

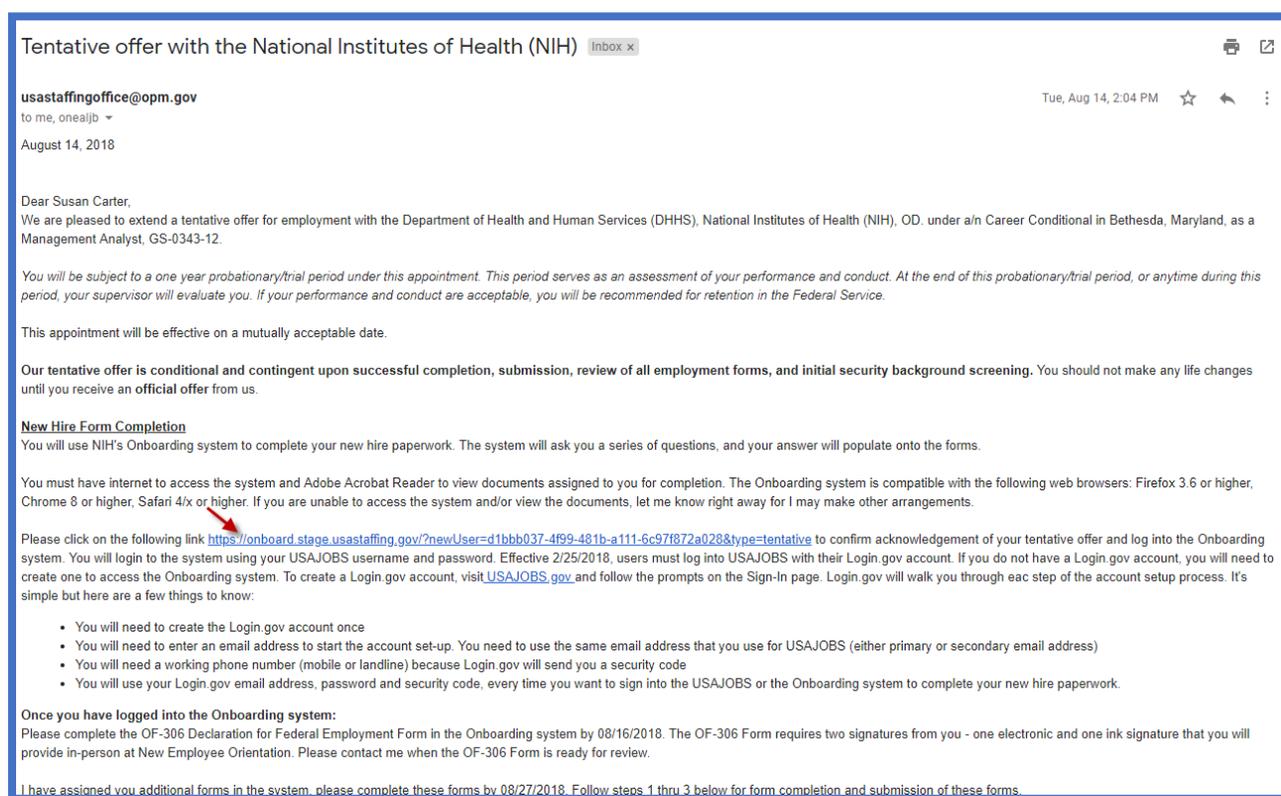
USA Staffing Onboarding New Hire Questionnaire and Forms Submission Guide for NIH New Hires

This guide provides NIH New Hires guidance on completing their questionnaire and forms submission via the USA Staffing Onboarding System prior to New Employee Orientation.

Accessing System

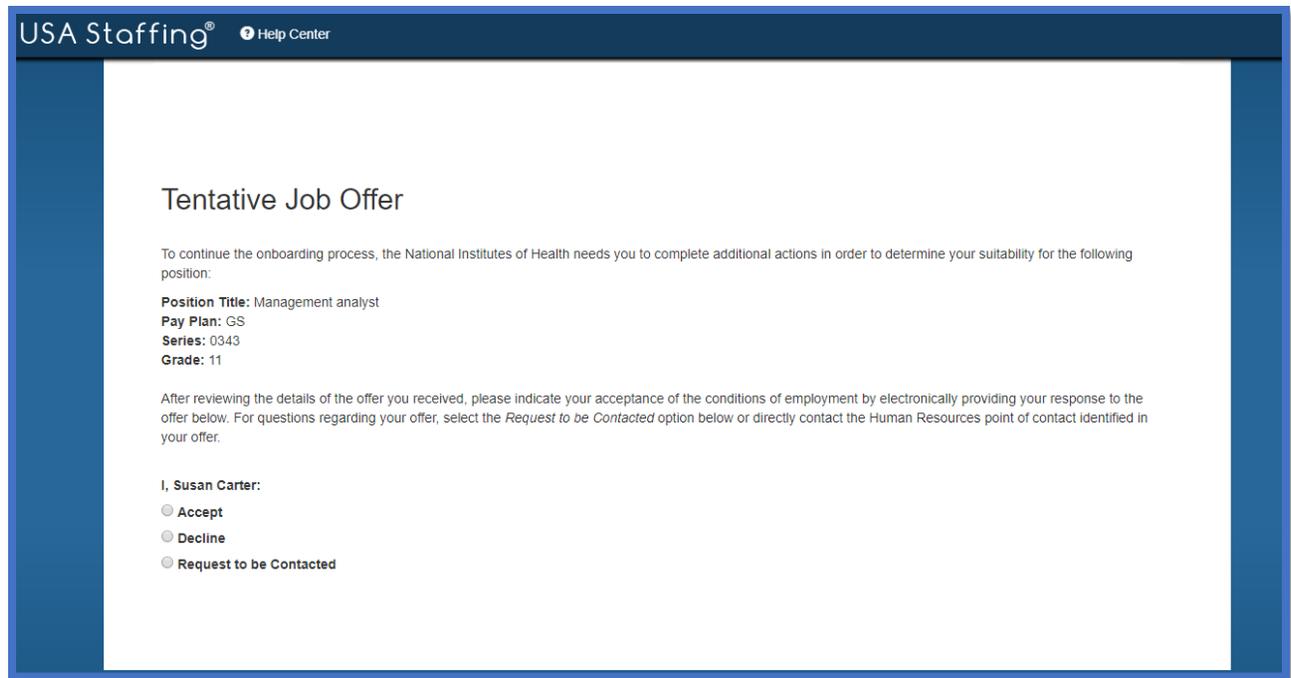
Your initial login to the system will be made through the Tentative Offer Letter that you received via email.

- Click the **Tentative Offer Link** provided in the email to review and accept the job offer

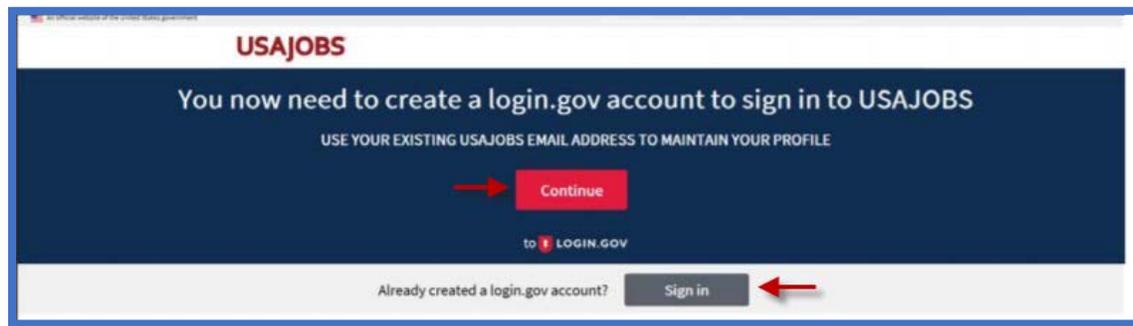


NOTE: After you've accepted the Tentative Offer Letter you can access the system by logging into <https://onboard.usastaffing.gov/>

Once you have clicked the link in your Tentative Offer Letter, you will be taken to your Tentative Job Offer. Here you will review your job offer information and **Accept** or **Decline** your offer.



Once the Tentative Offer is accepted, you will be directed to the login.gov page to create or sign into USAJOBS.



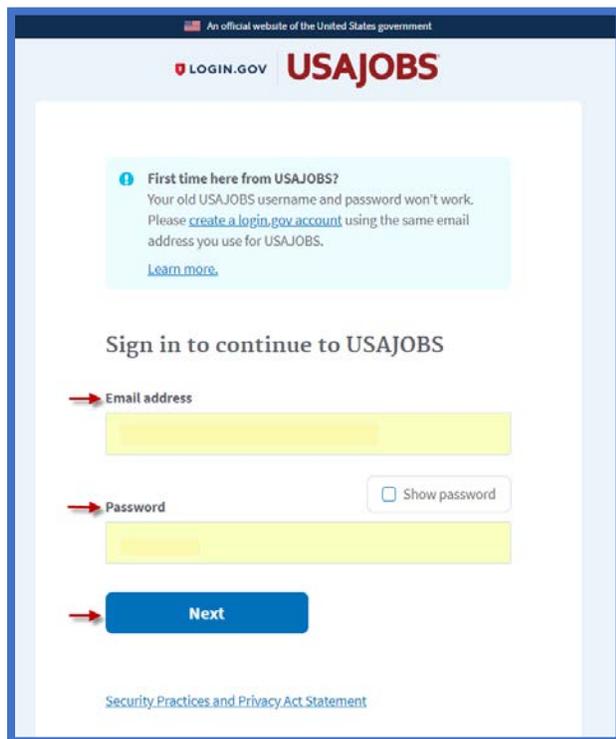
If you do not have an established USAJOBS/Login.gov account, you will need to click on **Create an account** and follow the prompts to create your USAJOBS/Login.gov account. If you need assistance creating an account please review [USAJOBS Login.gov](#) After you have created an account, refer to the [Accessing System section of this guide](#).

If you already have an established USAJOBS/Login account, Click **Sign in**



You will then be asked to enter your **email address** and **password** to enter the system and begin the Onboarding Process.

- Click Next



The email address cannot be altered once you have received your Tentative Offer letter. You will have to continue to use the email address associated with your Tentative Offer Letter to Onboard.

Welcome Screen

Upon system login, the Welcome page will appear.

- Click **Start**.



Tasks

Based on your appointment type, a group of **Tasks** will be assigned to you by your Human Resources contact.

Discover a career at NIH: It's about life

Onboarding Progress: 0%

Position Title: Human Resource Specialists
 Pay Plan-Series-Grade: GS-0201-13
 Duty Location: Bethesda, Maryland

Tasks: □ = Incomplete □ = Complete

The tasks below have been assigned by Human Resources to communicate the required information and actions necessary for you to enter on duty. Click the **Task Name** for each individual task to view the instructions provided by Human Resources and mark the task as complete. Some tasks have quick links that allow you to **Start** or **Continue** working on the task. Note the due date for each assignment, and track your progress by referencing the completed date.

Task Name	Due	Completed
<input type="checkbox"/> Complete New Hire Questionnaire	08/16/2018	
<input type="checkbox"/> SF 61	08/14/2018	
<input type="checkbox"/> I-9	08/16/2018	
<input type="checkbox"/> FMS2231	09/10/2018	
<input type="checkbox"/> HHS 476	09/10/2018	
<input type="checkbox"/> OF-306	09/10/2018	
<input type="checkbox"/> SF 1152	09/10/2018	
<input type="checkbox"/> SF 144	09/10/2018	
<input type="checkbox"/> SF 181	09/10/2018	
<input type="checkbox"/> SF 256	09/10/2018	
<input type="checkbox"/> SF 2823	09/10/2018	
<input type="checkbox"/> SF 3102	09/10/2018	
<input type="checkbox"/> TSP-3	09/10/2018	
<input type="checkbox"/> USAS EDU-01	09/10/2018	
<input type="checkbox"/> VA Tax Form	09/10/2018	
<input type="checkbox"/> W-4	09/10/2018	
<input type="checkbox"/> SF 2609	11/10/2018	
<input type="checkbox"/> SF 2817	11/10/2018	

Below is some helpful information regarding your use of the Onboarding system.

- As a **New Hire**, you can log in and log out and return to the system at any time during the process
- A **Progress Bar** is provided so that you can monitor your progress throughout the Onboarding process
- **Tasks** are the forms provided for completion based on the appointment type your HR contact assigned
 - The “red” boxes indicate the task has not been completed - Once Complete, the task box will turn “green”
- The **New Hire Questionnaire** must be completed beforehand, as the answers from the New Hire Questionnaire will populate onto the forms.
- **Due Dates** are assigned to all forms. Some forms will be due prior to New Employee Orientation while others are due later.
 - **Complete New Hire Questionnaire** and **OF-306** tasks are due 2 days after you have accepted the Tentative Offer Letter
 - All other **Non-Benefit** forms are due prior to New Employee Orientation

- You have up to 60 days from your Appointment Effective date to complete your **Benefit** forms.
- Once a form has been completed the date of completion will populate in the **Completed** column

Complete New Hire Questionnaire

The **Complete New Hire Questionnaire** task is comprised of several different questionnaires. The information you enter in the Questionnaires will populate on your forms.

Discover a career at NIH: It's about life

Onboarding Progress: 0%

Position Title: HR Specialists
Pay Plan-Series-Grade: GS-0201-12
Duty Location: Bethesda, Maryland

Task Details ○ = Incomplete ○ = Complete

Due Date: 08/01/2018 **Task Name:** Complete New Hire Questionnaire

Task Instructions:
The table below contains a list of questionnaires for you to respond to. Your responses to the questions within these questionnaires will be used to populate data onto the forms which your Human Resources office has assigned to you through various tasks.

Questionnaires To Complete

Questionnaire Name	Status	Action
<input type="checkbox"/> Biographic Information	Incomplete	Continue
<input type="checkbox"/> Employment Information	Incomplete	Continue
<input type="checkbox"/> Background Information	Incomplete	Continue
<input type="checkbox"/> Compensation Information	Incomplete	Continue
<input type="checkbox"/> Benefits Information	Incomplete	Continue

Completion Date:

[Close](#)

In the screenshot above:

- The Questionnaires will display an **Incomplete** Status until you have completed the tasks.
- There is no **Completion Date** - Once the questionnaires are complete a completion date will populate below
- All check boxes next to the Questionnaires are currently “red” indicating the Questionnaire is not complete.
- Once the Questionnaire has been completed the check box will turn “green”, the status will be “complete” and you will have the option to “update” the Questionnaire.

Discover a career at NIH: It's about life

Onboarding Progress: 5%

Position Title: HR Specialists
Pay Plan-Series-Grade: GS-0201-12
Duty Location: Bethesda, Maryland

Task Details ○ = Incomplete ✔ = Complete

Due Date: 08/01/2018 **Task Name:** Complete New Hire Questionnaire

Task Instructions:
The table below contains a list of questionnaires for you to respond to. Your responses to the questions within these questionnaires will be used to populate data onto the forms which your Human Resources office has assigned to you through various tasks.

Questionnaires To Complete

Questionnaire Name	Status	Action
✔ Biographic Information	Complete	Update
✔ Employment Information	Complete	Update
✔ Background Information	Complete	Update
✔ Compensation Information	Complete	Update
✔ Benefits Information	Complete	Update

Completion Date: 08/07/2018

Close

Updating Forms

You can click **Update** to modify any information in the Questionnaires *if none of the forms have been submitted*. If you have submitted your forms and need to make corrections, you will need to contact your HR Point of Contact.

Discover a career at NIH: It's about life

Onboarding Progress: 5%

Position Title: HR Specialists
Pay Plan-Series-Grade: GS-0201-12
Duty Location: Bethesda, Maryland

Task Details ○ = Incomplete ✔ = Complete

Due Date: 08/01/2018 **Task Name:** Complete New Hire Questionnaire

Task Instructions:
The table below contains a list of questionnaires for you to respond to. Your responses to the questions within these questionnaires will be used to populate data onto the forms which your Human Resources office has assigned to you through various tasks.

Questionnaires To Complete

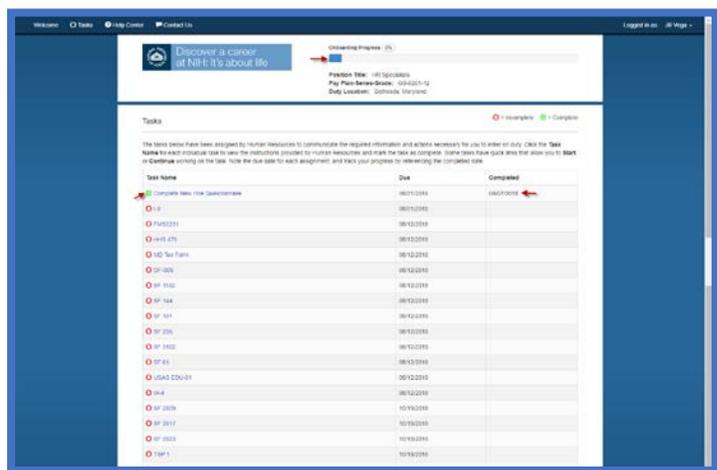
Questionnaire Name	Status	Action
✔ Biographic Information	Complete	Update
✔ Employment Information	Complete	Update
✔ Background Information	Complete	Update
✔ Compensation Information	Complete	Update
✔ Benefits Information	Complete	Update

Completion Date: 08/07/2018

Close

Once you click the **Close** button you are taken back to the **Tasks** page. The following information assumes you have completed all the questions.

- Based on the questionnaires completed, your progress bar should have changed
- The **Complete New Hire Questionnaire** check box will be green
- The date has populated in the **Completed** section
- The **Benefits Questionnaire** may not be marked complete, there will not be a completed date because your benefit forms are not due until after New Employee Orientation.



Submitting the Forms

I-9 & SF-61 Forms

The following forms will not be submitted via Onboarding. *You will have to Print the forms and submit them with a wet signature during New Employee Orientation.*

- I-9 Employment Eligibility Verification
- SF-61 Appointment Affidavit

The following screenshots provide an example of the form submission process using the I-9 form. You will print the SF-61 form in the same manner.

- Click on the **Form name/Form Number** to open the form

Task Details 🔴 = Incomplete 🟢 = Complete

Task Name
I-9

Instructions
Complete I-9 Employment Eligibility Verification Form

Form Name	Next Action
<input type="checkbox"/> I-9 Employment Eligibility Verification	Review and Print Form

Completion Date
[Date Picker]

[Close](#)

- Verify that you can view the PDF and Review all the information
- Click **Confirm**

I-9: Employment Eligibility Verification

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

USCIS Form I-9 1 / 3

E-Verify Case Number:
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) Vega	First Name (Given Name) Jill	Middle Initial N/A	Other Last Names Used (if any) N/A
Address (Street Number and Name) 752 Elk Place		Apt. Number	City or Town Bethesda
Date of Birth (mm/dd/yyyy) 01/01/1999	U.S. Social Security Number [][][] - [][][] - [][][][]	Employee's E-mail Address anthonypl@od.nih.gov	State MD
		ZIP Code 20605	Employee's Telephone Number 202-214-5417

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

➔ [Confirm](#)
[Close](#)

- Click **Print** icon
- Click **Form Printed**

I 9: Employment Eligibility Verification

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

USCIS Form I-9 1 / 3

E-Verify Case Number:

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No. 1615-0047
Expires 06/30/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Jill	First Name (Given Name) Jill	Middle Initial N/A	Other Last Names Used (If any) N/A
Address (Street Number and Name) 702 EA Place		Apt. Number	City or Town Bethesda
State MD		ZIP Code 20805	
Date of Birth (mm/dd/yyyy) 01/01/1999	U.S. Social Security Number 1111-11-1111	Employee's E-mail Address anthony.pilrod.nih.gov	Employee's Telephone Number 202-214-5417

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Form Printed Close

- Click **I Agree**

I confirm that I have reviewed the accuracy of the information populated on this form and I have printed the form so wet signatures may be applied or a third party can complete a portion of the form.

I Agree Cancel

Upon completion, the form will have a “green” checkbox, the next action will reflect “Complete” and the date will populate in the **Completion Date** box

- Click **Close**

Task Details ○ = Incomplete ✓ = Complete

Task Name
I-9

Instructions
Complete I-9 Employment Eligibility Verification Form

Form Name	Next Action
✓ I-9: Employment Eligibility Verification	Complete

Completion Date
08/07/2018

[Close](#)

I-9: Employment Eligibility Verification

The form displayed below is read only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

USCIS Form I-9 1 / 3

E-Verify Case Number: Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No. 1625-0047
Expires 06/01/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employees are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: This form is to determine eligibility against work-authorized individuals. Employees CANNOT identify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented fails a future registration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Party Name)	First Name (Given Name)	Middle Initial	Other Last Names (List if any)
Wags	NIA	NIA	NIA
Address (Street Number and Name)	Apt. Number	City or Town	State
76234 Road		Bellevue	WA
ZIP Code			98005
Date of Birth (MM/DD/YYYY)	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
01/01/1999	0000 0000 0000	anthony@fod.nih.gov	202-214-5417

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

[Confirm](#) [Close](#)



If you clicked **Form Printed** and did not actually print the form, you can re-open the task by clicking on the Form Name link and print the document by clicking on the print icon. When done, you may close the form by clicking on **Confirm** or the “x” at the top right corner.

OF-306 Declaration of Federal Appointment

The OF-306 form requires you to sign the form one time electronically (as an “applicant”) and then print the document to sign at New Employee Orientation. After your HR Point of Contact reviews your initial submission of the form, they will return the form to you. You will receive an email notification advising that the form was returned for printing. You will need to log back into the system and click on the **OF 306** Form link, where you will be prompted by the system to **Print** the form. You will take the form to New Employee Orientation and sign the “Appointee” block of the form in-person.

The following screenshots provide an example of the electronic signature for the OF-306 form.

- Click on the **Form name/Form Number** to open the form

Task Details 🔴 = Incomplete 🟢 = Complete

Task Name
OF-306

Instructions

Form Name	Next Action
<input type="checkbox"/> OF 306: Declaration of Federal Employment	Sign and Submit Form

Completion Date

[Close](#)

- Verify that you can view the PDF and Review all the information
- Click **Confirm**

OF 306: Declaration of Federal Employment

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

Optional Form 306 (Rev. October 2011) 1 / 3

Form Approved
OMB No. 3206-0162

Declaration for Federal Employment*
(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)
◆ Jill Vega (No Middle Name)

2. **SOCIAL SECURITY NUMBER** ◆ 111-11-1111

3a. **PLACE OF BIRTH** (Include city and state or country)
◆ Bethesda, MD, United States

3b. **ARE YOU A U.S. CITIZEN?**
 YES NO (If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)
◆ 01/01/1999

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)
◆

6. **PHONE NUMBERS** (Include area codes)
Day ◆ 202-214-5417
Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? YES NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

[Confirm](#) [Close](#)

- Click **Sign and Submit**

OF 306: Declaration of Federal Employment

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

Optional Form 306 (Rev. October 2011) 1 / 3

Form Approved
OMB No. 3209-0182

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)
 ◆ Jill Vega (No Middle Name)

2. **SOCIAL SECURITY NUMBER**
 ◆ 111-11-1111

3a. **PLACE OF BIRTH** (Include city and state or country)
 ◆ Bethesda, MD, United States

3b. **ARE YOU A U.S. CITIZEN?**
 YES NO (If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)
 ◆ 01/01/1999

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)
 ◆

6. **PHONE NUMBERS** (include area codes)
 Day ◆ 202-214-5417
 Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? YES NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)

- Click **I Agree**

I have reviewed the information for the form displayed and I consent that the information is accurate and true. By signing, as applicable, and/or submitting this form electronically, I acknowledge my approval of the information being submitted. I understand that an electronic signature is equivalent to signing the form. I understand there are legal implications if information has been stated fraudulently. I consent to the electronic release of information as appropriate.

Upon completion, the form will have a “green” checkbox, the next action will reflect “Complete” and the date will populate in the **Completion Date** box

- Click **Close**

Task Details ☐ = Incomplete ☑ = Complete

Task Name
OF-306

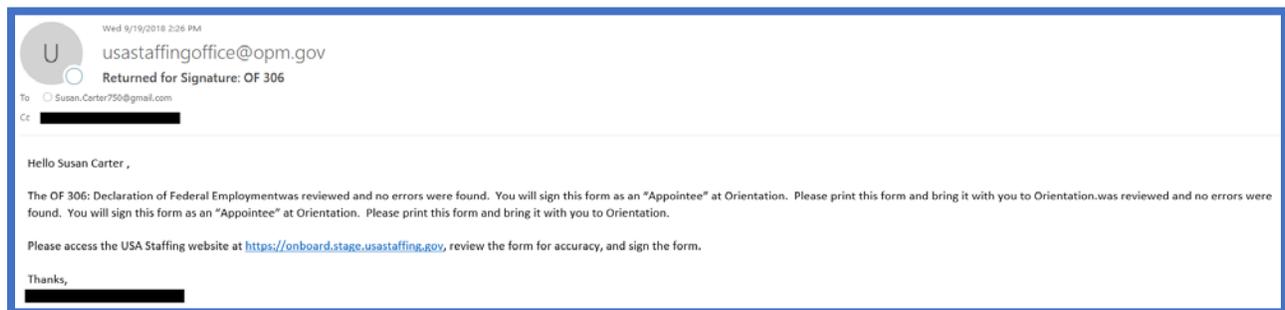
Instructions

Form Name	Next Action
☑ OF 306: Declaration of Federal Employment	Complete

Completion Date
→ 09/08/2018

→ Close

- After the HR Point of Contact returns the form, you will receive an email instructing you to print the form and bring it with you to New Employee Orientation for wet signature.



NOTE: The above is an example of the letter you will receive once the OF-306 form is returned to you after initial review. This screenshot above was taken from our testing site, the link displayed in your letter is <https://onboard.usastaffing.gov>.

The following screenshots display the steps prompted by the system to print the OF 306 form to bring with you to New Employee Orientation.

- Click on the **Form name/Form Number** to open the form

Task Details 🔴 = Incomplete 🟢 = Complete

Task Name
OF-306

Instructions

Form Name	Next Action
🔴 OF 306: Declaration of Federal Employment	Review and Print Form

Completion Date

[Close](#)

- Verify that you can view the PDF and all the information in the form is correct
- Click **Confirm**

OF 306: Declaration of Federal Employment

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

Optional Form 306 (Rev. October 2011) 1 / 3

Declaration for Federal Employment*
(*This form may also be used to assess fitness for federal contract employment)

Form Approved
OMB No. 3206-0182

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix: First, Middle, Last, Suffix)
 ◆ Jill Vega (No Middle Name)

2. **SOCIAL SECURITY NUMBER** ◆ 111-11-1111 3a. **PLACE OF BIRTH** (Include city and state or country)
 ◆ Bethesda, MD, United States

3b. **ARE YOU A U.S. CITIZEN?**
 YES NO (If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)
 ◆ 01/01/1999

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)
 ◆

6. **PHONE NUMBERS** (Include area codes)
 Day ◆ 202-214-5417
 Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? YES NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

➔ [Confirm](#)
[Close](#)

- Click **Print** icon
- Click **Form Printed**



If you clicked **Form Printed** and did not actually print the form, you can open the task again and print the document.

The screenshot shows a web browser window displaying the 'Optional Form 306 (Rev. October 2011)'. The form title is 'Declaration for Federal Employment*'. Below the title, there is a 'GENERAL INFORMATION' section with several fields: 1. FULL NAME (Jill Vega), 2. SOCIAL SECURITY NUMBER (111-11-1111), 3a. PLACE OF BIRTH (Bethesda, MD, United States), 3b. ARE YOU A U.S. CITIZEN? (checked YES), 4. DATE OF BIRTH (01/01/1999), 5. OTHER NAMES EVER USED, 6. PHONE NUMBERS (Day: 202-214-5417). Below this is the 'Selective Service Registration' section with questions 7a and 7b. At the bottom of the form, there are two buttons: 'Form Printed' and 'Close'. A red arrow points to the 'Form Printed' button. In the browser's address bar area, a red circle highlights the print icon.

- Click **I Agree**

The screenshot shows a confirmation dialog box with the text: 'I confirm that I have reviewed the accuracy of the information populated on this form and I have printed the form so wet signatures may be applied or a third party can complete a portion of the form.' At the bottom of the dialog, there are two buttons: 'I Agree' and 'Cancel'. A red arrow points to the 'I Agree' button.

Upon completion the form will have a “green” checkbox, the next action will reflect “Complete” and the date will populate in the Completion Date box

- Click **Close**

Task Details ☐ = Incomplete ☑ = Complete

Task Name
OF-306

Instructions

Form Name	Next Action
☑ OF 306: Declaration of Federal Employment	Complete

Completion Date
08/08/2018

[Close](#)



The printed OF-306 must be taken to New Employee Orientation for wet signature

Forms that Require Electronic Signature

There are several forms that require an electronic signature for processing. You will have to confirm that you reviewed the PDF document for accuracy and then sign the form electronically.

These forms include:

- FS-2331 Fast Start Direct Deposit
- HHS 476 Record of Home Address
- State Tax form
- W-4 Federal Tax Form
- SF-144 Statement of Prior Federal Service
- USAS EDU -01 New Hire Education Data Form

In the following example, the FS-2331 form is used to review how you will submit a form that requires an electronic signature. You will follow the same process for all forms listed above.

- Click on the **Form name/Form Number** to open the form

Task Details ⊖ = Incomplete ⊕ = Complete

Task Name
FMS2231

Instructions
Complete the FMS-2231 Fast Start Deposit Direct Form

Form Name	Next Action
FMS 2231: Fast Start Direct Deposit Form	Sign and Submit Form

Completion Date

- Verify that you can view the PDF and Review all the information
- Click **Confirm**

FMS 2231: Fast Start Direct Deposit Form

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

directdep.cdr:CorelDRAW 1 / 2

FAST START
DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input type="text" value="11111111"/>	
EMPLOYEE NAME (as on payroll records) <input type="text" value="Vega Jill"/> (Last, First, Initials)	
TELEPHONE NUMBER (WORK) <input type="text" value="202-214-5417"/>	(HOME) <input type="text" value=""/>
2. TYPE OF ACCOUNT <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotment) <small>A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.</small> ROUTING TRANSIT NUMBER <input type="text" value="25985642"/> <input type="text" value="3"/>

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

- Click **Sign and Submit**

FMS 2231: Fast Start Direct Deposit Form

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

directdep.cdr:CoreIDRAW 1 / 2

FAST START
DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME (as on payroll records)
(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

Checking
 Savings

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotment)
A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form.

ROUTING TRANSIT NUMBER

→

- Click **I Agree**

I have reviewed the information for the form displayed and I consent that the information is accurate and true. By signing, as applicable, and/or submitting this form electronically, I acknowledge my approval of the information being submitted. I understand that an electronic signature is equivalent to signing the form. I understand there are legal implications if information has been stated fraudulently. I consent to the electronic release of information as appropriate.

→

Upon completion the form will have a “green” checkbox, the next action will reflect “Complete” and the date will populate in the Completion Date box

- Click **Close**

Task Details □ = Incomplete ✓ = Complete

Task Name
FMS2231

Instructions
Complete the FMS-2231 Fast Start Deposit Direct Form

Form Name	Next Action
✓ FMS 2231: Fast Start Direct Deposit Form	Complete

Completion Date
08/08/2018

[Close](#)

Forms that Do Not Require Electronic Signature

The following forms do not require a signature. You will need to confirm that you can view the PDF, verify that the information is correct in the system and submit your documents.

- SF-181 Ethnicity and Race Identification
- SF-256 Self-Identification of Disability

Review the screenshots below of the SF-181 form as an example of how you will review and submit the forms listed above.

- Click on the **Form name/Form Number** to open the form

Task Details □ = Incomplete ✓ = Complete

Task Name
SF 181

Instructions
Complete the SF 181 Ethnicity and Race Identification

Form Name	Next Action
□ SF 181: Ethnicity and Race Identification	Review and Submit Form

Completion Date
[Empty Date Field]

[Close](#)

- Verify that you can view the PDF and all the information in the form is correct
- Click **Confirm**

SF 181: Ethnicity and Race Identification

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

Untitled 1 / 1

U.S. Office of Personnel Management Guide to Personnel Data Standards	ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)
Vega, Jill	111-11-1111	01/01/1999
Agency Use Only		
Privacy Act Statement <p style="font-size: x-small;">Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p style="font-size: x-small;">This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p>		

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

→
Confirm
Close

- Click **Submit**

SF 181: Ethnicity and Race Identification

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

Untitled 1 / 1

U.S. Office of Personnel Management Guide to Personnel Data Standards	ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)
Vega, Jill	111-11-1111	01/01/1999
Agency Use Only		
Privacy Act Statement <p style="font-size: x-small;">Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p style="font-size: x-small;">This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p>		

→
Submit
Close

Upon completion the form will have a “green” checkbox, the next action will reflect “Complete” and the date will populate in the Completion Date box

- Click **Close**

Task Details ☐ = Incomplete ☑ = Complete

Task Name
SF 181

Instructions
Complete the SF 181 Ethnicity and Race Identification

Form Name	Next Action
☑ SF 181: Ethnicity and Race Identification	Complete

Completion Date
08/06/2018

[Close](#)

Benefits Forms

Depending on your appointment type, benefits forms may have been assigned to you. You have up to 60 days from your appointment effective date to complete your benefits forms.

- SF-2809 Health Benefits Registration Form (FEHB)
- SF-2817 Federal Employees Group Life Insurance (FEGLI)
- TSP 1 1 Thrift Savings Plan (TSP) Election

Review the screenshots below of the SF-2809 form as an example of how you review, sign and submit the forms listed above.

- Click on the **Form name/Form Number** to open the form

Task Details ☐ = Incomplete ☑ = Complete

Task Name
SF 2809

Instructions
Complete the SF 2809 Health Benefits Registration Form (FEHB)

Form Name	Next Action
☐ SF 2809: Employee Health Benefits Election Form	Sign and Submit Form

Completion Date
[Empty]

[Close](#)

- Verify that you can view the PDF and all the information in the form is correct
- Click **Confirm**

SF 2809: Employee Health Benefits Election Form

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

Uses for Standard Form (SF) 2809
Use this form to:

- Switch designated eligible family member; or
- Enroll or reenroll in the FEHB Program; or
- Elect not to enroll in the FEHB Program (*employees only*); or
- Change your FEHB enrollment; or
- Cancel your FEHB enrollment; or
- Suspend your FEHB enrollment (*annuitants or former spouses only*).

Who May Use SF 2809

1. Employees eligible to enroll in or currently enrolled in the FEHB Program. *Employees automatically participate in premium conversion unless they waive it, see page 7.*
2. Annuitants in retirement systems other than the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), including individuals receiving monthly compensation from the Office of Workers' Compensation Programs (OWCP).

Note: Civil Service Retirement System (CSRS) and Federal Employees Retirement System (FERS) annuitants and former spouses and children of CSRS/FERS annuitants – Do not use this form. Instead, use form OPM 2809, which is available at www.opm.gov/forms/OPM-forms, or call the Retirement Information Office toll-free at 1-888-767-6738.

Item 10. Provide the information requested on any other health insurance that covers you. An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. *If you or a family member is covered under another FEHB enrollment, check the FEHB box and .* Contact your Human Resources office or retirement system immediately as this is a dual coverage situation. Some examples of how this could occur are:

- You are enrolling in an FEHB Self Only plan while your spouse has either an FEHB Self Plus One or Self and Family plan, in which you are already covered.
- You are enrolling in an FEHB Self Plus One plan while you are also covered under your spouse's FEHB Self Plus One plan or FEHB Self and Family plan.
- You are enrolling in an FEHB Self and Family plan while your spouse is already enrolled in either a FEHB Self Only plan, an FEHB Self Plus One plan that covers you, or an FEHB Self and Family plan that covers you.

Verify you are able to view the generated PDF form by clicking Confirm. If you cannot see the PDF form in the window above, please view our online help to troubleshoot the issue.

Confirm **Close**

- Click **Sign and Submit**

SF 2809: Employee Health Benefits Election Form

The form displayed below is read-only. If you need to make changes to any data displayed on the form, you must return to the appropriate questionnaire and modify your response to the question(s) used to populate the form.

Who May Use SF 2809

1. Employees eligible to enroll in or currently enrolled in the FEHB Program. *Employees automatically participate in premium conversion unless they waive it, see page 7.*
2. Annuitants in retirement systems other than the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), including individuals receiving monthly compensation from the Office of Workers' Compensation Programs (OWCP).

Note: Civil Service Retirement System (CSRS) and Federal Employees Retirement System (FERS) annuitants and former spouses and children of CSRS/FERS annuitants – Do not use this form. Instead, use form OPM 2809, which is available at www.opm.gov/forms/OPM-forms, or call the Retirement Information Office toll-free at 1-888-767-6738.

Item 10. Provide the information requested on any other health insurance that covers you. An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. *If you or a family member is covered under another FEHB enrollment, check the FEHB box and .* Contact your Human Resources office or retirement system immediately as this is a dual coverage situation. Some examples of how this could occur are:

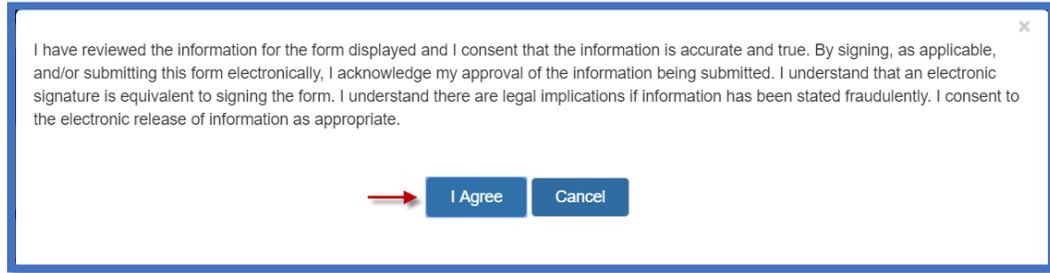
- You are enrolling in an FEHB Self Only plan while your spouse has either an FEHB Self Plus One or Self and Family plan, in which you are already covered.
- You are enrolling in an FEHB Self Plus One plan while you are also covered under your spouse's FEHB Self Plus One plan or FEHB Self and Family plan.
- You are enrolling in an FEHB Self and Family plan while your spouse is already enrolled in either a FEHB Self Only plan, an FEHB Self Plus One plan that covers you, or an FEHB Self and Family plan that covers you.
- You are an employee under age 26 and have no eligible family members. You are enrolling in your own FEHB plan while you are covered under your parent's FEHB Self Plus One plan or Self and Family plan.
- You are an annuitant who is reemployed in the Federal government. You are enrolling in an FEHB plan as an employee while you are covered under your own or a family member's FEHB plan.

No person may be covered under more than one FEHB enrollment. However, in certain unusual circumstances, your agency may allow you to enroll in order to:

- Enable an employee under age 26 who is covered under a parent's Self Plus One or Self and Family FEHB enrollment to enroll in FEHB to cover his or her own.

Sign and Submit **Close**

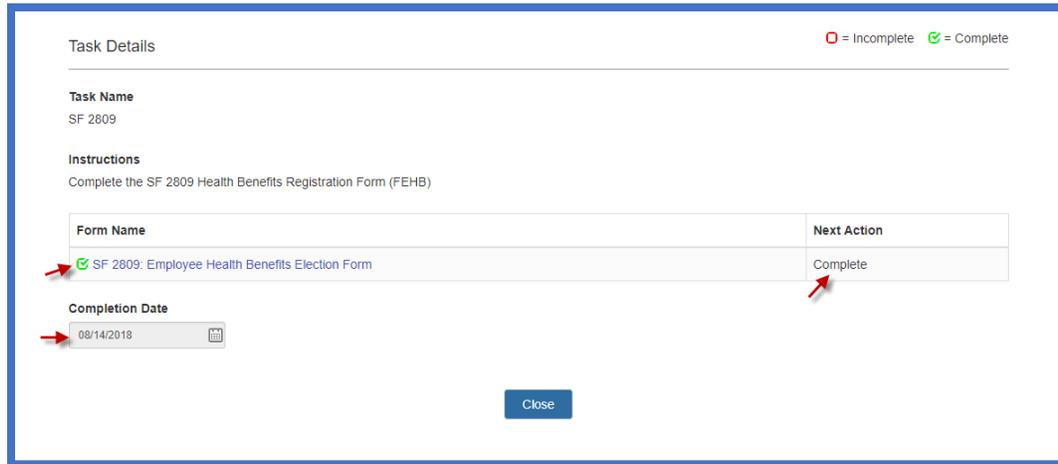
- Click **I Agree**



I have reviewed the information for the form displayed and I consent that the information is accurate and true. By signing, as applicable, and/or submitting this form electronically, I acknowledge my approval of the information being submitted. I understand that an electronic signature is equivalent to signing the form. I understand there are legal implications if information has been stated fraudulently. I consent to the electronic release of information as appropriate.

Upon completion the form will have a “Green” checkbox, the next action will reflect “Complete” and the date will populate in the Completion Date box

- Click **Close**



Task Details □ = Incomplete ✓ = Complete

Task Name
SF 2809

Instructions
Complete the SF 2809 Health Benefits Registration Form (FEHB)

Form Name	Next Action
<input checked="" type="checkbox"/> SF 2809: Employee Health Benefits Election Form	Complete

Completion Date

NOTE: If you attempt to submit one of the Benefits forms listed above **Before** your **Entry on Duty Date** you will receive the following error

“The SF 2809: Employee Health Benefits Election Form cannot be signed and submitted until Human Resources has confirmed you arrived for your first day on duty. If you have already arrived for your first day on duty and continue to receive this message, please contact your Human Resources contact. “

Beneficiary Forms

Depending on your appointment type, beneficiary forms may have been assigned to you. Beneficiary forms include:

- SF-1152 Designation of Beneficiary Unpaid Compensation
- SF-3102 FERS Designation of Beneficiary
- SF-2823 FEGLI Designation of Beneficiary
- TSP-3 Thrift Savings Plan (TSP) Designation of Beneficiary

You may complete the forms via the Onboarding system. However, the system will force you to print the forms as beneficiary forms require wet signature and submissions via hard copy to the NIH Benefits office. You may also choose to complete the benefits forms at Orientation.

Completed Profile

Once you have submitted and printed all the required forms, your new hire record will be complete.

✕

Congratulations!

You have successfully completed all tasks currently assigned by Human Resources.

Note: Human Resources may notify you when additional tasks have been assigned at a later date. If this occurs, log in to the system and complete all the newly assigned tasks.

Close

- All tasks will display a completed date and a “green” box
- The progress bar will display 100% progress

The screenshot shows a user interface for a system. At the top, there is a navigation bar with 'Welcome', 'Tasks', 'Help Center', and 'Contact Us'. On the right, it says 'Logged in as: JH Vega'. Below the navigation bar, there is a 'Discover a career at NIH: It's about life' banner. To the right of the banner is a 'Deboarding Progress' indicator showing 100% completion with a green checkmark. Below this, the user's details are listed: 'Position Title: HR Specialist', 'Pay Plan-Series-Grade: GS-0201-12', and 'Duty Location: Bethesda, Maryland'. The main section is titled 'Tasks' and contains a table of tasks. A legend indicates that a green box represents a 'Complete' status. The table lists various tasks with their names, due dates, and completed dates. All tasks in the table have a green box in the 'Completed' column, indicating they are all complete.

Task Name	Due	Completed
Complete New Hire Questionnaire	08/12/2018	08/07/2018
I-9	08/12/2018	08/07/2018
FMS/231	08/12/2018	08/06/2018
FMS 476	08/12/2018	08/06/2018
MD Tax Form	08/12/2018	08/06/2018
CP-305	08/12/2018	08/06/2018
SP 1152	08/12/2018	08/06/2018
SP 144	08/12/2018	08/06/2018
SP 181	08/12/2018	08/06/2018
SP 255	08/12/2018	08/06/2018
SP 2102	08/12/2018	08/06/2018
SP 01	08/12/2018	08/06/2018
USAS EDU-01	08/12/2018	08/06/2018
W-4	08/12/2018	08/06/2018
SP 2839	10/19/2018	08/14/2018
SP 2817	10/19/2018	08/14/2018
SP 2823	10/19/2018	08/14/2018
TSP-1	10/19/2018	08/14/2018