

## ONBOARDING A NEW UW FACILITIES STUDENT EMPLOYEE

### EMPLOYEE RESPONSIBILITIES

Complete the following items with your supervisor

#### Payroll and UW account action items

- Within the first (3) days of work, the employee must show their supervisor acceptable documents to complete the I-9 form. (Examples: a passport, or birth certificate and driver's license)
- On your first day of work, access Workday <https://isc.uw.edu/>
  - \* Check Workday Inbox for actions you may need to take
  - \* Establish "Two Factor Authorization Method"
  - \* Set up direct deposit (Pay Button)
  - \* Enter your contact, work, and emergency information (Personal Information Button)
  - \* Publish your information in the UW Directory <https://identity.uw.edu/>
- On day 1: Provide employee option to either bring in bank account and routing information & complete direct deposit info in Workday, or complete this at home
- Create a basic timecard in Workday <https://isc.uw.edu/>
- Complete Emergency Contact Form and turn into supervisor

#### Training and Orientations

- Asbestos Awareness Online Training  
<https://uw.bridgeapp.com/author/courses/666>
- UW Required Husky Prevention and Response Employee Course  
<https://tixemployee.uw.edu/>
- View Reporting Suspected Child Abuse or Neglect  
<https://uw.bridgeapp.com/learner/courses/78850e2d/enroll>

#### Review the following items with your supervisor

- Terms of employment, salary, etc.
- Job duties, job description, performance expectations, and TMS training plan
- Work schedule and designated break times
- Building use and access/security
- Departmental safety orientation and safety plan
- Emergency Evacuation and Operations Plan (EEOP) manual location & procedures  
<https://facilities.uw.edu/partner-resources/safety/emergency-evacuation-operation-plans>
- Equipment use and access (including network printers and copiers)
- E-mail account and usage, ethical information and limitations (***students must adhere to the same ethical standards as regular employees***)

Inclement weather/suspended operations procedures/policies

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ date \_\_\_\_\_

**Once completed, place in employee's departmental file**