

Personal Information

Procedure

The following items can be updated from the HCM Personal Information web pages:

- Home, Mailing Address
- Contact Details (Telephone)
- Ethnic Groups
- Emergency Contact Information
- Additional Information
- Disability
- Veteran Status



| Step | Action |
|------|---|
| 1. | Click the Personal Information tile |
| 2. | The Person Details Menu appears. |



Address Change

| < Employee Self Service | | Personal Details | |
|-----------------------------|-------------------------------------|------------------|---|
| Test, User CWRU Employee | | | |
| Addresses | Addresses | | |
| Contact Details | Home Address | | |
| Number 2015 Ethnic Groups | 121 Bell Ave Cleveland, OH 44106 | Current | > |
| Emergency Contacts | | | |
| Additional Information | | | |
| 🛃 Disability | | | |
| 🐣 Veteran Status | | | |
| | | | |

| Step | Action | | |
|----------------------|---|---|----------------------|
| 1. | Address Displays by default when selecting the Person Details tile. | | |
| 2. | Select the address to update | | |
| 3. | Update the address and | d Select Save. | |
| | Cancel | Address | Save |
| Employee Instruction | | | <u>^</u> |
| | To save United States addresses at least one of the fol | llowing fields must get populated: Address 1, A | Address 2, Address 3 |
| | Change As Of | 02/21/2020 | |
| | Address Type | Home | |
| | Country | United States Q | |
| | Address 1 | 121 Bell Ave | |
| | Address 2 | | |
| | Address 3 | | |
| | City | Cleveland | |
| | State | Ohio Q | |
| | Postal | 44106 | |
| | County | | |



Contact Details

| < Employee Self Service | | Personal Details | |
|-----------------------------|-------------------------------------|------------------|---|
| Test, User CWRU Employee | | | |
| Addresses | Addresses | | |
| 😋 Contact Details | Home Address | | |
| Linic Groups | 121 Bell Ave Cleveland, OH 44106 | Current | > |
| C Emergency Contacts | | | |
| Additional Information | | | |
| 🛃 Disability | | | |
| 👍 Veteran Status | | | |
| | | | |

| Step | Action |
|------|---|
| 1. | Click the Contact Details, current phone numbers would be displayed. |
| | |

Phone

| + | | | | |
|--------------|-----------|--------|-----------|---|
| Number | Extension | Туре | Preferred | |
| 216/368-2000 | | Campus | ~ | > |
| 216/555-5555 | | Home | | > |



| Step | Action |
|------|--|
| 2. | To update an existing number: click on the number to update. |
| 3. | Update the number and select save. |

| Cancel | Phone Number Save |
|--------------------------------------|---------------------------------|
| Typ Preferre Numbe Extensio | e Campus ▼ d 216/368-2000 |
| Delete | |



| Step | Action |
|------|--|
| 4. | To add a new phone number, select the + icon. |
| | Phone |
| 5. | Select the phone type. Select Campus if you would like the number to be added to the campus directory. |
| 6. | Enter the number with area code. |
| 7. | Select Save. |

| Cancel | Phone Number Save | |
|-----------|-------------------|--|
| . *Туре | Campus 💌 | |
| Preferred | | |
| Number | 2163682000 | |
| Extension | | |
| | | |
| | Delete | |



Ethnic Groups

Voluntary Self Identification.

| Addresses | Ethnic Groups |
|--|---------------------|
| Contact Details | |
| k Ethnic Groups | Add an Ethnic Group |
| C Emergency Contacts | |
| Additional Information Voluntary Seri-identification The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comp 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 s any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive regulations, including those that require the information to be summarized and reported to the federal government for civil nights enforcement. When reported, data we | |
| | |

| Step | Action | |
|------|---|---|
| 1. | To add an Ethnic group: Add an Ethnic Group | Click the Add an Ethnic Group. |
| 2. | Click the magnifying glas | es to show a list: |
| 3. | Select from the list. Ethnic Group ◇ De AMIND An ASIAN As BLACK Bla HISPA His NSPEC No PACIF Na WHITE W | escription ◇ nerican Indian/Alaska Native ian ack/African American spanic/Latino it Specified tive Hawaiian/Other Pacific Islander hite |
| 4. | Select Save. | |



Emergency Contacts

| Addresses | Emergency Contacts |
|---------------------------|-----------------------|
| Contact Details | No data exists. |
| Number 2015 Ethnic Groups | Add Emergency Contact |
| C Emergency Contacts | |
| Sectional Information | |
| | |
| 🛃 Disability | |
| Lisability | |

| Step | Action |
|------|--|
| 1. | On initial setup select the Add Emergency Contact Button Add Emergency Contact |
| 2. | Complete the information box Cancel Emergency Contact Save "Contact Name Test, Father ************************************ |

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think beyond the possible"

Personal Information

| 3. | Select Save |
|----|---|
| 0. | |
| | |
| | |
| 4. | Will be returned to summary screen. |
| | Emergency Contacts |
| | + |
| | Contact Name Relationship Preferred |
| | Test, Father Parent V |
| | To add another contact calest the plue sign: |
| 5. | |
| | Emergency Contacts |
| | |
| | + |
| | |
| 6. | To modify a contact, click on the selected contact |
| | |
| | |
| | |
| 7. | To delete a contact click on the name of the contact and then the |
| | General Emergency Contact |
| | "Contact Name Tast Eather |
| | *Relationship Parent * |
| | Preferred 🗹 |
| | Address |
| | Cleveland, OH 44106 |
| | Phone Numbers |
| | + Phone Extension Type |
| | 216/555-1234 Mobile > |
| | |
| | Delote |



Personal Information

Additional Information



| Step | Action |
|------|--|
| 1. | Provides a summary of person information |
| 2. | Any incorrect information should be reported to the HR Service center at 216-368-6964 |



Disability

| Addresses | Voluntary Self-Identification of Disability |
|--------------------------------|---|
| Contact Details | Form CC-305 OMB Control Number 1250-0005 Expires 1/31/0200 |
| Number 2015 Ethnic Groups | Why are you being asked to complete this form? |
| Contacts | Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. ¹ To help us measure how well we are disability or if you very 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 needed to be used acated to be used acated to use in any away. |
| Section Additional Information | In a pot, any answer you give win be kept private and win 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. |
| है, Disability | |
| 🝊 veteran Status | 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 • Autism • Bipolar disorder • Post-traumatic stress disorder (PTSD) • Deafness • Cerebral palsy • Major depression • Obsessive compulsive disorder • Cancer • HIV/IADS • Multiple sclerosis (MS) • Impairments requiring the use of a wheelchair • Diabetes • Schribphrenia • Missing limbs or partially missing limbs • Intellectual disability (previously called mental retardation) |

| Step | Action |
|------|---|
| 1. | Complete the form. |
| 2. | Any questions should be reported to the HR Service center at 216-368- 6964 |
| 3. | Select Submit at the bottom of the page. Submit |



Disability

| Addresses | Veteran Status |
|--|--|
| Contact Details | ✓ Definitions |
| No. 10 Strain St | This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment. (1) disabled veterans; (2) recently separated veterans |
| Contacts | (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows: A "disabled veteran" is one of the following: |
| Section Additional Information | 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 |
| 💪 Disability | a person who was discharged or released from active duty because of a service-connected disability. |
| 🚢 Veteran Status | 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. |
| | 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. |

| Step | Action |
|------|---|
| 1. | Complete the form. |
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| 3. | Select Submit at the bottom of the page. Submit |