

# **Process Post-Hire Verification Step**

#### **Overview**

After onboarding is initiated for applicable hires, HR Shared Services can process the Post-Hire Verification Step. During this process, documents and forms applicable to the employee are identified (e.g. benefits forms), based on the nature of the hire.

- Externals: SuccessFactors determines which forms are required based on business rules (site, FTE, etc.).
- Internals: HR Shared Services selects the required forms based on the employee's current benefits.

HR Shared Services must complete the employer portion of benefit forms for both internals and externals, and sign the forms as a corporate representative. Some fields on benefit forms are populated by the system (candidate info, employer info, etc.).

**Note:** You must create a password for your electronic signature before you process the Post-Hire Verification Step. See how to <u>Change Corporate Representative Electronic Signature Password</u> for step-by-step instructions.

## **Procedure**

1. Click the Home menu and select Onboarding from the dropdown.



The Onboarding Dashboard screen appears and lists the names of all employees who are currently in an Onboarding step (Post Hire Verification, New Employee Step, Signature Step, or Notifications).

2. Click the name of the employee for whom you wish to process the Post-Hire Verification Step.

On/Offboarding 1.0 🗸					Sea	arch for actions or people	9
New Hire Activities							
94 Total Tasks	(EQ)93 Waiting on O	93     Image: Completed					Switch to Old Work G
Processes		+ Create New Task C Refresh List	<u>↓</u> Export			10 per page 🛛 🗸	[] 7, ↑,
$\sim$ Onboarding	94	Tasks (1)		Assigned To	Start Date	Creation Date	Employee Id
<ul> <li>PostHire Verification Step</li> </ul>	11	Carrie Solmundson		Me	May 21, 2024	May 7, 2024	00034567
New Employee Step	41	- Posti ne venication step					
Signature Step	42						
Notifications	184						



The Welcome to the Post Hire Verification Step screen appears.

3. Review the information in the Employee Information, Employment Information, and Internal Hire sections and click Next.

**Note:** Information in each section is pre-populated based on the SAP Candidate Action. If the employee's start date has changed, the information must be updated in SAP prior to processing the Post-Hire Verification Step.

A Service Desk ticket must be submitted to unlock any greyed-out fields that require manual correction (e.g. Social Insurance Number, Date of Birth, and Gender).

Welcome to the Post Hire Verification Step PostHire Verification Step	
Legal First Name	
Legal Last Name	
Employee ID	•
Social Insurance Number	
Date of Birth (mm/dd/yyyy)	
Gender	✓ *
Email	•
Start date (mm/dd/yyyy)	
Employment Information Job Title	Health Care Aide
Personnel Area	Shared Health (: V
Personnel Sub Area	MNU-WCHREO V
Employee Group	Permanent (Per 🗸 *
Employee Sub Group	Part Time (Part 🔍 *
FTE	0.50
Internal Hire Is this employee an Internal Hire?	<ul> <li>Yes</li> <li>● No</li> </ul>
Show Onboarding	1.0 version information

**Note:** If the employee is internal, the *Internal Hire Panel & Form selection* screen will appear. The required forms must be selected based on the employee's employment action and current benefits enrolment. This screen will not appear for external hires.

Refer to the <u>HRSS SharePoint</u> to determine which forms to select.

ation   ation   ation   ation   Yes   Yes   Yes   No-	Internal Hire Panel & Form selection (Carrie Soln PostHire Verification Step	nundson)			
ation  ation  ation  Yes No-  atinomation  Proventation  Yes No-  ation  topotent  topotentt  topotent  topotentt  topotentt  topotentt  topotent  topotent					
ation  • Yes No- ithy Survey  • Yes No- act Information  • Yes No- mployment  mployment  stoccaration  • Yes No- formation  • Yes No- Provincial Tax Forms  • Yes No- Provincial Tax Forms  • Yes No-	New Hire Information				
ith Survey	New Hire Information	• Yes	O No*		
act Information ● Yes   mployment   olicy and Pledge - SH   olicy and Pledge - SH   st Declaration   Yes No-   tom   formation   Provincial Tax Forms   Yes No-   Vizard - eHealth   • Yes No-	Employment Equity Survey	<ul> <li>Yes</li> </ul>	O No∗		
mployment Dilcy and Pledge - SH St Declaration Yes No- St Declaration Yes No- Tormation Yes No- Provincial Tax Forms Yes No- Ves No- V	Emergency Contact Information	<ul> <li>Yes</li> </ul>	◯ No∗		
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blicy and Pledge - SH ○ No- st Declaration ○ Yes ○ No- formation ○ Yes ○ No- Provincial Tax Forms ○ Yes ○ No- Dental Enrolment ○ Yes ○ No- Wizard - eHealth ● Yes ○ No-	Conditions of Employment				
tion formation Provincial Tax Forms	Confidentiality Policy and Pledge - SH	◯ Yes	O No∗		
tion formation Provincial Tax Forms  Yes No+  Dental Enrolment  Yes No+  Wizard - eHealth  Yes No+	Conflict of Interest Declaration	○ Yes	O No∗		
tion formation Provincial Tax Forms  Yes No-  Dental Enrolment  Yes No-  Wizard - eHealth  Yes No-					
formation \come Yes \vector No- I Provincial Tax Forms \vector Yes \vector No- Dental Enrolment \vector Yes \vector No- Wizard - eHealth \vector Yes \vector No-	Payroll Information				
Provincial Tax Forms  Yes No+  Wizard - eHealth  Yes No+	Direct Deposit Information	○ Ves	No.		
Dental Enrolment ○ Yes ○ No- Wizard - eHealth	TD1 Federal and Provincial Tax Forms	<ul> <li>Yes</li> </ul>			
Dental Enrolment Yes   Wizard - eHealth    Yes    Yes No-					
Wizard - eHealth       • Yes     No+	Benefits				
Wizard - eHealth ● Yes ○ No=	Bluecross HSC Dental Enrolment	⊖ Yes	O No∗		
● Yes ○ No*	Hiring Manager Wizard - eHealth				
	eHealth	<ul> <li>Yes</li> </ul>	O No∗		
Cancel Back Finish				Cancel Ba	ck Finish
Show Onboarding 1 Oversion information		Show Onboarding 1 Oversion	formation		
Show Onboarding 1 Oversion information	Hiring Manager Wizard - eHealth eHealth	• Yes	○ No•	Cancel Ba	ck
	cation of Thompson:		ie Shareu Hedl	IT FEISUITIELAIEN	
hompson:	GWL Dental (Shared Health Thompson Only)		(	Yes O No	
hompson: 1 (Shared Health Thompson Only) Ves O No					
hompson: al (Shared Health Thompson Only) Illowing selection will appear for an internal hire in the Health Sciences Centre Personnel Area and b Area MNI I-SHEQ	ote: The following selection will appear	for an internal hire in th	ne Health Scien	ices Centre Personi	nel Area and



**Note**: If the employee requires HSC Dental Plan enrolment, the *Manitoba Blue Cross – HSC Dental Plan* panel will appear.

- The acknowledgement radio button is pre-selected.
- The *Effective Date of Coverage* field must be completed based on enrolment rules.

Manitoba Blue Cross - HSC Dental Plan (Jim Beam) PostHire Verification Step	
HSC Dental Enrollment Rules • Permanent – First day of the month following 3 months from the employee's • Temporary – First day of the month following 1 year from the employee's hire • Exception – First day of the month following employee's hire date, only if em-	i hire date. e date nployee is transferring from another facility in Winnipeg Health Region, where he/she was
I acknowledge that the HSC Dental plan form requires an employer signate	ture
Manitoba Blue Cross HSC Dental Effective Date of Coverage Effective Date of Coverage (mm/dd/yyyy)	27/10/2018

The Review and Approve - PostHire Verification Step screen appears.

4. Review the information and click Finish.

Note: There are hyperlinks within some text that, if clicked, return you to the applicable screen to make edits.

Please review the data you hav data. Once corrected, click 'Fini	ve entered. If any information is ish' on the pop-up to return to t	incorrect simply click on t the Review and Approval p	ne incorrect data. A wizard screen age.	will pop-up where you can correct the
Welcome to the Post Hire Verificati	ion Step			
Legal First Name Employee ID Date of Birth (mm/dd/yyyy) Email	Carrie 00105678 06/05/2000 csolmundson@amail.com	Legal Last Name Social Insurance Number Gender Start date (mm/dd/www)	Solmundson 000000000 Female 14/05/2024	
Job Title Personnel Sub Area Employee Sub Group	Health care Aide MNU-WCHREO Part Time	Personnel Area Employee Group FTE	Shared Health Permanent 0.50	
Is this employee an Internal Hi	ire? No			



The HRSS Req Approval screen appears (Only if Bluecross HSC Dental Form is applicable to the candidate

- 5. Review the paragraph under the Agreement to Use Electronic Click Signature to Sign Documents heading.
- 6. Click the checkbox beside the agreement statement to select it.
- 7. Enter your password for electronic signature in the Password field.
  - If you forgot your password, click the Forgot Password link below the Password field and follow the prompts.
- 8. Click Submit.

Home	Reports Document Center Process My Profile	
		Énglish
	HRSS Req Approval	
	Please, enter your password. After you key in your password, click the "Submit" button. Afterwards the list of forms will be displayed that require your signature. The first form will automatically be displayed. Click the "Click to Sign" button. A check mark will appear near the form you have electronically signed and the next form will be displayed for signature. Continue the process until all forms are signed.	
	Agreement to Use Electronic Click Signature to Sign Documents	
	I, HRSS Req Approval, agree to sign these electronic PDF documents using "click" signature technology. I understand that a record of each document and my signing of it will be stored in electronic code. I intend both the signature I inscribe with the "click" signature technology and the electronic record of it to be my legal signature to the document. I confirm that the document is "written" or "in writing" and that any accurate record of the document is an original of the document.	
	Corporate Representative Title CORPORATE REPRESENTATIVE Password Forgot Password	
	Submit	

The *Click to Sign* screen appears(if there is HSC Dental Form is applicable to the employee).

- The list of forms that apply to the employee display on the left side of the screen.
- The first form in the list automatically displays on the screen. In the example below, the first form is the Bluecross HSC Dental Form.
- Form requires your electronic signature.
- If you see any errors for information that you input on a form, click the **Correct Data** link at the top of the screen to return to the applicable screen and make corrections.
- 9. Click the Click to Sign button to sign the form.

Corporate Representative's FormsCorrect Data	Need help signing your forms? <u>Click here for instructions.</u>							English »	
Click the "Click to Sign" button to e-sign your forms. The next form to sign will automatically appear and a check mark will appear by each signed form Bluecross HSC Dental Form 17002	PO BOX 1046 STN MAN WINNPEGA PO BOX 1046 STN MAN WINNPEGA THIS SECTION TO BE COMPLETED BY	DSS® HE RGC 2X7 11231 EMPLOYEE			,		Winni	<b>h Sciences Centre</b> ipeg DENTAL BENEFITS	Î
	LAST NAME		FIRST NAME				EMPLOYEE DATE OF BIRTH	06/05/2000	
	MAILING ADDRESS - STREET/BOX NUN	IBER	Ourrio	c	TTY OR TOWN		PROVINCE	POSTAL CODE	
	PHONE NUMBER				GENDER	-	EMPLOYEE NUMB	JER	
	HOME	WORK			MALE	FEMALE	00105678		
	PLEASE COMPLETE THIS SECTION IF	YOU HAVE ELIGIBLE DEPE	NDENTS					DATE OF DIDTH	1
	COMMON LAW	different than employee's)		FIRST NAME			DD	MM YYYY GENDER MM YYYY MALE FEMALE	
	IF APPLICANT AND SPOUSE ARE NOT LEGALLY MARRIED PLEASE PROVIDE COMMENCEMENT DATE OF COHABITATION (DD/MM/YYY)								
	UNMARRIED DEPENDENT CHILDREN:								
	LAST NAME (if different than employee's)	FIRST N	AME			RELATION	SHIP DAT	E OF BIRTH GENDER	

After you have signed form, a message displays at the top of the screen indicating you have signed all documents.

#### 10. Click Submit All Documents.

All your f	orms have been signed.	Documents are read	dy to be printed and co	l submitted. mplete the p	Select "Pr process.	int" to prin	t your docu	ments. Then cli	ick "Submit	All Documer	its" to nents	٦	Enş
				Print Pack	age								
∀ ∨ ∀ Draw	- ~ ⊘   ⊡   A®	Ň	- + ••	1	of2   🥥	(B					Q	Ø	8
	PO BOX 1049 STI TEL 2047 STI STI STI STI STI STI STI STI STI STI	E CROSS NAMIN WINNIPEG MB P3C 2X7 1 Fax 204.772.1231 COMPLETED BY EMPLOYER	FIRST NAN     Carrie	NE (	CITY OR TOWN		Hea Win TION FOI MPLOYEE DATE OF BIRTH PROVINCE EMPLOYEE NL 0010567	Alth Science: nipeg R DENTAL BI 06/05/ POSTAL CODE IMBER 78	s Centre ENEFITS 2000				
	PLEASE COMPLETE TH SPOUSE COMMON LAW IF APPLICANT AND SI UNNAFRIED DEPNIDE LAST NAME (if different	IIS SECTION IF YOU HAVE LAST NAME (if different th POUSE ARE NOT LEGALLY INT CHILDREN: than employee's)	ELIGIBLE DEPENDENTS an employee(s) MARRIED PLEASE PROVID FIRST NAME	FIRST NAM	E	RELATION		DATE OF BIRTH DD MM YYYY DATE OF BIRTH MM YYYY	GENDER GENDER GENDER MALE FEMALE FEMALE FEMALE FEMALE				

You return to the Onboarding Dashboard, and the employee is now moved into the New Employee Step.

 	entre compresse					-		
+	Create New Task 🔿 Re	efresh List	<u>↓</u> Export			10 per page 🛛 🗸	Ċ	V <sub>+</sub>
Tasks (44)			Assigned To	Start Date	Creation Date	Employee		
	Carrie Solmundson New Employee Step		000	New Employee Step	May 14, 2024	May 6, 2024	0010	05678

## **Next Steps**

Email notifications are generated and sent to the employee to advise that the New Employee Step needs to be completed, and to provide information about registering for a SOGICA Vault account. Employment forms that a successful candidate completes as part of the New Employee Step are stored and accessed in the <u>SuccessFactors</u> <u>Onboarding Document Center</u>.