Offer and New Hire Form (Candidate View):

**View Offer**

Once the department updates the chosen candidate’s status from *Ready to Make Offer* to *Online Offer*, an email will trigger to the chosen candidate (profile email address). The email will include a link for the chosen candidate to navigate to, login, and view the following screen. The candidate will click **View Offer** to view the offer details.

Image: Applicant portal to view offer details including offer letter and terms/conditions.

**View Offer and Accept/Decline**

The following page displays to view the offer letter and agree to the terms of the offer and University policies. The **I accept** button will not be active until the candidate opens the offer letter (blue hyperlink) and checks the confirmation box.

Image: **I accept** button is inactive until candidate views letter and checks confirmation box.
If the candidate clicks **I Decline**, they are required to provide a reason and details for declining. If **I Decline** is selected in error, the candidate can click **Back To Home** to return to the **I Accept** button. Candidate selecting **I Accept** or **I Decline** updates the offer Progress section of the hire request.

Image: Offer declined reasons and details screens, including option to return **Back To Home**.

**Complete New Hire Form**

Completing the New Hire form kicks off the online background check process, NetID process, and onboarding. The form is setup with 8 sections. The checkmark to the left of each section header expands and collapses each section.

Image: Complete New Hire Form screens.
Congratulations on your new position with the University of Connecticut! We wish to extend you a warm welcome.

To assist with the onboarding process, we require you to provide us with some important information as outlined within this form. Please complete all mandatory information at your earliest convenience.

First name (as on legal documents such as your passport)

Middle name

(optional)

Last name (as on legal documents such as your passport)

Name Suffix

(optional)

Preferred name (if different from first name)

(optional)

Personal email address

Primary Phone Number (XXX) XXX-XXXX

Date of Birth [MM/DD/YYYY]

Please enter your US Social Security Number (SSN) below. If you do not have a US Social Security Number, please contact the Department of Human Resources at (860) 486-3034 to receive a temporary Social Security Number.
Please enter your US Social Security Number (SSN) below. If you do not have a US Social Security Number, please contact the Department of Human Resources at (860) 486-3034 to receive a temporary Social Security Number.

Social Security Number (XXX-XX-XXXX)

The health benefit carriers require that employees report their sex assigned at birth, which will be used for claims processing:

[ ] Female  [ ] Male

Legal Marital Status

☐ Divorced  ☐ Married  ☐ Separated  ☐ Single  ☐ Widowed  ☐ Unknown

# New Hire Form – Address Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address 1</td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>(optional)</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip code</td>
<td></td>
</tr>
</tbody>
</table>

If you do not have a US address, please contact your department to use the department’s address as your mailing address entered above until such time that you have a US address.

- **Work Authorization**
- **Voluntary Self-Identification Form**
- **Voluntary Self-Identification of Veteran Status**
- **Voluntary Self-Identification of Disability (page 1)**
- **Voluntary Self-Identification of Disability (page 2)**
- **Declaration**
New Hire Form – Work Authorization

<table>
<thead>
<tr>
<th>Section</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal details</td>
<td>✔</td>
</tr>
<tr>
<td>Address Information</td>
<td>✔</td>
</tr>
<tr>
<td>Work Authorization</td>
<td>✔</td>
</tr>
</tbody>
</table>

Do you require assistance in extending or obtaining work authorization (visa) at the University of Connecticut to begin employment on the start date stated in this letter or in the future?

- Yes
- No

<table>
<thead>
<tr>
<th>Additional Forms</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Self-Identification Form</td>
<td>✔</td>
</tr>
<tr>
<td>Voluntary Self-Identification of Veteran Status</td>
<td>✔</td>
</tr>
<tr>
<td>Voluntary Self-Identification of Disability (page 1)</td>
<td>✔</td>
</tr>
<tr>
<td>Voluntary Self-Identification of Disability (page 2)</td>
<td>✔</td>
</tr>
<tr>
<td>Declaration</td>
<td>✔</td>
</tr>
</tbody>
</table>
New Hire Form – Voluntary Self-Identification Form

INVITATION TO SELF IDENTIFY

Race/Ethnicity Definitions:

**Hispanic or Latino**: a person of Cuban Mexican Chicano Puerto Rican South or Central American or other Spanish culture or origin regardless of race.

**American Indian or Alaska Native**: a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**Asian**: a person having origins in any of the original peoples of the Far East Southeast Asia or the Indian subcontinent including for example Cambodia China India Japan Korea Malaysia Pakistan the Philippine Islands Thailand and Vietnam.

**Black or African American**: a person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander**: a person having origins in any of the original peoples of Hawaii Guam Samoa or other Pacific Islands.

**White**: a person having origins in any of the original peoples of Europe the Middle East or North Africa.

Are you Hispanic or Latino?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I decline to respond</td>
<td>(optional)</td>
</tr>
</tbody>
</table>

Race/Ethnicity

- [ ] White
- [ ] Black or African American
- [ ] Asian
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] American Indian or Alaska Native

Voluntary Self-Identification of Veteran Status

Voluntary Self-Identification of Disability (page 1)

Voluntary Self-Identification of Disability (page 2)

Declaration
New Hire Form – Voluntary Self-Identification of Veteran Status

Voluntary Self-Identification of Veteran Status

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. These classifications are defined as follows:

1. A “disabled veteran” is one of the following: 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.
2. A “recently separated veteran” means any 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.
3. An “active-duty wartime or campaign badge veteran” means 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.
4. An “Armed forces service medal veteran” means 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

Please indicate the category you belong to below. I belong to the following classifications of protected veterans (choose all that apply):

- I identify as one or more of the classifications of protected veteran listed.
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am not a protected veteran.
- I decline to respond.
- [Optional]

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. Please contact Ryan Bangham at Ryan.Bangham@ucar.edu or (805) 486-2336.

The submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.
New Hire Form – Voluntary Self-Identification of Disability (page 1)

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to hire, and provide equal opportunity to qualified people with disabilities. (i) To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON’T HAVE A DISABILITY
- I DON’T WISH TO ANSWER
  (optional)

Voluntary Self-Identification of Disability (page 2)

Declaration
Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

(1) Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.
Final section of the *New Hire Form* requires the employee to confirm the information supplied is true and accurate. The new employee checks the box to confirm and clicks submit at the bottom right.

The submitted *New Hire Form* opens onboarding access to the new employee and department. Updates to onboarding tasks should be made at this time (add/delete tasks).

**SMARTHR Transactions:**

*Regular Payroll* – New Hire transactions are automatically fed into SmartHR and no further entry is required by the department.

*Special Payroll* – New Hire data feeds to SmartHR with additional entry required. Departments are required to select one of the new PageUp hire templates in SmartHR, lookup the new hire, and the template will populate with most of the data. The department completes the remaining fields (including KFS #s) and submits for payroll to process.