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 19!

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.

Scan and email this form to: hrdocstohrsc@providence.org

				_
Voluntary Self-Identification of Disability				
Employee ID				Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2017 Page 1 of 2
	Why ar	re you being as	ked to	complete this form?
qualified people with have a disability or	siness with the h disabilities. ⁱ if you ever had If you are app	government, we r To help us measu d a disability. Con	must reac re how we	h out to, hire, and provide equal opportunity to ell we are doing, we are asking you to tell us if you his form is voluntary, but we hope that you will you give will be kept private and will not be used
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 hav	e a disability?
substantially limits a condition. Disabilities include, Blindness Deafness Cancer Holders Signature Cancer	a major life act	tivity, or if you have nited to: • Bipolar disorder	e a history er sion osis (MS) or	 Post-traumatic stress disorder (PTSD) Obsessive compulsive disorder Impairments requiring the use of a wheelchair Intellectual disability (previously called mental retardation)
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

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

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.

ⁱ 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.

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

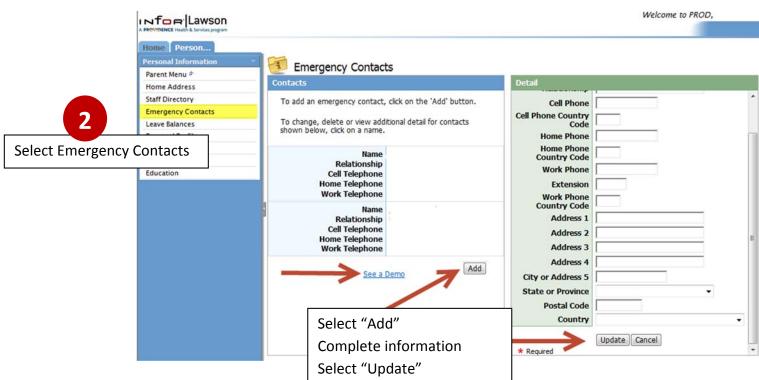


FORGET

Input my Emergency Contact Information:



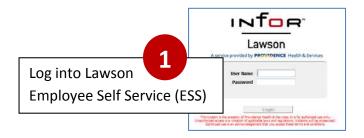




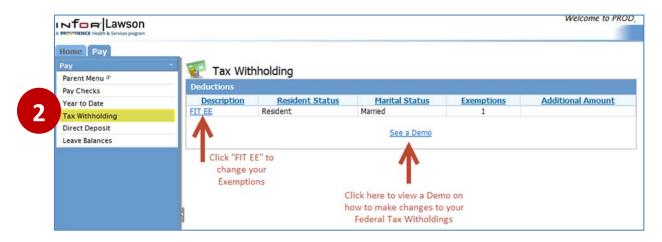
***** YOU DO NOT NEED TO PRINT THESE PAGES *****

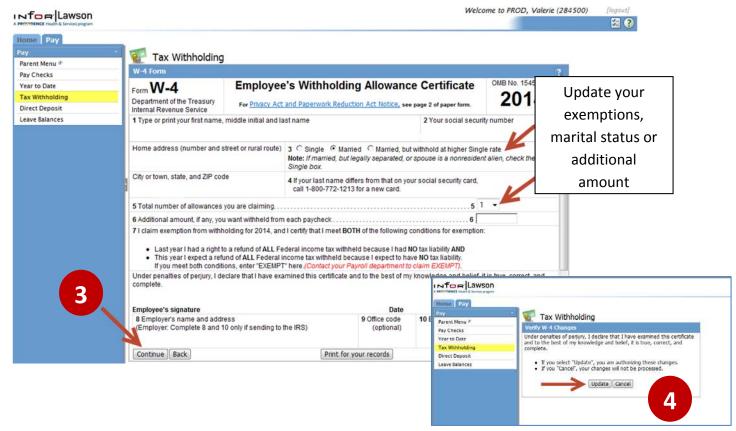


W4 Exemptions (Tax Withholding):



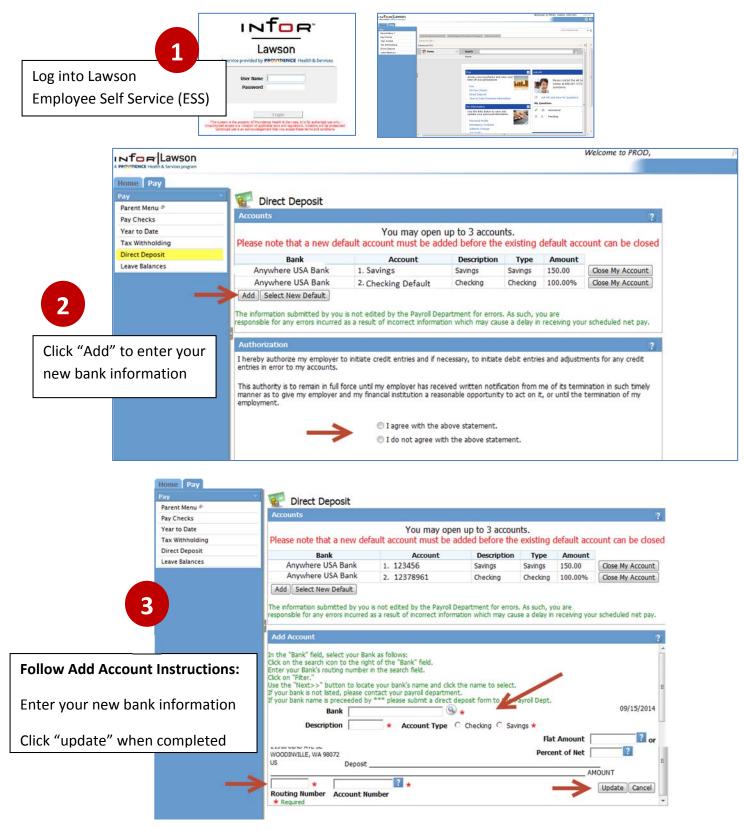








Direct Depost – (Entering Bank Information):



PAVROLI	DEDUCTION	AGREEMENT
PAINULL	DEDUCTION	ACINELIVIEN

Employee ID			
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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: 2nd and 3rd 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.

Employee Name (Print)		
Employee Signature		
Date		

ALL EMPLOYEES MUST PARK IN APPROVED AREAS ONLY

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

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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:	Claims Administration address:
Employer Representative:	
Jennifer Adelfio	Sedgwick CMS
Return To Work Coordinator	P.O. Box 14518
(p) 36425-525-5534	Lexington, KY 40512
(f) 1-855-415-6049	(Re: Providence Health System)

F207-155-000 Worker's Compensation Filing Information – 7-96.