

9.2 ESS Review Personal Information (Fluid)

Purpose: Use this document as a reference to review personal information in ctcLink.

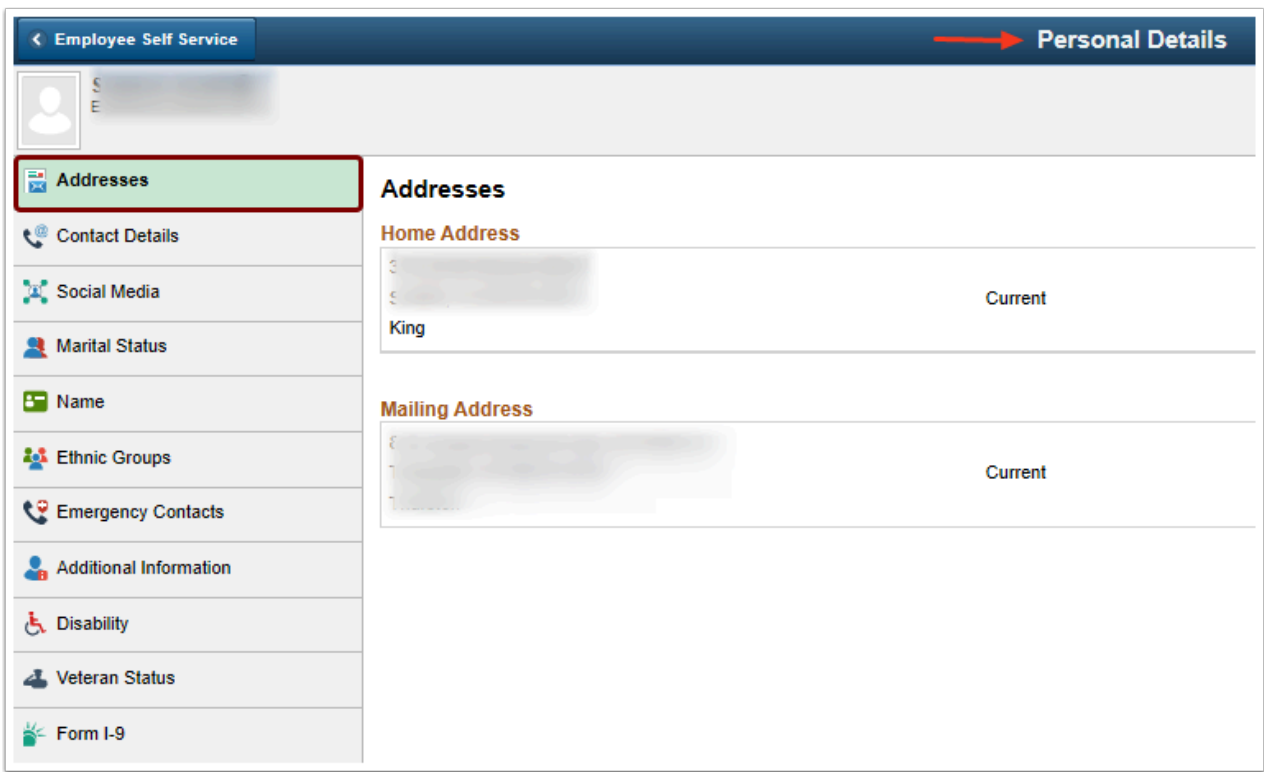
Audience: Employees.

Review Personal Information

Navigation: HCM Employee Self Service > Personal Details

Addresses

- 1. The **Personal Details** page displays.
- 2. The **Addresses** homepage defaults.
- 3. Review the data.



Contact Details

- 4. Select the **Contact Details** menu.
- 5. Review the data.

Addresses

Contact Details

Social Media

Marital Status

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Form I-9

Contact Details

Phone

Number	Extension	Type	Preferred
2		Mobile	>
2		Work	✓ >

Email

Email Address	Type	Preferred
Test@test.com	Home	✓ >

Instant Message

No data exists.

Add IM

Marital Status

6. Select the **Marital Status** menu.
7. Review the data.

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Veteran Status

Form I-9

Marital Status

Current Single

Change Marital Status

Name

- 8. Select the **Name** menu.
- 9. Review the data.

Addresses

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Emergency Contacts

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Veteran Status

Form I-9

Name

S

Current

Ethnic Groups

- 10. Select the **Ethnic Groups** menu.
- 11. Review the data.

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Veteran Status

Form I-9

Ethnic Groups

+

Black/African American

Cuban

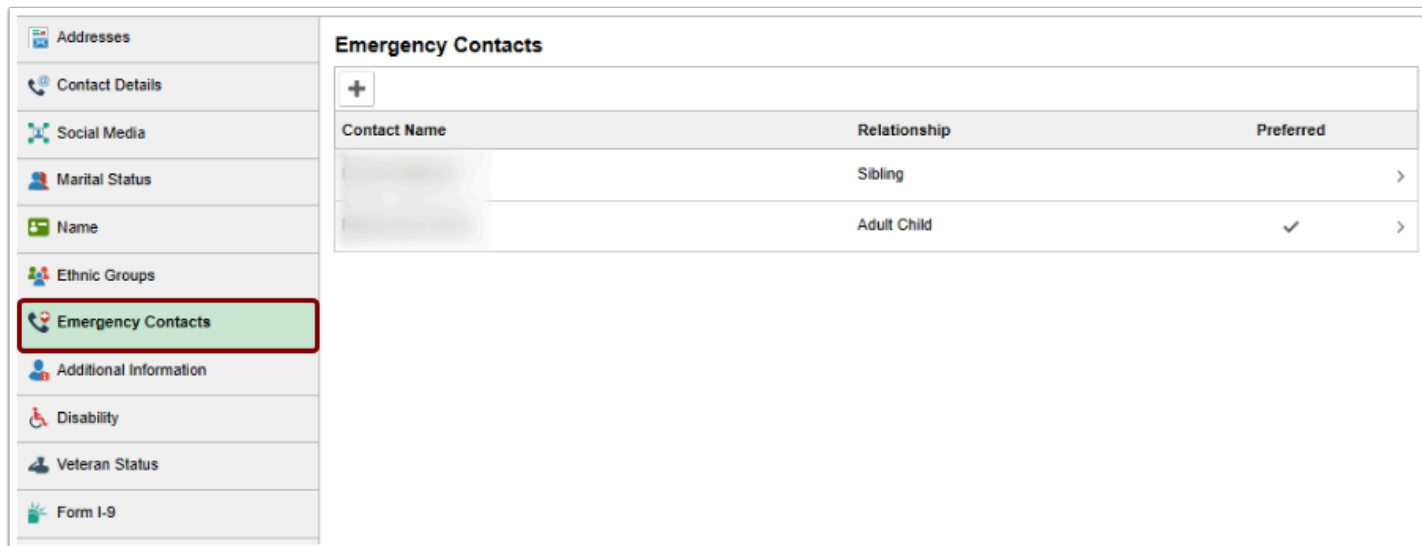
Puerto Rican

Voluntary Self-Identification

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or 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 laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Emergency Contacts

12. Select the **Emergency Contacts** menu.
13. Review the data.

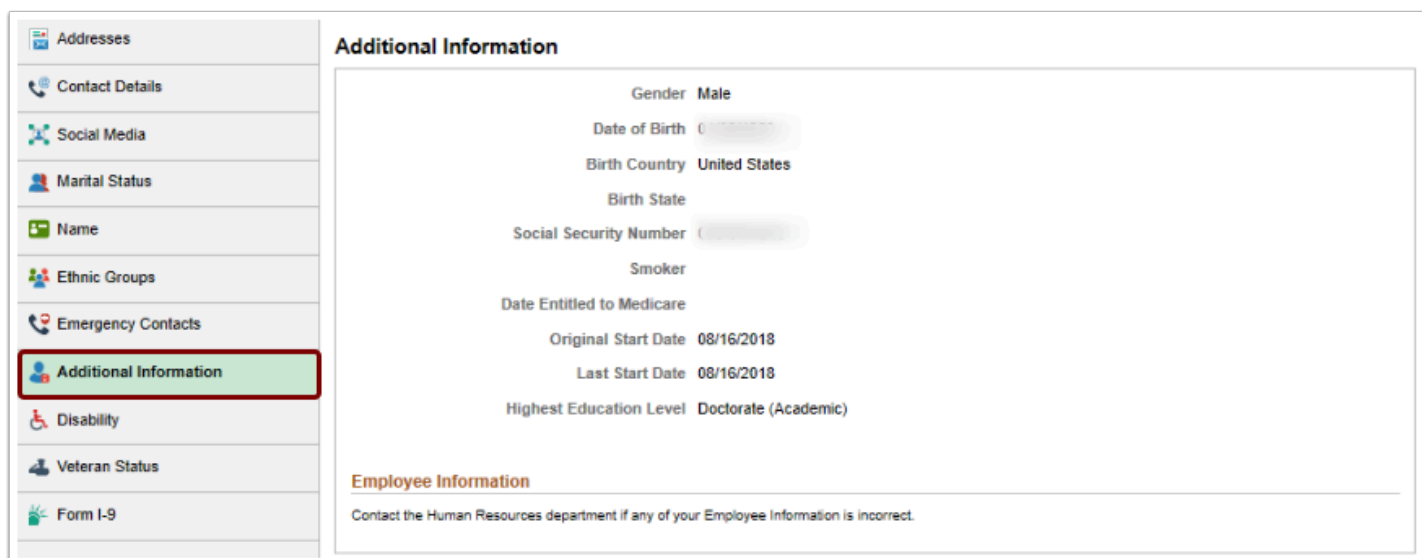


The screenshot shows a sidebar menu on the left with the 'Emergency Contacts' option highlighted in green and outlined with a red border. The main content area is titled 'Emergency Contacts' and contains a table with the following data:

Contact Name	Relationship	Preferred
[Redacted]	Sibling	>
[Redacted]	Adult Child	✓ >

Additional Information

14. Select the **Additional Information** menu.
15. Review the data.



The screenshot shows the sidebar menu with 'Additional Information' highlighted in green and outlined with a red border. The main content area is titled 'Additional Information' and displays the following fields:

Gender: Male
Date of Birth: [Redacted]
Birth Country: United States
Birth State: [Redacted]
Social Security Number: [Redacted]
Smoker: [Redacted]
Date Entitled to Medicare: [Redacted]
Original Start Date: 08/16/2018
Last Start Date: 08/16/2018
Highest Education Level: Doctorate (Academic)

Employee Information
Contact the Human Resources department if any of your Employee Information is incorrect.

Disability

16. Select the **Disability** menu.

17. Review the data.

Addresses

Contact Details

Social Media

Marital Status

Name

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Emergency Contacts

Additional Information

Disability

Veteran Status

Form I-9

Voluntary Self-Identification of Disability

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

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 select one of the options 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.

Veterans Status

18. Select the **Veterans Status** menu.

19. Review the data.

Addresses

Contact Details

Social Media

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Name

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Emergency Contacts

Additional Information

Disability

Veteran Status

Form I-9

Veteran Status

Definitions

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](tel:1-866-4-USA-DOL).

Self-Identification

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 selecting the appropriate option below.

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

- ☐ Disabled Veteran
- ☐ Recently Separated Veteran
- ☐ Active Duty 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 NOT a protected veteran.

20. The process to review personal information is now complete.
21. End of procedure.