



UNIVERSITY of WISCONSIN - EAU CLAIRE

Office of Human Resources • 230 Schofield Hall
105 Garfield Avenue • P.O. Box 4004 • Eau Claire, WI 54702-4004
P: (715) 836-3131 • F: (715) 836-3051

Welcome to the University of Wisconsin – Eau Claire!

Criminal Background Checks

All UW-Eau Claire employees must pass a criminal background check (CBC) before beginning employment. The CBC is processed online. You will be receiving an email from our CBC vendor, HireRight. Their email address is customerservice@hireright.com. This email will contain a link you will need to copy and paste into your internet browser to create an online account and submit your information to complete the CBC process. It is important that you complete this process as quickly as possible to prevent delays in the hiring process. The link in your email is only valid for five business days. Please note that the online system works best with personal computers running Windows software.

I-9's

We will also need you to complete a Form I-9, Employment Eligibility Verification, as a part of the new hire paperwork process. The I-9s are processed online as well through our vendor, HireRight. This email will contain a link you will need to copy and paste into your internet browser to create an online account and submit your information to complete Section 1 for the I-9 Employee Information and Verification. Please do this prior to arriving to campus. To complete Section 2 of the I-9, you will need to present your **original** identification. Acceptable documents are a passport **OR** social security card **AND** driver's license **OR** social security card **AND** Blugold ID card. These I-9 documents need to be verified within three days of your contract start date.

We will be available to complete Section 2 of your I-9 and gather any new hire paperwork that needs to be turned in Monday through Friday 7:45 to 4:30, Schofield Hall, Room 230

If you have any questions, please feel free to let us know at 715-836-3131.
Thank you and again welcome!

Helpful Hints:

As part of our hiring and reference check process, you have received emails from HireRight with a link to a criminal background check along with a link to a survey with questions related to sexual violence and sexual harassment. The next steps will be later this week when you receive an email with your username and with instructions on activating it. Once activated (with an overnight process), you will be able to access your Canvas materials (I am assuming that your class materials ***may*** be on Canvas—check with your department chair). Go to uwec.ly/FASTER, click on **Technology**, then on **Security—Multi-factor authentication (DUO)**. You will need to set up DUO on your phone before you can access Canvas. To access Canvas, go back to uwec.ly/FASTER, click on **Application Links**, then click on **Canvas**. You will need to sign in with your username, password, and then DUO.



Welcome to
UW-Eau Claire
A Place to Grow
Your Career!



My Employment



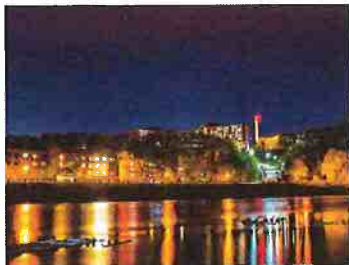
Benefits Mentor



Technology

Get Started **FASTER!**

uwec.ly/FASTER



Campus Information—Eau Claire



Campus Information — Barron County



Professional Development and
Compliance Training



Need Temporary
Housing?

Contact Housing &
Residence Life at 715-
836-3674 or [https://
www.uwec.edu/campus-
life/housing-
dining/housing/](https://www.uwec.edu/campus-life/housing-dining/housing/) or
availability!



MyUW Portal

<http://my.wisconsin.edu/>



Have Questions?

Contact Human
Resources at
715-836-3131

[humanresources@uw
ec.edu](mailto:humanresources@uwec.edu)



Professional Photo

Contact IMC Photo at
715-836-6005

[https://www.uwec.ed
u/kb/article/services-
photo-headshots/](https://www.uwec.edu/kb/article/services-photo-headshots/)

Complete on Hire Date

Upon Receipt of your Username and DUO access email,

Set Up Direct Deposit

To access the new online direct deposit:

1. Log into the portal for UW System institutions at <https://my.wisconsin.edu/>
2. Click **Update Direct Deposit** on the Payroll information tile on MyUW.
3. Click **Add Account**.
4. Enter account information.
5. Click **Save**.
NOTE: A confirmation email will be sent to business email on file.
6. **Sign out** of the page through the stacked menu in the upper right corner.

Add Additional Deposit Accounts

Up to three accounts can be entered, for paycheck distribution.

1. Click the **plus sign (+)** at the top of the accounts list.
2. Enter account information including a deposit type of amount or percent and the corresponding value.
3. Click **Save**.
4. Repeat steps 1-3 for additional account if necessary.
NOTE: If entering 3 accounts, the order money is deposited can be modified by clicking the **Reorder** button.
5. **Sign out** of the page through the stacked menu in the upper right corner.

Set Up W4

To access the online W4:

1. Log into the portal for UW System institutions at <https://my.wisconsin.edu/>
2. Click **Update W4** on the Payroll information tile on MyUW.
3. Enter W4 information.
4. Click **Submit**.
NOTE: A confirmation email will be sent to your UWEC email.
5. **Sign out** of the page through the stacked menu in the upper right corner.

Questions?? Contact Payroll and Benefits at 715-836-3131

UNIVERSITY OF WISCONSIN-EAU CLAIRE EMPLOYEE QUESTIONNAIRE HUMAN RESOURCES

Name _____ Male Female
Last First Middle

Mailing Address _____
Street or PO Box City State Zip

Home Phone () _____ Birthdate _____

Cell Phone () _____ Email _____

LEGAL RESIDENT OF _____
State County Country

CITIZENSHIP U.S. Citizen by Birth Naturalized Citizen
 Non U.S. without Permanent Visa Non U.S. with Permanent Visa

SPOUSE/DOMESTIC PARTNER NAME _____ BIRTHDATE _____

Any prior Wisconsin Retirement System (WRS) service? No Yes

Employer Name _____ Location _____

Employment Dates _____

Have you withdrawn your Wisconsin Retirement Fund? No Yes

Are you presently receiving a WRS annuity? No Yes

Educational Information

All Degree(s) earned (ie, BA, MS, PhD, MA, DED,etc)	Country	State (for USA only)	Name of College or University	Date mm/dd/yyyy

EMERGENCY CONTACT INFORMATION

The Office of Human Resources would like to have emergency contact names on file for every employee.

Person to contact in case of emergency:

1. Name _____ Phone _____ Address type Home Business
 Address _____
Street City State Zip

2. Name _____ Phone _____ Address type Home Business
 Address _____
Street City State Zip

DIRECTORY RELEASE OF INFORMATION

The University of Wisconsin-Eau Claire is obligated under Wisconsin Law and UW-System policy to restrict the release of your personal information. According to Wisconsin Public Records Law, 19.35-19.39, Wis. Stats., as applied to public employee records: unless access is specifically authorized or required by statute, the university will not provide access to record contains home address and phone number information. Therefore we will withhold your information by default.

If you would like your home address and home phone information released for printed directories, online directories and third party mailings please check here. Yes, I would like my home information released.

NOTE: You may automatically change your own information on the "My UW System" portal at <http://www.uwec.edu/hr>

Please complete and return this form along with your hiring documents.

Revised 10/2017

UW Employee Self-Identification and W-4 Withholding Forms

The University is required to collect data on race and ethnicity from its employees to comply with federal record keeping and reporting requirements. The information obtained will be kept confidential and will be used for summary federal reporting purposes and to support institutional affirmative action efforts. Providing this information is voluntary.

The University also needs your W-4 Withholding Form so you have the appropriate taxes taken.

Last Name:	First Name:	Middle Initial:	Empl ID: (if known)
National ID Type: <input type="checkbox"/> Social Security Number <input type="checkbox"/> Individual Tax ID Number		SSN or ITIN:	Date of Birth:
			Sex:

Routing Instructions: Submit to your local HR/Payroll Office. (If at UW-Madison, submit to 21 North Park Street, Suite 5101.)

Ethnicity and Heritage Code

Ethnicity is considered Hispanic/Latino if a person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is your ethnicity Hispanic/Latino?

- Yes
 No

Please identify yourself as one or more of the following races:

- Black or African American
 A person having origins in any of the black racial groups of Africa
- Asian
 A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native
 A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- White
 A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or other Pacific Islander
 A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Signature: _____

Date: _____

For Office Use Only | Empl ID: _____ Empl Rcd#: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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.¹ 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

Veteran Self-Identification

Last Name:

First Name:

Middle Initial:

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I belong to the following classifications of protected veterans (choose all that apply):

- Disabled veteran
- Recently separated veteran
- Active wartime or campaign badge veteran
- Armed forces service medal veteran
-
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am a veteran, but not a protected veteran.
- I am not a veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Signature:

Date:

Routing Instructions: Submit to your local HR/Payroll office. If at UW-Madison, submit to 21 N. Park Street, Suite 5101.

For Office Use Only | Empl ID: _____ Empl Rcd#: _____

H322.20140324

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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.

¹ 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.