

Courtesy Onboarding Walk Through: Internal Candidate Perspective

This guide will detail the steps internal Courtesy Appointment candidates will take to complete their Courtesy onboarding process.

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Courtesy Candidate Receives Invitation

1. Locate the email from FSUonboarding@fsu.edu. Please note that this email may be sorted in your junk or spam folder. If you do not receive this email, please contact your department representative.
 - Students, rehires, and current employees will receive an invitation instructing them to log into my.fsu.edu to complete the process.
 - **OMNI HR> Employee Self Service>** and select the **FSU Onboarding Tile**.
NOTE: Only internal candidates that have their affiliation established in their courtesy job offer will receive the internal email. Please contact your department representative to ensure they have your correct EMPLID and FSUID.



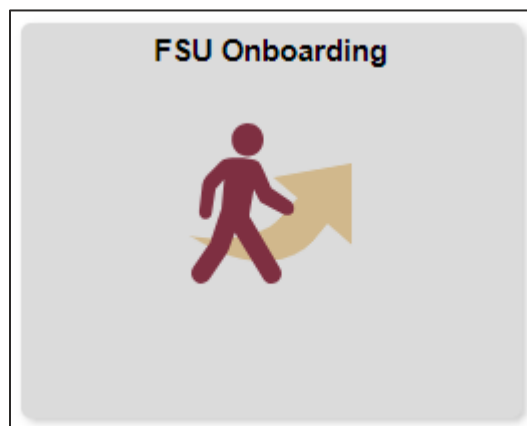
MYFSU LINKS



myFSU HUMAN RESOURCES

Employee Self Service ▾

- Employee Self Service
- Manager Self Service
- Department Administration
- HR Administration
- Payroll Administration



2. Complete the Electronic Disclosure.

NOTE: Complete the Electronic Disclosure page by attesting the information you are providing is true & complete. Please understand that your e-signature is legally binding.

Electronic Disclosure

Please read the following statement carefully.

By entering information included in this electronic onboarding process, I attest that the information provided and any accompanying documentation is true and complete. I understand that any false or misleading information or omissions may disqualify me from a position or employment with Florida State University and may be grounds for disciplinary action, up to and including dismissal, even if discovered at a later date.

I understand that electronic signatures are legally binding. I acknowledge that my electronic signature indicates I have accurately completed the form to the best of my knowledge and reviewed the information, including electronically accessing and reviewing the information contained therein. I consent to the release of any information gathered during this onboarding process as appropriate to Florida State University Human Resources with the understanding that any information entered and included with this process will be used for employee records at Florida State University.

DO NOT E-SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I understand the terms above, and give my consent to use electronic signatures for my onboarding.

Electronically Sign

3. Complete the Appointment Details page by reviewing the appointment details and start date. Click the **Electronic Acknowledgement** button to proceed.

Appointment Details

Congratulations again on your courtesy appointment at FSU!

Your appointment is contingent upon your successful completion of this electronic onboarding process before your start date, which may include a criminal history background check as well as other State and University requirements.

Here is a summary of your offer:

| | |
|-----------------------------|------------------------|
| Department Name | President's Office |
| Position Number | |
| Job Code | YT00 |
| Class Title (working title) | Volunteer_OPS Courtesy |
| FTE | |
| Employee Class | Courtesy |
| Supervisor | |
| Tentative Start Date | 06/28/2022 |
| Standard Hours | |
| Salary (hourly or biweekly) | \$ 0.00 /Biweekly |
| Department Rep Email | |

I acknowledge and accept this appointment outlined above.

Electronic Acknowledgement

4. Review and Confirm your personal data. The information preexisting in your OMNI profile will automatically populate. Please review and update the information, as necessary.

Candidate Information

Please confirm or add the requested information about yourself. Required fields are indicated with an asterisk (*).

| | | | |
|---|---------------------|---|--|
| Name | Name Prefix | <input type="text"/> | |
| | *First Name | <input type="text" value="Reggie"/> | |
| | Middle Name | <input type="text"/> | |
| | *Last Name | <input type="text" value="Renegade"/> | |
| | Name Suffix | <input type="text"/> | |
| Preferred Name (If Different from Legal Name) | First Name: | <input type="text"/> | |
| | Middle Name: | <input type="text"/> | |
| | Last Name: | <input type="text"/> | |
| Personal Details | *Gender | <input type="text" value="Male"/> | |
| | *Citizenship Status | <input type="text" value="1 - U.S. Citizen"/> | |
| | *Marital Status | <input type="text" value="Single"/> | |
| | *Date of Birth | <input type="text" value="03/17/XXXX"/> Show | |
| National ID | *SSN: | <input type="text" value="XXXX-1234"/> Show | |
| | *Confirm SSN: | <input type="text" value="XXXX-1234"/> Show | |
| Phone Numbers | *Cell Phone | <input type="text" value="001"/> <input type="text"/> | |
| | Home Phone | <input type="text" value="001"/> <input type="text"/> | |
| | Text Alert | <input type="text" value="001"/> <input type="text"/> | |
| Email | *Email | <input type="text" value="XXXXXXXXXX@gmail.com"/> Show | |
| | *Confirm Email | <input type="text"/> | |
| Addresses | *Home Address: | Mailing Address: <input checked="" type="checkbox"/> Copy from Home Address 1 College Ave Tallahassee, FL 32301 Leon United States <input type="button" value="Edit"/> | |
| | | 1 College Ave Tallahassee, FL 32301 Leon United States <input type="button" value="Edit"/> | |

Florida law protects certain personal information for some positions, like law enforcement officers and their spouses and children, from public records requests. To determine if an exemption applies to you under Florida Statutes Chapter 119, review http://www.hr.fsu.edu/PDF/Forms/ExemptionFS119_info.pdf.

Are you exempt from Public Records request per Florida Statutes Chapter 119.07? Yes No

5. Click **Save** to proceed.

6. Complete the Education Page - select your Highest Education level (if the data does not automatically populate), and confirm Degree, major, and effective date data.

NOTE: Any data that does not populate is not currently in your OMNI file. Please update these fields, as necessary.

Only the information shown below is required – all other information is optional. The required data includes degree, major, and effective date.

Education

Highest Education Please indicate your highest level of education obtained:

*Highest Education Level: G-Bachelors Level Degree

Maiden Name:

(If Applicable)

- **Degree:** Click magnifying glass > select from the list or type your degree in "Quick Filter" box to search > select value.
- **Major:** Click magnifying glass > enter your major in "Quick Filter" box > select value. If no matching value found, close pop-up window and type your major in "Major Description" box.
- **Effective Date:** Click calendar icon to select date degree was conferred.
- **Country and State:** Click magnifying glasses > use "Quick Filter" to search > select values.
- **School Code:** Click magnifying glass, enter school name in "Search by Description" box, and select value. Use "Quick Filter" to refine results if needed. If no matching value found, close pop-up window and type school name in "School Description" box.
- **Graduated and Terminal Degree for Discipline:** Check boxes as applicable.

Note: High school education details are not collected on this page. Click "Save" to continue.

Education Details

*Education Level: DEG Degree

Specify your school location and name below:

*Degree: 00_4BA Bachelor's Degree

*Major: A22

*Effective Date: 05/09/2011

Country: United States

State: Florida

School Code:

School Description:

Major Description: Oceanography

Graduated

Terminal Degree for Discipline

7. Click **Save** to proceed.

8. Complete the Self Disclosure Questions – disclosure is optional. Select the **I decline to Self-Identify** option if you wish to opt out.
- Click **Save** or **Electronically Sign** on each page to proceed.

NOTE: Included in these pages are resources for you to access additional information if needed.

Voluntary Self-Identification of Ethnicity/Race

To meet the University's obligations as a federal contractor, we request that you complete the following information. This information will only be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. Completion of this information is voluntary and will not affect your employment opportunities with the University. The information is confidential and will be kept separate from your other applicant information.

Do you consider yourself Hispanic/Latino?

Yes No I decline to Self-Identify

Please select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

I decline to Self-Identify

Save

Voluntary Self-Identification of Protected Veteran Status

To meet the University's obligations as a federal contractor, we request that you complete the following information. This information will only be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. Completion of this information is voluntary and will not affect your employment opportunities with the University. The information is confidential and will be kept separate from your other applicant information.

I am a protected veteran. (Select all that apply)

Disabled Veteran
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. (If you are a disabled veteran and you would like to request a reasonable accommodation, please contact the Equity, Diversity & Inclusion Office at (850) 645-1458 or EDI@fsu.edu.)

Armed Forces Service Medal Veteran
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 (61 FR 1209).

Active Duty Wartime or Campaign Badge Veteran
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.

Recently Separated Veteran
A 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.

I am not a protected veteran, but I am a veteran.

I am not a veteran.

I decline to Self-Identify.

Save

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 04/30/2026

Name: Reggie Renegade

Date: 06/22/2023

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress toward this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want 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.

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodations to qualified individuals with disabilities. Please tell us if you require a reasonable employment accommodation to apply for a job or to perform your job. To request a reasonable accommodation, please contact the HR-EDI Office at (850) 644-7950 or mbdouglas@fsu.edu.

Revised 06/10/2023

9. Review and confirm current emergency contact information. Update, as necessary.

Emergency Contacts

| | | | |
|-------------------|--------------------------------|-------------|--------------------------------|
| Contact 1 | | | |
| *First Name | <input type="text"/> | *Last Name | <input type="text"/> |
| *Relationship | <input type="text" value="v"/> | | |
| *Primary Phone | <input type="text"/> | *Phone Type | <input type="text" value="v"/> |
| Alternative Phone | <input type="text"/> | Phone Type | <input type="text" value="v"/> |
| Contact 2 | | | |
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Relationship | <input type="text" value="v"/> | | |
| Primary Phone | <input type="text"/> | Phone Type | <input type="text" value="v"/> |
| Alternative Phone | <input type="text"/> | Phone Type | <input type="text" value="v"/> |

10. Click **Save** to proceed.

11. Complete the Background Check Page.

NOTE: A background check will only need to be conducted if your appointment requires one. This is determined by the assigned responsibilities within your role and your level of system access.

- The top portion gives you information on University policy regarding background check and driver's license verification (if need for the appointment).
 - There are links for you to seek out additional resources and read the policies in more detail.
- The second section will ask you questions about your criminal history.

Background Check

To provide a safe and secure environment for all students, faculty, staff, and visitors, all final candidates for employment (including current employees undergoing internal movement) with Florida State University may be subject to pre-appointment criminal history background checks in accordance with University Policy 4-OP-C-7-B11. If this position requires a valid driver's license, validity will be verified with the Florida Department of Motor Vehicles as authorized and in accordance with University Policy 4-OP-C-7-G8.

The existence or disclosure of criminal history will not automatically bar you from employment; however, false statements and/or omissions on this application may be grounds for disqualification. All answers concerning your criminal history are confidential and accessible only by designated Human Resources personnel.

If you have already answered the Criminal History Disclosure questions on this job posting's application, your answers have been automatically populated below. If populated, your given answers will be reviewed appropriately.

Have you ever had a felony offense which resulted in a 1) guilty conviction, 2) adjudication of guilt withheld, or 3) plea of nolo contendere? If "Yes", please detail each offense (including charge, level, degree, date, location, case outcome, etc.) in the field below. Yes No

Have you ever had a misdemeanor offense which resulted in a 1) guilty conviction, 2) adjudication of guilt withheld, or 3) plea of nolo contendere? If "Yes", please detail each offense (including charge, level, degree, date, location, case outcome, etc.) in the field below. Yes No

Have you been convicted of a felony for the sale of or trafficking in or conspiracy to sell or traffic in a controlled substance committed on or after October 1, 1990, as defined in Chapter 893, F.S.? Yes No

Save

12. Click **Save** to proceed.

13. On the next page, acknowledge the information provided on the previous background check page is correct and click **Submit**.

Submit for Background Check

If required, the information you have provided will be used to conduct a background check for your appointment. The information provided may not be changed after submission, please verify prior to submitting.

I confirm I have verified all information provided and understand that this information may be used to conduct a background check.

Submit

14. Employment of Relatives

In this step, you will indicate whether you have any relatives working at FSU. You do **not** need to evaluate whether the relationship is aligned with FSU's policy – your supervisor/advisor/camp counselor will evaluate the appointment and approve if appropriate.

Employment of Relatives

Under the University's Employment of Relatives (Nepotism) Policy, relatives [defined as individuals related to each other in one of the following ways, whether by blood, adoption, marriage (in-laws/step), or other legal action: spouses; parents; grandparents; children; grandchildren; siblings; aunts/uncles; nieces/nephews or other persons residing in the same household, including but not limited to domestic partners] may not be employed in positions where they will report, directly or indirectly, to each other. Deans, Directors, Department Heads and Principal Investigators (PI) are responsible for ensuring that employees in their units do not control the scheduling, timekeeping, performance evaluations, disciplinary actions, reporting effort, verification of research progress or other work performance, employment, or payroll functions for their relatives. Additionally, personnel appointments on a sponsored research account are restricted to persons who are not relatives of the Principal Investigator (PI).

Do you have relatives working at FSU?

No I do not have relatives employed at Florida State University and understand that if this changes during the course of my employment, I have a responsibility to report any potential violations of the Employment of Relatives (Nepotism) policy or conflicts of interest to my supervisor.

Yes I have relatives employed at Florida State University. I understand that further evaluation and approval is required. My offer of employment is contingent on such approval. If any change in my employment results in a violation of the Employment of Relatives (Nepotism) policy, it is my responsibility to report to my supervisor.

Save

15. Click **Save** to proceed.

16. Confirm your employment information by electronically acknowledging that the information is complete and accurate.

NOTE: Once acknowledged, you *CANNOT* edit any submitted information.

Confirm Appointment Information

The information you have provided in this section will be used to conduct required reviews/approvals for Employment of Relatives (Nepotism) policy exception. The information provided in this section may not be changed after submission. Please confirm that it is complete and accurate prior to submitting.

I confirm that I have verified all information provided on the previous tabs in the Appointment Information section. I understand that this information will be used to conduct required reviews/approvals.

Electronic Acknowledgement

17. **Review and Acknowledge** the policies listed in the memorandum of understanding.

NOTE: The *Memorandum of Understanding – Courtesy* contains multiple policies that may impact you. Please click through the links in each tab to review the individual policies. However, you *are not* required to review all the policies in one sitting. It can be downloaded to review later.

Memorandum of Understanding - Courtesy

Updated 10/12/2022

I acknowledge receipt and review of the following University policies and statements:

[Discrimination and Sexual Misconduct Policies 4-OP-C-7-1 Equal Opportunity and Compliance \(EOC\):](#)

- Anti-Sexual Misconduct Policy
- Title IX Statement
- Non-Discrimination Policy [4-OP-C-7-13 Equal Opportunity, Non-Discrimination, and Non-Retaliation Policy and Procedures](#)
- Americans with Disabilities Act (ADA) Policy [4-OP-C-7-11 AMERICANS WITH DISABILITIES ACT.](#)

[Workers? Compensation 4-OP-G-10 Insurance, Risk Management and Workers:](#)

I have read the Florida State University rules relative to workers? compensation and understand that all injuries must be reported immediately to my supervisor. I am to obtain authorization from Amerisys should I require any medical treatment unless the need for treatment is an emergency at which time 911 will be called immediately and Amerisys notified. All absences from work must be documented by an authorized physician and I must provide written documentation to my supervisor/department following each medical treatment. Where applicable, my department will work to provide light duty options. I must keep all medical appointments and obtain full duty clearance before returning to my normally scheduled job duties. If I am injured at work or become aware of a workers? compensation injury or illness, I have 30 days in which to report my injury or illness to my employer. Failure to report my injury within 30 days may jeopardize my claim. I have two years from the date of my injury or illness to file a claim for workers? compensation benefits. Failure to report my injury or illness within 30 days may be used as a defense against my claim regardless of the two-year statute of limitations for filing a claim. My eligibility for benefits may also be eliminated one year from the date I last received a wage replacement check or approved medical treatment.

I acknowledge receipt of the Workers? Compensation Information for Florida Workers

[Protection of Protected or Private Information 4-OP-H-5 Information Security Policy and 4-OP-H-12 Information Privacy Policy.](#)

I agree to protect the confidentiality, privacy, and security of patient, student, staff, business, and other information classified as ?Protected? or ?Private? under the guidelines for information classification by the University in any form (spoken, paper, electronic). As an FSU employee or volunteer, I may be given or have access through a variety of platforms to Protected or Private information of employees, customers, custodians, students, parents, patient accounts, and/or other affiliations with the University. I will follow federal and state statutes and regulations, FSU policies, procedures, and other privacy and security requirements. I affirm that I will receive and hold all Protected or Private information as highly confidential and hereby affirm that I will not discuss, use, copy, photograph, electronically scan, text, publish, or disclose Protected or Private information for purposes outside of my legitimate scope of work. Any materials or electronic documents containing Protected or Private information must be immediately returned to the University if instructed or upon separation or transfer to a position which does not require access to the same information.

18. Complete the Supplemental Document step. The supplemental documents page provides candidates the opportunity to upload a variety of document types.
- Confirm if you already have any additional required supplemental documents in your personnel file before submitting. Some documents may require updated documentation if they have expired (licenses, certifications, etc.)
 - If no additional supplemental documents are required, click **Save and Submit**.

Supplemental Documents

Additional supplemental documents may be required to verify your eligibility for the appointment. If you have been notified by Human Resources or your hiring department that additional supplemental documents are required for your appointment, such as a license or certification, please upload the documentation below. Please note that candidates being appointed into a teaching Faculty position must provide original official transcripts to the hiring department. Transcripts uploaded on this page are not considered to meet the official requirement. If you have questions, please contact your hiring department representative.

Click, **Save and Submit** to proceed to the next step, even if no documents have been uploaded.

Candidate Documents

| Document Type | Attached File |
|---------------|---|
| | <input type="button" value="Upload"/> ... <input type="button" value="View"/> |


19. Submit your information to HR.

- The Submit to HR tab allows you to review all non-confidential information provided and download a copy of the signed forms.
- When you have reviewed all the submitted information, please click the **Submit to HR for Review** button.
- If any of the information is *incorrect*, please contact central HR or your department representative to get your paperwork restarted. **Restarting your paperwork will not require you to reinsert all your information – you will just be required to reverify and update any incorrect information.**

| Employee Details | | | |
|------------------|--|--|----------------------|
| Personal Info | Applicant ID | 729811 | |
| | Candidate ID | 0000031203 | |
| | Name | Reggie Renegade | |
| | Gender | Male | |
| | Marital Status | Single | |
| | Date of Birth | 01/01/XXXX | Show |
| | SSN | XXX-XX-- | Show |
| | | <input type="checkbox"/> Applied for SSN | |
| | Citizenship Status | Natural Citizen | |
| | FL Statute 119 | No | |
| Phone Numbers | Cell Phone | XXXXXXXX-6846 Show | |
| Email Address | XXXXXXXXXXXXXXXX@gmail.com | Show | |
| Home Address | 1 College Ave Tallahassee, FL 32301 Leon United States | | |
| Mailing Address | 1 College Ave Tallahassee, FL 32301 Leon United States | | |

20. Acknowledge the final page of your onboarding process. Check the **Acknowledgement** box and click the **Electronic Acknowledgement** button.

Resources



There are no more tasks for you in this portal, please acknowledge below.
If you have any questions about your employment, please contact Human Resources at (850)644-6846
or email HR-CourtesyDocs@fsu.edu.

More information and other resources can be found at the [Courtesy Appointment website](#).

I acknowledge that I have read and understood the materials above.

Electronic Acknowledgement

Questions on this procedure? Please contact [HR-Courtesy Docs](#).