

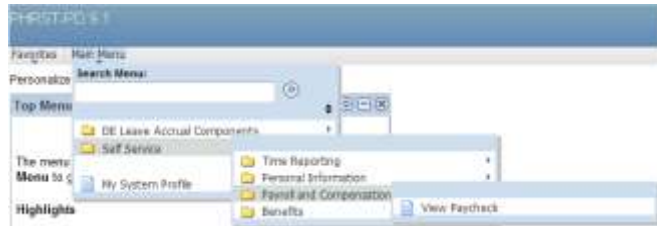
# Employee Self-Service Features

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## View Paycheck

The **Employee Self-Service Main Page** opens



Click **Main Menu**.

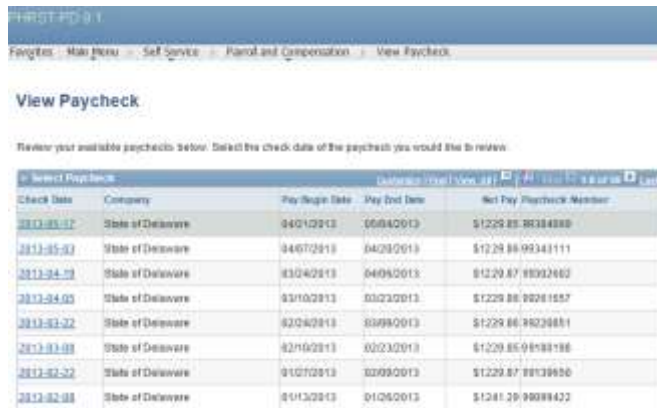
Click **Self Service**.

Click **Payroll and Compensation**.

Click **View Paycheck**.

*Page may take a few seconds to display. Wait for screen to load.*

The **View Paycheck** page opens



Click the **Check Date** you want to view.

*Note:*

*The page displays the previous eight paychecks.*

*To view the previous 50 paychecks, click **View All***

# Sample Paycheck and Printing

- A printable view of your paycheck will appear.
- Click **Print Page** button at the top of the page.
- Print option window opens.
- Click **Print**.

## View Paycheck

Company  
State of Delaware  
Address  
820 Silver Lake Blvd., Suite 100  
Dover, DE 19904

Employee  
Personal &  
Job  
Information

Click to Print →

[Print Page](#)

Net Pay: \$1,948.37  
Pay Begin Date: 07/17/2011  
Pay End Date: 07/30/2011  
Check Date: 08/12/2011

Review the details of your paycheck. Select a paycheck, or

[View a Different Paycheck](#)

← Click for History

General			
Name:	Business Unit:	STDBU	
Employee ID:	Pay Group:	State of Delaware	
Address:	Department:		
	Location:		
	Job Title:		
	Pay Rate:	\$2,686.00	Biweekly

Tax Data:			
Fed Marital Status:	Married	DE Marital Status:	Married, joint return
Fed Allowances:	0	DE Allowances:	0
Fed Addl Percent:	0.000	DE Addl Percent:	0.000
Fed Addl Amount:	\$0.00	DE Addl Amount:	\$0.00

Paycheck Summary						
Period	Gross Earnings	Fed Tax Gross	State Tax Gross	Total Taxes	Total Deductions	Net Pay
Current	2,686.00	2,525.00	2,525.00	561.93	175.70	1,948.37

← Net Pay

Earnings			Taxes		
Description	Hours	Amount	Description	Amount	
Regular Pay	75.00	2,686.00	Fed Withholding	300.48	
			Fed MEDVEE	38.51	
			Fed OASDIWEE	111.54	
			DE Withholding	111.40	
<b>Total:</b>	<b>75.00</b>	<b>2,686.00</b>	<b>Total:</b>	<b>561.93</b>	

**Employees with Multiple Jobs**  
Earnings from individual jobs are summarized from all jobs by earnings type (Regular, Overtime, etc.) and listed here.

Before-Tax Deductions		After Tax Deductions		Employer Paid Benefits	
Description	Amount	Description	Amount	Description	Amount
RegPenCdt	80.58	MINNLIFE	10.85		
Medical BT	11.55	UWaySECC	3.85	Medical BT	257.28
Dental BT	15.81				
StateVis	3.00				
DC-457(b)	50.00				
<b>Total:</b>	<b>161.00</b>	<b>Total:</b>	<b>14.70</b>	* Taxable	

Net Pay Distribution			
Payment Type	Paycheck Number	Account Type	Amount
Direct Deposit		Checking	1,948.37

→ Advice Distribution

## View Benefits Summary

The **Employee Self-Service Main Page** opens



Click **Main Menu**.

Click **Self Service**.

Click **Benefits**.

Click **Benefits Summary**.

*Page may take a few seconds to display. Wait for screen to load.*

*Note: Benefits Enrollment is used during Open Enrollment*

The **Benefits Summary** page opens

### Benefits Summary

To view your benefits as of another date, enter the date and select Go.

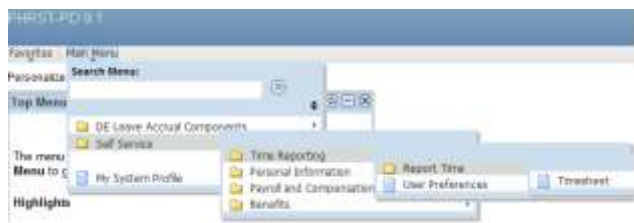
05/28/2013

Type of Benefit	Plan Description	Coverage or Participation
<a href="#">Medical</a>	Blue Cross Blue Care® BT	Employee Only
<a href="#">Dental</a>	Delta Dental PPO Plus Premier	Employee Only
<a href="#">Vision</a>	State Vision	Employee Only
Blood Bank	Blood Bank of Delmarva	
Deferred Comp 457 Catch-up		Waived
Deferred Compensation 457	State of DE Def Comp 457b	\$50 Before Tax
Sick	Merit Sick 37.5 Hr	-----
Vacation	Non-Merit Vac 37.5 Hr	-----
Flex Spending Health - U.S.		Waived
Flex Spending Dependent Care		Waived
Pension Plan 1 - U.S.	State Employees	

A summary of benefits is displayed. If you want to view your benefits as of another date, enter the date and click **Go**.

## View Timesheet (Time & Labor Organizations only)

The **Employee Self-Service Main Page** opens



Click **Main Menu**.

Click **Self Service**.

Click **Time Reporting**.

Click **Report Time**.

Click **Timesheet**.

*Page may take a few seconds to display. Wait for screen to load.*

The **Timesheet** page opens



The current pay period for time entry appears.

You can view previous and next pay periods two ways.

1. Click **Previous Period** or **Next Period** link
2. Enter the **pay period date** you want to view and Click **Refresh**.

*Note: Previous pay periods are no longer available for data entry.*

## View Leave Balances (Time & Labor Organizations only)

The **Employee Self-Service Main Page** opens



Click **Main Menu**.

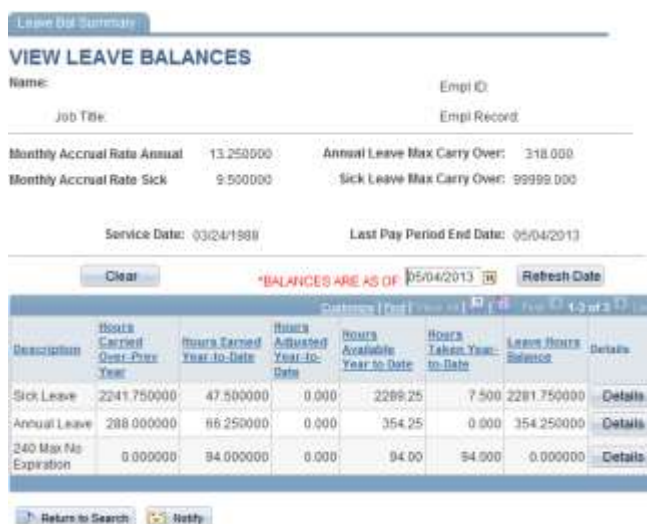
Click **DE Leave Accrual Components**.

Click **LA Inquiries**.

Click **Self-Service View Leave**.

*Page may take a few seconds to display. Wait for screen to load.*

The **View Leave Balances** page opens



Balances are as of the last pay period end date.

You can view leave balances for previous pay period end dates by selecting a new date and clicking **Refresh Date**.

To view details for a particular leave balance, Click **Details**.

The **View Leave Detail** page opens

**VIEW LEAVE DETAIL**

Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Empl Record: \_\_\_\_\_

[Return](#)

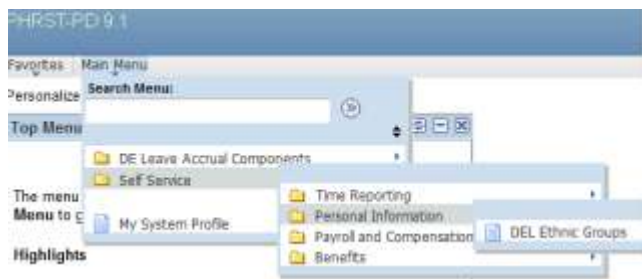
Date Under Report	Leave Reasoning Code	Description	Balance	Taken	Adjustment Amount
01/01/2013	SEPN	Sick Earned	9.500000		
02/01/2013	SEPN	Sick Earned	9.500000		
03/01/2013	SEPN	Sick Earned	9.500000		
04/01/2013	SEPN	Sick Earned	9.500000		
04/15/2013	BLT	Sick Leave Taken		7.500000	
05/01/2013	SEPN	Sick Earned	9.500000		

Total Hours Taken Year-to-Date: 7.500

Click **Return** to return to the **View Leave Balances** page.

## View Race/Ethnicity Designation (if applicable)

The **Employee Self-Service Main Page** opens



Click **Main Menu**.

Click **Self Service**.

Click **Personal Information**.

Click **DEL Ethnic Groups**.

*Page may take a few seconds to display. Wait for screen to load.*

The **Ethnicity** page opens

**Ethnicity**

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.

1) Are you Hispanic or Latino? [Update](#)

Yes  
 No

2) What is your race? Select one or more. [Update](#)

American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian/Pacific Islander  
 White

This page is for use by DE School District and Del Tech employees only.

[Save](#)

Complete number one by clicking **Yes** or **No**.

Complete number two by clicking the appropriate choice.

Click **Save**.

## Consent to Opt Out of Receiving W-2 in the U. S. Mail

Employee Name

Check below to change your delivery method of W-2 and W-2c forms.

Select the check box below to receive electronic W-2 and W-2c forms through Employee Self-Service. If you do not consent, a paper form will be printed and mailed to you by January 31 each year. Your consent will be valid for all subsequent years unless withdrawn by you or you terminate employment.

Note: If you also work as an election poll worker, you will receive a paper W-2 for those payments regardless of your consent status.

Your Current Status: No consent received

Check here to indicate your consent to receive electronic W-2 and W-2c forms.

Submit

To stop receiving your W-2 through the U.S. Mail, you may opt out of the program. All W-2s may be located on the Employee Self-Service website.

To opt Out – Navigate to: Favorites > Main Menu > Self-Service > Payroll and Compensation > W-2/W-2c Consent.

Check off the box that states: **Check here to indicate your consent to receive electronic W-2 and W-2c forms.**

Click **Submit**.

## View and Print W-2 Form

W-2/W-2c Forms

Employee Name

Review your available W-2 and W-2c forms below. Select the year end form that you would like to review.

[View a Different Tax Year](#)

Select Year End Form						Contents	1-2 of 2
Tax Year	W-2 Reporting Company	Tax Form ID	Issue Date	Year End Form	Filing Instructions	Final Print	
2012	DEL	W-2	04/15/2013	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input type="checkbox"/>	
2012	DEL	W-2c	05/15/2013	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input type="checkbox"/>	

[Return to Search](#)

Navigate to: Favorites > Main Menu > Payroll for North America > U.S. Annual Processing > Create W-2 Data > View W-2/W-2c Forms

## Add or Change Home and Mailing Addresses

Home and Mailing Address

Emma Emolvment

Address Type	Status	As Of	Country	Address	Edit
Home	Current	06/01/2013	USA	123 Main Street Dover, DE 19901 K	

\*Address Type:  Add

\* Required Field

Navigate to: Favorites > Main Menu > Self Service > Personal Information > Home and Mailing Address

Select **Type** and then **Add**

Use the *Address Data Entry Standards* document for formatting addresses

## Add/Change Phone Number

Phone Numbers

Emma Emolvment

Enter your phone numbers below.

Phone Type	*Telephone	Extension	Preferred	Delete
Home (Listed)	302/555-1212		<input checked="" type="checkbox"/>	

Add Phone Number

Save

\* Required Field

Navigate to: Favorites > Main Menu > Self Service > Personal Information > Phone Numbers

Select **Add Phone Number**

Add contact phone number. If adding more than one phone number, select the **Preferred** phone number.

Click **Save**



## Add/Change Emergency Contacts

Emergency Contacts

Emma Emolvment

Contact Name	Relationship to Employee	Primary Contact	Edit	Delete
Edward Emolvment	Spouse	<input checked="" type="checkbox"/>		

Navigate to: Favorites > Main Menu > Self Service > Personal Information > Emergency Contacts

Select **Add Emergency Contact**

Enter required information. Select **Primary Contact** for one person if adding more than one contact.

Click **Save**

## Add/Change Ethnicity

**ETHNICITY**

Sandy Worker

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 and will be reported as aggregate data.

The information you submit will populate your Personal Data page and only the Ethnicity you designate as primary will be used for EEO Statistical purposes.

Description	Primary	Delete
Hispanic	<input type="checkbox"/>	
White	<input checked="" type="checkbox"/>	

Navigate to: Favorites > Main Menu > Self Service > Personal Information > Emergency Contacts

Select **Add an Ethnic Group**

- Employees can add or delete Ethnicity
- One must be marked as “Primary”

After completion, Click **Save**

## Add/Change Disability

Disability

Employee Name: \_\_\_\_\_ Person ID: \_\_\_\_\_

The completion of this information is **voluntary**. If you choose to provide the requested information, it will be kept confidential and will be used to update general employment statistics on the states number of employees who have voluntarily self-disclosed as a person with a disability and will not identify any specific individual.

**Disability Status**

Person with a Disability [Definition of a Person with a Disability](#)

**Disability**

Veteran with a Disability [Definition of a Veteran with a Disability](#)

As a State of Delaware employee with a qualified disability, please be advised that if you have questions regarding the reasonable accommodation process or you believe you require an accommodation you must contact your supervisor, ADA Coordinator or HR Manager.

Navigate to: Favorites > Main Menu > Self Service > Personal Information > Disability

Follow instructions on the page

After completion, Click **Save**