Courtesy Onboarding Walk Through: External Candidate Perspective

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

NOTE: Please gather a non-expired Photo ID and any other documents your department may need prior to starting your Courtesy Onboarding process. If you do not have a social security number or wish not to provide yours, please contact your Department Representative for a Temporary ID.

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Courtesy Candidate Receives Invitation

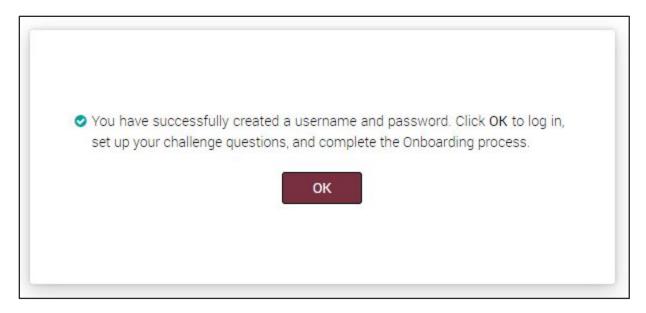
- 1. Locate the email from <u>FSUonboarding@fsu.edu</u>. Please note, that this email may be sorted in your *junk or spam folder*. If you do not receive this email, please contact your department representative.
 - a. New Courtesy Appointment candidates will receive an email welcoming them to FSU and inviting them to log in to the onboarding portal to complete the electronic onboarding process.

Reggie Renegade,				
1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 -	3 55 935	177 V 177	SS 34 - 34	
Congratulations on	your courtesy appointment! We	look forward to your contril	butions to our univ	jsity community.
Departmen	t Job Title	Anticipated Start Date	Invitation ID	
Statistics	Research Support Assistant	11/27/2024	0000050107	
 91:				
Your appointment is	contingent on your successful	completion of our electronic	c onboarding proce	is. The new courtesy appointment process may include a background check, employment paperwork, and other pre-employment requirements. You should begin your onboarding process immediately.
*If you've recently r	avigated to other FSU portails, s	uch as Student Central or	Canvas, please 🚅	at your browser cache before beginning your onboarding session *
Allow approximatel	y 10 minutes for completion. You	will need a copy of a non-	expired ID with you	r photo and your name to upload under the Supplemental Documents section of orboarding.
	not have to be completed in a sin is invitation link expires in 21 da		n multiple times us	ng your user name and password to complete the process. If there is a break in your input, fully completed pages will be automatically saved. When you log in for your next session, you can return to where you have
	oointment, you are not required t sin your Temporary ID as you wi			ty number. If you do not have a social security number or with to not provide yours, please reach out to your Department Representative with your Date of Birth for a "Temporary ID." Once you have received this
Get started by click	ing on the applicable link below			
Onboarding Porta	1			
	ere to create a username and p ing Users: Click Here to access		us Onboarding crea	entials. (Note: If you need your credentials, you must netwn to this email and click the "Returning Oxboarding Users" link to log in J
Should you have a	ty questions or problems, please	contact your department	representative.	
If you need technic	al assistance with the onboardin	g process, please contact i	the Office of Huma	v Recources at 850-644-6034 or <u>HR-Onionanting(Max.edu</u>
Please notify the H	uman Resources, Equal Opport.	unity Compliance & Engage	ement Office (EOC	c) at 850-645-1450 or <u>HR-ADA(stoutedu</u> in advance if you require an ADA disability-related reasonable accommodation(s) to participate in the appointment process.
Thank you,				
Office of Human Re				
Florida State Unive (850) 644-6034	rsity			
(000) 044 0034				

- 2. Set up User ID
 - New Users will receive an email with a link to the User Registration Page.
 Please create your User ID and Password in compliance with the password rules.
 - i. User IDs will need to be <u>all capital letters</u>.
 - ii. If you have more than one invitation pending, you may use the *Returning User* link in your onboarding email to log in to your invitations. You do not have to create multiple User IDs for different invitations.

		FSU	
Reggie Renegade			
1 Create an Account			
User ID:			
Password:			
Confirm Password:			
Password Rules:			
Password must be at least 8 charact Password must contain 1 upper and Password must have at least 1 nume	1 lower case alphabetic character (e.g. A-Z, a-z) rrical character (e.g. 0-9). al character (e.g. \sim ! @ # \$ % * & * () + =).		

Once registered, you will receive a successful registration confirmation email, as well as a message on the self-registration page.



- 3. Log in to your Onboarding Invitation
 - a. You will be automatically redirected to the login page where you will enter your newly created login information.

<image/>	Welcome to Smart Onboarding™ User Name must be entered in ALL CAPS Password
	Log In Forgot Password Forgot Username Forgot Answers

- 4. Create Challenge Questions
 - a. The system will then prompt you to create security questions that will be used to verify your identity for future logins.

Note: You can select a question from the drop-down or create your own security question by selecting the *"Enter your own question"* option.

Name: Reggie Renega	de	
As a security measure, yo	ou must set up answers to three security questions. You may choose differe	nt
	by using the drop-down menus below.	
Please make note of thes	se answers, as you will be required to provide them each time you log into th	e
Onboarding portal.		
*Question:	What is the first and last name of your oldest nephew?	~
Answer:		
Hint:		
*Question:	What is the name of the city your mother was born in?	~
Question.	what is the name of the city your mother was boin in:	
Answer:		
Hint:		
Hint: *Question:	What is the name of the city your father was born in?	~
	What is the name of the city your father was born in?	~
*Question: Answer:	What is the name of the city your father was born in?	~
*Question:	What is the name of the city your father was born in?	~

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5. Once in the portal, the home page includes a Welcome to FSU message and several features for the portal. To start the process, click **Get Started.**

= FSU	1	•	
WELCOME TO FLORIDA STATE UNIVERSITY!			
Image: Constraint of the constraint o	Associal Huma Gett	sha Gibli te Vice Presi in Resource ing Around Mobile Ap	dent :es d

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

E	ectronic 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.

7. Complete the Appointment Details page by reviewing the appointment details and start date.

Congratulations again on you	r courtesy appointment at FSU!	
Your appointment is continge	nt 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 off	ier.	
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		

- 8. Complete the Candidate Information Page. This is where you can add or edit your personal information. How you insert your information here is how it will be entered into the system.
 - a. You are required to provide a citizenship status; however, <u>no visa, work</u> <u>authorization, or supporting documentation is required</u>.
 - b. As a courtesy appointment, you are not required to provide your social security number. However, if no social security number is provided, a placeholder SSN, referred to as a **Temporary ID**, is required. You will need this number to complete the Candidate Information page. Please reach out to your HR Department Representative to have one generated for you. You will also need the Temporary ID to activate your FSU ID later on in the process.
 - c. Florida law protects certain personal information for some employees, like law enforcement officers, and their spouses and children, from public records requests. If you are exempt from public records requests per Florida Statutes Chapter 119.07, you will need to select the **Yes** radio button at the bottom of the page. There is a link for additional resources on the page.

Please confirm or add the requ	uested information about yourself. Re	equired fields are indicated with an asterisk (*).
Name	Name Prefix		~
	*First Name	Reggie	
	Middle Name		
	*Last Name	Renegade	
	Name Suffix		~
Preferred Name (If	First Name:		
Different from Legal Name)	Middle Name:		
Name)	Last Name:		
Personal Details	*Gender	Male	~
	*Citizenship Status	1 - U.S. Citizen	~
	*Marital Status	Single	~
	*Date of Birth	🗎 03/17/XXXX	Show
National ID	*SSN:	XXXXX-1234	Show
	*Confirm SSN:	XXXXX-1234	Show
Phone Numbers	*Cell Phone	001	
	Home Phone	001	
	Text Alert 🛞	001	
Email	*Email	XXXXXXXXX@gmail.com	Show
	*Confirm Email		
Addresses	*Home Address: 1 College Ave Tallahassee, FL 32301 Leon United States C Edit	Mailing Address: Copy from Home Address 1 College Ave Tallahassee, FL 32301 Leon United States C Edit	
	and their spouses and children, to you under Florida Statutes Cl	sonal information for some positions, like law from public records requests. To determine hapter 119. DF/Forms/ExemptionFS119_info.pdf.	
	Are you exempt from Public Rec 119.07?	cords request per Florida Statutes Chapter	🔿 Yes 💿 No

9. Complete the Education Page – if you do not have a college degree, please select your highest education level. Anything less than a college degree (A.A. or higher) will cause the Education Details section to grey out and become inactive.

	Please indicate your highest level of education obtained:				
	*Highest Education Level:	G-Bachelors Level De	gree 🗸		
	Maiden Name:				
 Major: Click magnifyin window and type your Effective Date: Click c Country and State: Cli School Code: Click ma results if needed. <u>If no</u> Graduated and Termin 	<u>major in "Major Description" box.</u> alendar icon to select date degree wa ick magnifying glasses > use "Quick F	Filter" box > select value. <u>If ny</u> as conferred. Filter" to search > select value "Search by Description" box, <u>window and type school nar</u> as as applicable.	<u>o matching value found, close pop-up</u> es. , and select value. Use "Quick Filter" to refir <u>me in "School Description" box.</u>		
ducation Details			🖬 Add 🛍 Delete		
	*Education Level:	DEG	Degree		
	Specify your school location	n and name below:			
	*Degree:	Q 00_4BA	Bachelor's Degree		
	*Major.	Q A08			
	*Effective Date:	10/05/2017			
	Country:	Q			
	State:	Q			
	School Code:	Q			
	School Description:				
	Major Description:	Chemistry			
	····-,	Graduated			
		Terminal Degree fo	or Discipline		

NOTE: Only the information marked with an asterisk is required – all other information is optional. This includes degree, major, and effective date.

10. Complete the Self Disclosure Questions – Disclosure is optional. Select the "I decline to Self-Identify" option if you wish to opt out.

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

onl	meet the University's obligations as a federal contractor, we request that you complete the following information. This information will y be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions.
	mpletion of this information is voluntary and will not affect your employment opportunities with the University. The information is ifidential and will be kept separate from your other applicant information.
Do	you consider yourself Hispanic/Latino?
0	Yes 🔘 No 🚫 I decline to Self-Identify
Ple	ase 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
	ary Self-Identification of Protected Veteran Status
To i only	tary Self-Identification of Protected Veteran Status meet the University's obligations as a federal contractor, we request that you complete the following information. This information will y be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. mpletion of this information is voluntary and will not affect your employment opportunities with the University. The information is
To i only Cor	meet the University's obligations as a federal contractor, we request that you complete the following information. This information will y be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions.
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To i only Cor	 meet the University's obligations as a federal contractor, we request that you complete the following information. This information will y be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. mpletion of this information is voluntary and will not affect your employment opportunities with the University. The information is fidential 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 serviceconnected 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
To i only Cor	 meet the University's obligations as a federal contractor, we request that you complete the following information. This information will y be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. mpletion of this information is voluntary and will not affect your employment opportunities with the University. The information is fidential 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 serviceconnected 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
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To i only Cor	 meet the University's obligations as a federal contractor, we request that you complete the following information. This information will y be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. mpletion of this information is voluntary and will not affect your employment opportunities with the University. The information is fidential 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 serviceconnected 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
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	 meet the University's obligations as a federal contractor, we request that you complete the following information. This information will ybe used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. mpletion of this information is voluntary and will not affect your employment opportunities with the University. The information is fidential 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 serviceconnected 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 during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Depart

v	oluntary Self-Identification of Disability
Form CC-305	OMB Control Number 1250-00
	Expires 04/30/20
Name: Reggie Renegade	Date: 06/22/2023
Why a	are you being asked to complete this form?
-	or. The law requires us to provide equal employment opportunity to qualified peop
with disabilities. We have a goal of having a	t least 7% of our workers as people with disabilities. The law says we must measu e must ask applicants and employees if they have a disability or have ever had or
hiring decisions will see it. Your decision to o more about the law or this form, visit the U.S website at <u>www.dol.gov/ofccp</u> .	tope that you will choose to do so. Your answer is confidential. No one who mak complete the form and your answer will not harm you in any way. If you want to lea 8. Department of Labor's Office of Federal Contract Compliance Programs (OFCC
	w do you know if you have a disability? imits one or more of your "major life activities." If you have or have ever had such
	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 Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports Nervous system condition, for example, digrader, schizophrenia, PTSD Mobility impairment, benefiting Missing limbs Mobility impairment, benefiting Mobility impairment, benefiting Missing limbs Missing limbs Mobility impairment, benefiting Missing limbs Mobility impairment, benefiting Mobility impairment, benefiting Missing limbs Mi
us if you require a reasonable employr	reasonable Accommodation Notice e reasonable accommodations to qualified individuals with disabilities. Please tell ment accommodation to apply for a job or to perform your job. To request a act the HR-EDI Office at (850) 644-7950 or mbdouglas@fsu.edu.
Revised 06/10/2023	

Contact 1		
First Name	*Last Name	
Relationship	~	
Primary Phone	*Phone Type	~
Alternative Phone	Phone Type	~
First Name	Last Name	
Relationship	~	
	Phone Type	~
Primary Phone		
Primary Phone	Phone Type	~

11. Complete the Emergency Contact page: only one emergency contact is required.

12. Complete the Background Check Page.

NOTE: <u>A background check will only need to be conducted if your appointment requires one</u>. 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 needed 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 and Foreign Country of Concern affiliation.

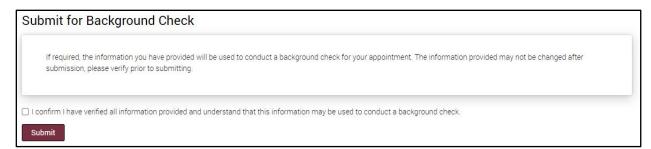
Background Check

Save

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.

Yes O No Yes O No Yes O No
Yes 🔿 No
Yes 🔿 No
Yes 🔿 No

13. On the next page, confirm that the information provided on the previous background check page is correct.



14. Employment of Relatives

In this step, you will indicate whether you have any relatives working at FSU. You do <u>not</u> 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.

15. Confirm your appointment information by electronically acknowledging that the information is complete and accurate.

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

Confirm App	pointment Information
	on you have provided in this section will be used to conduct required reviews/approvals for Employment of Relatives (Nepotism) policy exception. on 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 hav reviews/approvals.	ve verified all information provided on the previous tabs in the Appointment Information section. I understand that this information will be used to conduct required
Electronic Acknowl	ledgement

16. 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.

morandum of Understanding - Courtesy				
	Updated 10/12/2022			
1	acknowledge receipt and review of the following University policies and statements:			
5	Discrimination and Sexual Misconduct Policies 4-OP-C-7-I Equal Opportunity and Compliance (EOC);			
	Anti-Sexual Misconduct Policy			
	Title IX Statement			
	Non-Discrimination Policy 4-OP-C-7-I3 Equal Opportunity, Non-Discrimination, and Non-Retailation Policy and Procedures			
	Americans with Disabilities Act (ADA) Policy 4-OP-C-7-11 AMERICANS WITH DISABILITIES ACT.			
V	Workers? Compensation 4-0P-G-10 Insurance, Risk Management and Workers:			
Ì	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			
ſ	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			
8	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			
ż	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			
i	liness 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			
i	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			
ſ	received a wage replacement check or approved medical treatment.			
1	acknowledge receipt of the Workers? Compensation Information for Florida Workers			
E	Protection of Protected or Private Information 4-0P-H-5 Information Security Policy and 4-0P-H-12 Information Privacy Policy,			
1	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			
ł,	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			
1	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			
i	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			
5	separation or transfer to a position which does not require access to the same information.			

- 17. Complete the Supplemental Document step. The supplemental documents page provides candidates the opportunity to upload a variety of document types.
 - a. To ensure your identity, a valid Photo ID must be uploaded. Select the **Photo ID** option from the drop-down menu under Document Type.
 - b. If the department requires additional supplemental documents, upload them here.
 - c. Once your Document Type- Photo ID and any department-required documents are uploaded, click **Save and Submit**.

Supplemental Docur	nents						
A Photo ID Document Type	A Photo ID Document Type is required to ensure the identity of the candidate.						
A courtesy candidate must upload a non-expired photo ID in their Supplemental Documents. Regardless of the type of Photo ID uploaded, please use the Photo ID option from the drop-down menu. This photo ID can be domestic or international as long as the ID contains a picture of the candidate and the candidate's name. If the courtesy candidate does not upload their photo ID, it will be the HR Department Representative's responsibility to upload it in Departmental Supplemental Documents.							
Candidate Documents	andidate Documents Document Type		ile				
	Photo ID	✓ Lupload Florida_ID.j	pg View 🟛				
			Add				
Save and Submit							

18. Submit your information to HR.

- a. The Submit to HR tab allows you to review all non-confidential information provided and download a copy of the signed forms.
- b. When you have reviewed all the submitted information, please click the **Submit** to **HR for Review** button.
- c. 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
		Applied for SSN	
	Citizenship Status	Natural Citizen	
	FL Statute 119	No	
Phone Numbers	Cell Phone	XXXXXXX-6846	Show
Email Address	XXXXXXXXXXXXXX@gmail.com 1 College Ave Tallahassee, FL 32301 Leon United States		Show
Home Address			
Mailing Address	1 College Ave Tallahassee, FL 32301 Leon United States		

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



You have successfully completed the Onboarding Process

Questions on this procedure? Contact the <u>HR-Courtesy Docs</u> email.