## PAYROLL DEDUCTION AGREEMENT

### Payroll Deduction



By completing and signing this Agreement, I understand that the Kadlec identification badge and employee number can be used to authorize electronic payroll deduction for purchases made at any event which offers payroll deduction. I have read and agree to comply with the following terms and procedures:

1. Only the employee signing this Agreement is authorized to make charges pursuant to this Agreement.
2. **Only the employee pictured on the identification badge may use the badge and/or complete a payroll deduction form to authorize a payroll deduction account purchase.**
3. The employee authorizes the payroll deduction by personally presenting their identification badge to allow barcode scanning and/or by completing a payroll deduction form. (Exception: 2<sup>nd</sup> and 3<sup>rd</sup> shift employees may authorize payroll deductions for café purchases by providing their employee number when placing their meal order.)
4. Purchases are logged to the employee's account at the cash register using an online computer software program based on the bar code on the employee's identification badge or by entry of payroll deduction form.
5. Inquiries regarding payroll deduction account activity may be addressed as follows:
  - a. Garden Café, Ala Carte, Deli, Espresso Stand: Director, Nutrition Services.
  - b. Gift Shop & Movie Tickets: Coordinator, Gift Shop.
  - c. Auxiliary and Foundation sale events: Coordinator, Foundation. (Please note, some of these deductions are made by signed paper documentation, not barcode scanning)
6. The billing period shall coincide with Kadlec's biweekly pay period dates.
7. If there are insufficient funds to cover all purchases authorized, Kadlec shall deduct any outstanding balances from future paychecks. In the event insufficient funds are a frequent problem, the payroll deduction account will be terminated.
8. The total amounts charged for that pay period, pursuant to this Agreement, are downloaded to the payroll system at the end of each pay period and deducted from the employee's paycheck.
9. The employee may terminate this Agreement by providing a written request to Human Resources. Such termination shall be effective within two business days (not including weekends or holidays).



10. It is the responsibility of the employee to have damaged or lost identification badges reissued by Human Resources (badges are reissued by appointment only).
11. If an identification badge is lost or stolen, the employee will be liable for all charges made prior to termination of this Agreement. The employee may request, in writing to Human Resources, immediate termination of the payroll deduction agreement to protect the employee from charges made on a lost or stolen identification badge. Human Resources will notify the Director, Nutrition Services and Coordinator, Gift Shop to terminate deductions. Please note: Terminating the Payroll Deduction Authorization Agreement will suspend the ability to charge until the employee notifies Human Resources in writing to re-activate the account.
12. This Payroll Deduction Authorization Agreement becomes void upon termination of employment. Outstanding balances will be deducted first from the employee's final paycheck and then, if necessary, from their PTO pay off check. Remaining balances will be billed to the former employee. The employee agrees to pay such bill within 30 days.
13. Any unpaid balance will be charged interest at the rate of 12% per annum.
14. Should Kadlec be forced to institute suit to collect an amount due pursuant to this Agreement, the undersigned agrees to pay all attorney's fees or costs incurred.
15. Misuse or a violation of these conditions will result in immediate termination of the Kadlec payroll deduction authorization account.
16. Kadlec may discontinue or modify this program at any time.

I have read this document and agree to comply with the terms and procedures listed above. I accept full responsibility for charges I make as set forth herein. I understand that it may take two to three weeks for my account to become activated.

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Employee Name (Print)

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Employee Signature

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Date



Only one card per vehicle may be used. Additional cards are available at the Security Office.  
Please notify Security of any name/vehicle changes.

Job Title: _____		Dept: _____	
Name: _____		_____	
Last		First	
MI			
Vehicle Style: _____		Color: _____	
Make: _____		Model: _____	
License Plate #: _____		State: _____	
Year: _____			

## Vehicle Registration



PR # _____	AR: _____
Office Use Only	

Office Use Only	
PR # _____	AR: _____



## Vehicle Registration

License Plate #: _____		State: _____		Year: _____	
Make: _____			Model: _____		
Vehicle Style: _____			Color: _____		
Name: _____					
Last		First		MI	
Job Title: _____			Dept: _____		

Only one card per vehicle may be used. Additional cards are available at the Security Office.  
Please notify Security of any name/vehicle changes.

## Worker's Compensation Filing Information

### IF A JOB INJURY OR DISEASE OCCURS:

**Kadlec Regional Medical Center and its affiliates** is subject to Washington Industrial Insurance laws and has been approved by the state to cover its own workers' compensation benefits. Self insured employers must provide all benefits required by the laws. The Department of Labor and Industries regulates your employer's compliance with these laws. If you become injured on the job or develop an occupational disease, you will be entitled to industrial insurance benefits. Your claim will be handled and your benefits paid by your employer.

### IN CASE OF INJURY OR DISEASE:

#### **REPORT YOUR INJURY OR DISEASE TO YOUR SUPERVISOR AND EMPLOYER REPRESENTATIVE LISTED BELOW.**

Your employer will provide you with a "Self Insured Accident Report" (SIF-2). You must complete this form with your employer if you seek medical treatment.

#### **GET MEDICAL CARE.** *You have the right to go to the doctor of your choice.*

Complete a "Provider's Initial Report" form at your doctor's office. Have your doctor fax this form to the Employers Representative located below on the left. The claims administrator will evaluate your claim for benefits. All medical bills that result from an allowable on the job injury or occupational disease will be paid by your employer. You may be entitled to wage replacement or other benefits. Your employer will explain this to you.

### IMPORTANT:

***Your employer cannot deny you the right to file a claim and your employer cannot penalize you or discriminate against you for filing a claim.*** Every worker is entitled to worker's compensation benefits for any injury or illness which results from his/her job.

***Any false claim filed by a worker may be prosecuted to the full extent of the law.***

If you have any questions or concerns, contact your employer's representative listed below, or call the Department of Labor and Industries, Self Insurance Section (360) 902-6901.

#### **Report your injury to:**

##### **Employer Representative:**

**Jennifer Adelfio**

**Return To Work Coordinator**

**(p) 36425-525-5534**

**(f) 1-855-415-6049**

#### **Claims Administration address:**

**Sedgwick CMS**

**P.O. Box 14518**

**Lexington, KY 40512**

**(Re: Providence Health System)**