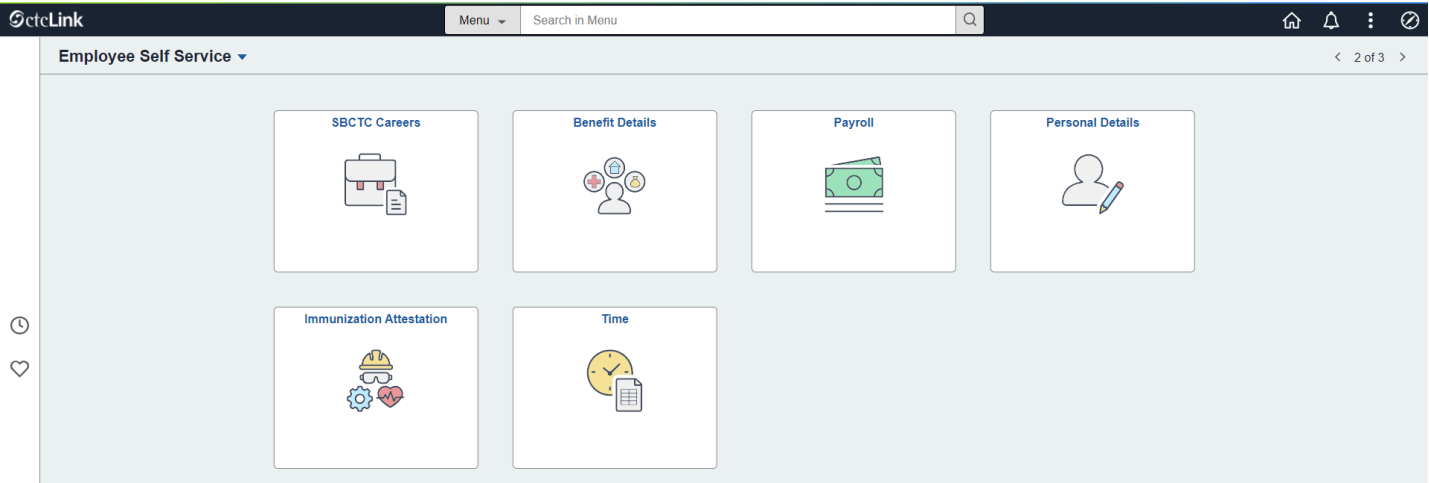


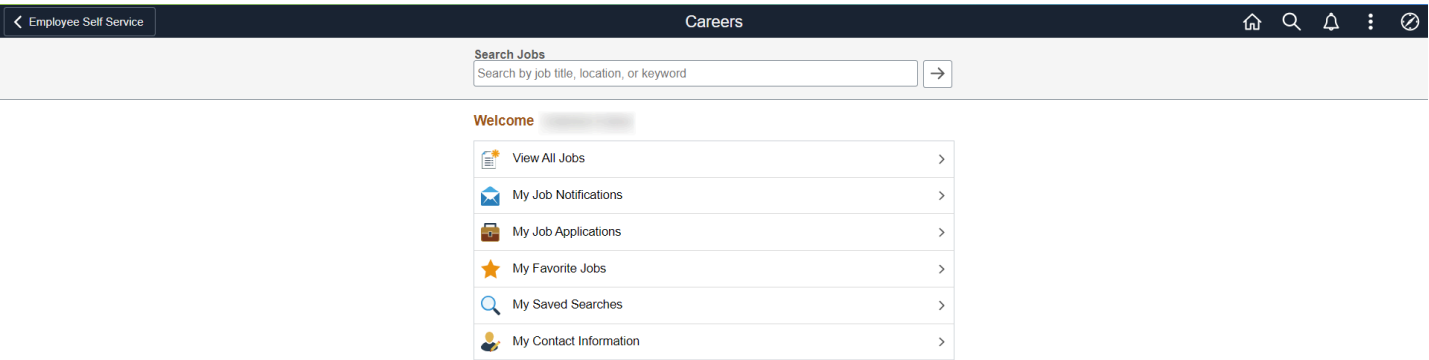
HCM Employee Self Service Homepage

Purpose: Use this document to become acquainted with the various tiles associated with the HCM Employee Self-Service Homepage.

Audience: All Staff



SBCTC Careers



Benefit Details

Benefits

Employee Self Service

Benefits

Benefits Summary

Benefit Details

ASSOCIATE DIRECTOR

Benefits

As Of06/22/2023

Refresh

Type of Benefit	Plan Description	Coverage or Participation
Medical	UMP Plus UW Medicine ACN	Family >
Dental	Uniform Dental	Family >
Long-Term Disability -Optional		Waived
Long-Term Disability - Basic	Basic Long Term Disability	% of Salary >
SBRP Retirement Plan TIAA-CREF	SBRP (TIAA-CREF) 35-49	7.5% of Earnings

Benefits Summary

Employee Self Service

Benefits

Benefits Summary

Benefit Details

ASSOCIATE DIRECTOR

Benefits Summary

As Of06/22/2023

Refresh

Type of Benefit	Plan Description	Coverage or Participation
Medical	UMP Plus UW Medicine ACN	Family >
Dental	Uniform Dental	Family >
Long-Term Disability -Optional		Waived
Long-Term Disability - Basic	Basic Long Term Disability	% of Salary >
SBRP Retirement Plan TIAA-CREF	SBRP (TIAA-CREF) 35-49	7.5% of Earnings

Payroll

< Employee Self Service

Payroll

Home

Search

Alerts

More

Close

CTC Sick Leave Buyout Consent

Paychecks

Compensation History

W-2/W-2c Consent

W 2

Consent received

W-2/W-2c Forms

W 2

2022 W-2 Form available

Direct Deposit

1

Account

Updated 10/26/2019

Tax Withholding

Updated 12/12/2022

Paycheck Modeler

CTC Sick Leave Buyout Consent

< Payroll

CTC Sick Leave Buyout Consent

CTC Sick Leave Buyout Consent Form
Your Employer has not enabled consenting for Sick Leave Buyout.

Paychecks

< Payroll

Pay

Paychecks

i

↑↓

Check Date	Company	Pay Begin Date / Pay End Date	Net Pay	Paycheck Number	
06/26/2023		06/01/2023 06/15/2023	\$2885.22	1372469	>
06/09/2023		05/16/2023 05/31/2023	\$2885.22	1345735	>
05/25/2023		05/01/2023 05/15/2023	\$2885.23	1323166	>
05/10/2023		04/16/2023 04/30/2023	\$2885.23	1301049	>
04/25/2023		04/01/2023 04/15/2023	\$2885.23	1283837	>
04/10/2023		03/16/2023 03/31/2023	\$2885.22	1259961	>

Compensation History

Payroll

Compensation History

Home Search Notifications Settings Logout

ASSOCIATE DIRECTOR

Apply Reset

Grid Display Options

Salary Frequency
Annual

View In
Issued Currency

Filter Options

Source

Type

Job Title

Time Period
All

Compensation History

View Chart

Date of Change	Amount	Salary Change Amount	Salary Change Percent	Source	Type	Currency	Job Title
07/01/2022	105,816.000	3,336.000000	3.3	Base Salary	Pay Rate Change	USD	ASSOCIATE DIRECTOR
07/01/2021	102,480.000	3,000.000000	3.0	Base Salary	Pay Rate Change	USD	ASSOCIATE DIRECTOR
07/01/2020	99,480.000	14,472.000000	17.0	Base Salary	Promotion	USD	ASSOCIATE DIRECTOR
07/01/2019	85,008.000		0.0	Base Salary	Hire	USD	

W-2/W-2c Consent

Payroll

W-2/W-2c Consent

Home Search Notifications Settings Logout

W-2/W-2c Consent Form

You currently receive W-2 or W-2c forms electronically

I would like to receive a paper copy of my IRS Forms W-2 (or W-2c in the event of a correction) and I acknowledge it will be mailed to my current address on file.

My choice to withdrawal is effective immediately and will be valid for all subsequent tax years unless I consent to receive an electronic copy, no later than December 31st of this year. I understand the withdrawal of my consent does not apply to previously issued Forms W-2.

☐ I withdraw my consent to receive W-2 or W-2c forms electronically

Submit

W-2/W-2c Forms

Payroll

View W-2/W-2c Forms

Home Search Notifications Settings Logout

View W-2/W-2c Forms

Tax Year 2022

State Board for Comm. and Tech

Tax Form

Issue Date

Year End Form

Printer Version

Filing Instructions

W-2

01/13/2023

View W-2 Form

Printable W-2

Filing Instructions

Direct Deposit

< Payroll

Direct Deposit

Direct Deposit

Accounts

+

▼

Order	Nickname	Payment Method	Routing Number	Account Number	Account Type	Amount/ Percent
1	Checking999	Direct Deposit	325181015	XXXXX0906	Checking	Full Balance >

Tax Withholding

< Payroll

Tax Withholding

Tax Withholding

Company

Status Active

Form Type	Jurisdiction	Withholding Details	
Federal	Federal	Tax Status Married	Dependent Amount 0.00
		Other Income 0.00	Deductions 0.00 >
		Extra Withholding 400.00	Other
State	Washington	Tax Status N/A	Withholding Allowances 0
		Additional Amount 0.00	Additional Allowances >
		Additional Percentage	Other

Paycheck Modeler

< Payroll

Start

Start

Earnings

Deductions

Taxes

Calculate

Results

Exit

Let's Get Started >

Start - Step 1 of 6

Welcome

The Paycheck Modeler can be used to calculate a hypothetical check by changing your earnings, and/or deductions, and/or tax withholding status. It will start with the standard earnings, deductions and taxes that normally appear on your paycheck.

To start, you must acknowledge and agree that you understand the Paycheck Modeler usage terms and conditions.

Agree to the Usage Terms and Conditions

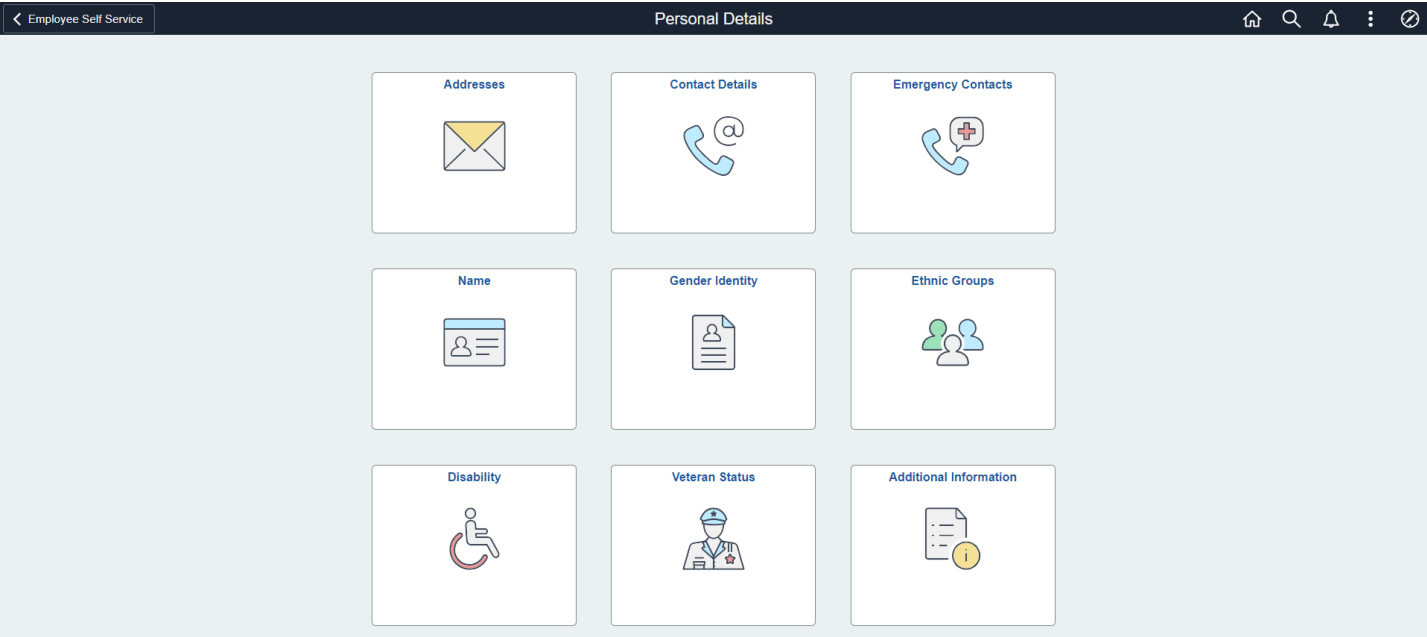
- The Paycheck Modeler contains confidential information that is intended for Gretchen Fulmer only. If you are not Gretchen Fulmer, exit the application immediately and notify the Payroll Department.
- Usage of the Modeler is intended to provide general guidance and estimates.
- The check generated by the Modeler is not a genuine paycheck. There is no guarantee that you will receive the modeled results.
- You should not make financial or benefit related decisions based on the modeled check results.

☐ Yes, I have reviewed and agree to the terms and conditions.

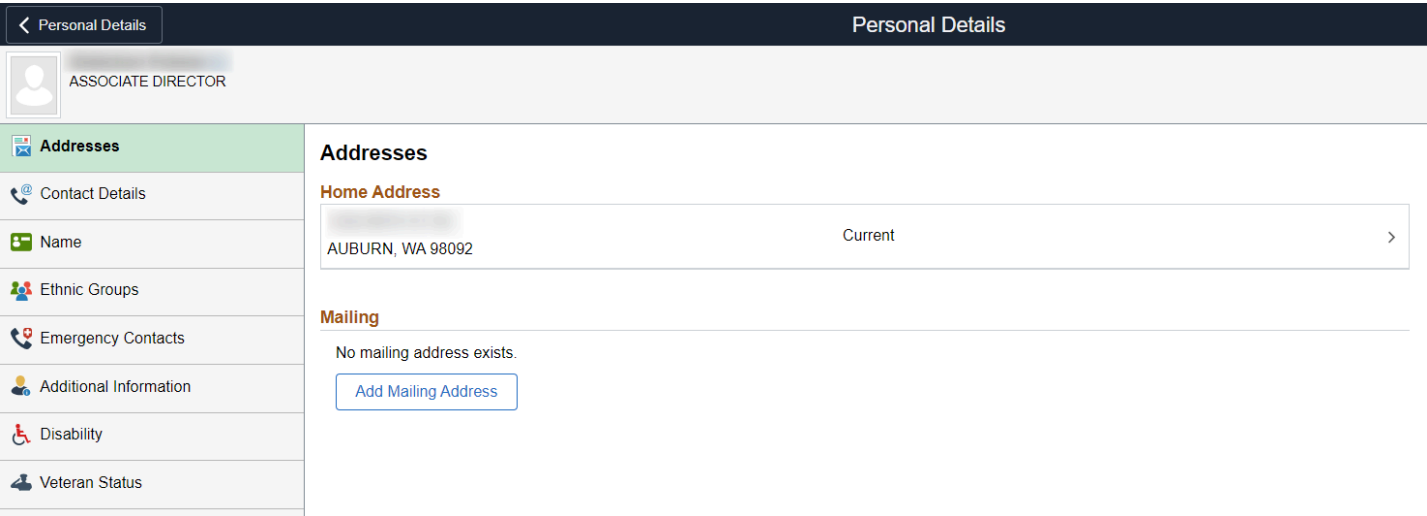
Exit

Let's Get Started >

Personal Details




Addresses



Contact Details

< Personal Details

Personal Details

 ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Contact Details

Phone

+

Number	Extension	Type	Preferred
		Business	>
		Mobile	✓ >

Email

+

Email Address	Type	Preferred
	Campus	✓ >

Instant Message


No instant message exists.

Add IM

Name

< Personal Details

Personal Details

 ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Name

	Current	>
--	---------	---

Ethnic Groups

< Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Ethnic Groups

+

White

>

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

< Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Emergency Contacts

+

Contact Name	Relationship	Preferred Contact
	Parent	>
	Parent	>
	Spouse	✓ >

Additional Information

Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Additional Information

Legal Sex F

Date of Birth

Birth Country

Birth State

Social Security Number

Smoker

Date Entitled to Medicare

Original Start Date 08/19/2015

Last Start Date 07/01/2019

Highest Education Level Bachelors Level Degree

Employee Information

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

Disability

Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name:

Date: 06/22/2023

Employee ID:
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy

- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or Irritable bowel syndrome
- Intellectual disability

- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability

☐ I Don't Wish To Answer

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.

Submit

Veteran Status

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Personal Details

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 12965.

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 1-855-4-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.

☐ I am NOT a veteran.

Military Discharge Date

Reasonable Accommodation Notice

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.

Immunization Attestation

Employee Self Service

Immunization Attestation

COVID-19 Vaccination Attestation

Vaccination Details

INSTRUCTIONS FOR ENTERING BOOSTERS:
1) If the initial Immunization/Exemption already exists for a prior date, select Immunization Type "COVID-19 Booster" irrespective of the brand of vaccine taken.
2) For entering multiple boosters, select Immunization Type "COVID-19 Booster" for each immunization and enter the date taken.

?

+

*Immunization/Exemption	*Date Taken	Verified by HR	Date Verified	
Moderna - 1st dose	08/16/2021	Yes	09/27/2021	—
Moderna - 2nd dose	09/20/2021	Yes	09/27/2021	—

Self Attestation

I declare that the information I have provided is accurate and true, and I acknowledge that it may be subject to further verification.

Yes

I Agree

Disciplinary Action

I acknowledge that knowingly providing incorrect information and/or not following college COVID protocols, including policies on face coverings, may result in disciplinary action.

Yes

I Agree

Submit

Time

Employee Self Service

Time

Enter Time

06/16/23 - 06/30/23

Reported 0.00

Time Summary

06/16/23 - 06/30/23

No Time Reported

Exceptions

0

Report Time

Thursday, Jun 22, 2023

Report Time

Payable Time

Last Time Period 06/01/23 - 06/15/23

Total Hours 90 Hours

Request Absence

Cancel Absences

View Requests

Absence Balances

CTC Time

Enter Time

Time

Enter Time

Job Information

Please check the Employee Record, Hourly Rate and Supervisor Name for the selected Job Title before entering time.

Empl Record 0

Hourly Rate 50.678161

Supervisor Name

Job Title ASSOCIATE DIRECTOR

16 June - 30 June 2023

Semi-Monthly Period

Scheduled 80.00 | Reported 0.00

Submit

Print Timesheet

Week 1 of 3

Scheduled 0.00 | Reported 0.00 Hours

*Time Reporting Code / Time Details	16-Friday	17-Saturday	18-Sunday	19-Monday	20-Tuesday	21-Wednesday	22-Thursday
<div>Reported 0</div> <div></div> <div>Comments</div>	<div>Reported 0</div> <div></div> <div></div>	<div>Reported 0</div> <div></div> <div></div>	<div>Reported 0</div> <div></div> <div></div>	<div>Reported 0</div> <div></div> <div></div>	<div>Reported 0</div> <div></div> <div></div>	<div>Reported 0</div> <div></div> <div></div>	<div>Reported 0</div> <div></div> <div></div>

HCM Employee Self Service Homepage

Page 11

Time Summary

Reported Time

< Time

Time Summary

Job Title ASSOCIATE DIRECTOR

*View By

Period

16 June - 30 June 2023

Scheduled 80.00 | Reported 0.00 Hours

Reported Time

Payable Time

View Legend

Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
16 Reported: 0 Hours	17 Reported: 0 Hours	18 Reported: 0 Hours	19 Reported: 0 Hours	20 Reported: 0 Hours	21 Reported: 0 Hours	22 Reported: 0 Hours
23 Reported: 0 Hours	24 Reported: 0 Hours	25 Reported: 0 Hours	26 Reported: 0 Hours	27 Reported: 0 Hours	28 Reported: 0 Hours	29 Reported: 0 Hours
30 Reported: 0 Hours						

JUNE 22 Thursday

Total Reported:
Time Reporting Code:

Actions

Payable Time

< Time

Time Summary

Job Title ASSOCIATE DIRECTOR

*View By

Period

16 June - 30 June 2023

Reported 80 Hours

Reported Time

Payable Time

View Legend

Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
16	17	18	19 Regular - 10 Hours	20 Regular - 10 Hours	21 Regular - 10 Hours	22 Regular - 10 Hours
23	24	25	26 Regular - 10 Hours	27 Regular - 10 Hours	28 Regular - 10 Hours	29 Regular - 10 Hours
30						






JUNE 22 Thursday

Quantity: 10 Hours
Time Reporting Code: Regular - 10 Hours
Payable Status: Closed

Exceptions

< Time


View Exceptions




Job Title ASSOCIATE DIRECTOR

View My Exceptions

There are no exceptions to display.







Explanation





Report Time

< Time

Report Time



Thursday, Jun 22, 2023



*Time Reporting Code


Quantity

Submit

Time Details

Submitted 0 Hours

Comments (0)



Payable Time


Summary

< Time

Payable Time


*From

06/16/2023



*Through

06/30/2023



Payable Time Summary

Summary





Detail

Time Reporting Code	Quantity (Hours)
Regular	80.00
Total	80.00

Detail

< Time

Payable Time



*From
06/16/2023

*Through
06/30/2023

Payable Time Details

Summary





Detail

Date	Time Reporting Code	Quantity (Hours)	Payable Status
06/19/2023	Regular	10.00	Closed
06/20/2023	Regular	10.00	Closed
06/21/2023	Regular	10.00	Closed
06/22/2023	Regular	10.00	Closed
06/26/2023	Regular	10.00	Closed
06/27/2023	Regular	10.00	Closed
06/28/2023	Regular	10.00	Closed
06/29/2023	Regular	10.00	Closed
	Total	80.00	

Request Absence

< Time

Request Absence



Changing the Absence Name will clear the detailed information associated.

Submit

*Absence Name890 Sick Leave Take

ReasonSelect Absence Reason

*Start Date06/22/2023

End Date

Duration10.00 Hours

Partial DaysNone

Comments

Balance Information


As Of 06/15/2023 339.00 Hours**

View Balances


View Requests

Disclaimer The current balance does not reflect absences that have not been processed.

Cancel Absences

< Time		Cancel Absences	
View Requests		2 rows	
			
890 Vacation Leave Approved		08/21/2023 - 08/23/2023 30 Hours	>
890 Sick Leave Take Approved		08/17/2023 10 Hours	>

View Requests

< Time		View Requests	
View Requests		6 rows	
			
890 Vacation Leave Approved		08/21/2023 - 08/23/2023 30 Hours	>
890 Sick Leave Take Approved		08/17/2023 10 Hours	>
890 Vacation Leave Approved		05/30/2023 - 05/31/2023 20 Hours	>
890 Vacation Leave Approved		05/25/2023 10 Hours	>
890 Vacation Leave Approved		05/22/2023 2 Hours	>
890 Vacation Leave Approved		05/10/2023 10 Hours	>

Absence Balances

Balances	
890 Personal Holiday SBCTC	
As Of 06/15/2023	8.00 Hours
890 Sick Leave SBCTC	
As Of 06/15/2023	339.00 Hours
890 Vacation Ent SBCTC	
As Of 06/15/2023	288.18 Hours

CTC Time

Timesheet

< Time

New Window | Help

Timesheet

- Overtime Requests
- Comp Time Balances
- Monthly Schedule

Timesheet

Employee ID [REDACTED]
 Emp'l Record 0
 Earliest Change Date 07/01/2023

ASSOCIATE/DIRECTOR

Actions •

Select Another Timesheet

*View By Week Previous Week Next Week
 *Date 06/19/2023 Print Timesheet
 Reported Hours 0.00

From Monday 06/19/2023 to Sunday 06/25/2023

Mon 6/19	Tue 6/20	Wed 6/21	Thu 6/22	Fri 6/23	Sat 6/24	Sun 6/25	Total	Time Reporting Code	Override Reason	Business Unit	Combination Code	CharFields			
[Input]	[Input]	[Input]	[Input]	[Input]	[Input]	[Input]		[Dropdown]	[Q]	HR890	[Q]	[Input]	CharFields	+	-
[Input]	[Input]	[Input]	[Input]	[Input]	[Input]	[Input]		[Dropdown]	[Q]	HR890	[Q]	[Input]	CharFields	+	-
[Input]	[Input]	[Input]	[Input]	[Input]	[Input]	[Input]		[Dropdown]	[Q]	HR890	[Q]	[Input]	CharFields	+	-

Submit

Reported Time Status Summary Exceptions Payable Time

Reported Time Status

[M] [Q] 1 of 1

Date	Total	TRC	Description	Comments
	0.000000			

Request Absence
Self Service
Time Reporting

Overtime Requests

< Time

Timesheet

Overtime Requests

Comp Time Balances

Monthly Schedule

Overtime Requests

ASSOCIATE DIRECTOR

Actions

View Options

Month 06 - June Year 2023 View Requests

View All Requests

No Overtime Requests found. Select Add Request to submit a request for approval.

Add Request

Self Service

Time Reporting

CTC ESS Time

Employee ID

Employment Record 0

Comp Time Balances

< Time

Timesheet

Overtime Requests

Comp Time Balances

Monthly Schedule

There is no Leave Balance data to be displayed.

CTC ESS Time

Monthly Schedule

< Time

Timesheet

Overtime Requests

Comp Time Balances

Monthly Schedule

CTC ESS Time

Employee ID

Previous Month

06 - June

2023

Next Month

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

10 Hours

1

OFF

2

OFF

3

OFF

4

10 Hours

5

10 Hours

6

10 Hours

7

10 Hours

8

OFF

9

OFF

10

OFF

11

10 Hours

12

10 Hours

13

10 Hours

14

10 Hours

15

OFF

16

OFF

17

OFF

18

10 Hours

19

10 Hours

20

10 Hours

21

10 Hours

22

OFF

23

OFF

24

OFF

25

10 Hours

26

10 Hours

27

10 Hours

28

10 Hours

29

OFF

30