Salary Offset Agreement
Mandatory fields are marked with a red indicator.

I am currently receiving an annuity under the Civil Service Retirement System (CSRS) or Federal Employees' Retirement System (FERS). If I am offered a position at the Board and while I am employed at the Board and receiving this annuity, my Board salary will be offset by the amount of the annuity. For example, if my (CSRS or FERS) annual annuity is $40,000 and my Board salary is $100,000, my annual salary will be reduced to $60,000 (to be paid on a bi-weekly basis).

In order for the Board to correctly calculate the offset, I understand that if I am hired, I must provide the Payroll Office via e-mail at bogpayroll@frb.gov with the most recent copy of my annuity statement so that the Board can reduce my Board salary by the correct amount. In addition, if I am hired, I understand that I must notify the Payroll Office via e-mail at bogpayroll@frb.gov if the amount of my monthly annuity changes. For example, if I receive a cost of living adjustment or any other increase to my annuity, I understand that I must notify the Payroll Office. Typically, this means I must provide a copy of my annuity statement to the Payroll Office on an annual basis, at a minimum.

By signing this Agreement, I am affirming that I understand that if I fail to provide the Board with the information above either initially or when my annuity amount changes, the Board may decline to employ me or may separate me from Board employment.

Verify and Sign
I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

PRIVACY ACT STATEMENT

If you are receiving an annuity from the Federal Government under the Civil Retirement System (CSRS) or Federal Employee's Retirement System (FERS), your Board salary will be offset by the amount of the annuity. The Board collects this information in order to correctly calculate the offset. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). If you do not complete the employment process, some of the information you provide will be stored and disclosed consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-1, "FRB-Recruiting and Placement Records." (The SORN is published at 81 FR 39923, June 20, 2016. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C §§ 244 and 248. Furnishing the information requested is voluntary; however, if you fail to provide the information on or before your first day of employment, the Board may decline to employ you or continue your employment.

Welcome to the Board of Governors of the Federal Reserve System (the Board). We are pleased that you made the decision to join us.

Your new colleagues are a dedicated group of people who care about their work and their role in serving the American people. Your work here will support the Federal Reserve System's important mission of creating the financial conditions that foster economic growth. We do that by setting national monetary policy to promote stable prices and full employment, supervising and regulating banks to foster a sound financial system, and advancing economic and community development.

Your unique talents, experiences, and ideas can help us move forward as an organization and think differently about what we do and how we do it.

Congratulations on your new position. I am confident that the Board will offer you many opportunities to make a positive impact as well as fulfill your career aspirations.

Sincerely,

Tameika Pope
Chief Human Capital Officer

Please click "Complete" to move forward to the next task.

Complete Next Task

New Hire Portal – PRIVACY ACT STATEMENTS

OVERVIEW OF NEW HIRE PORTAL

In order to complete the employment process, the Board requires new employees to provide employment information and fill out certain forms. The New Hire Portal is the Board's online system that allows new employees to provide the necessary information and fill out forms that can be completed before the first day of employment and pre-populate forms that must be completed in person. The New Hire Portal also informs new employees about certain Board policies and benefits.

PRIVACY ACT STATEMENTS

General personal information. General personal information includes biographic information such as name, social security number, date of birth, gender, and marital status along with contact information; demographic information such as citizenship; educational information; prior federal service and dependent information for federal transfers including information on spouses and dependent children; emergency contact information and relatives employed at the Board; and sign-on bonus information. This information is collected and maintained to assist the Board in its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source from which additional information is necessary to obtain information relevant to the Board decision to hire or retain you; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your Social Security Number so that we can keep accurate records, because other people may have the same name and birth date. Furnishing the information requested is voluntary; however, if you fail to provide the information on or before your first day of employment, the Board may decline to employ you or continue your employment.

Fingerprint information. Fingerprint information consists of eye and hair color, height, and weight. This information is collected and maintained to assist us in providing security of the Board's premises against unauthorized entry; to record entry to Board premises as well as entry into secured areas by authorized personnel; to record departure from Board's premises; to control access to certain areas within Board premises; and to determine who is present on Board property. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-34, "FRB-ESS Staff Identification Card File," including to appropriate federal, state, local, or foreign agencies where disclosure is reasonably necessary to determine whether you pose a security risk; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 243 and 248. Furnishing the information requested is voluntary. Failure to provide any of the information on or before your first day of employment may result in disapproval of your request for a Board identification card and for access to the Federal Reserve Board's premises and lead to the Board declining to employ you or continue your employment.

Ethnicity and Race Self-Identification/EEO. Ethnicity and Race Self-Identification and EEO information is collected and maintained to assist the Board in carrying out its responsibilities under Rehabilitation Act of 1973, Title VII of the Civil Rights Act, and other non-discrimination statutes. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-24 "FRB-EEO General Files," including to contractors, agents, and others; where security or confidentiality has been compromised; and to an individual's emergency contact when necessary to assist the processing of any benefit or claim. Records may also be used to disclose information to management as a data source for production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related personnel management functions or manpower studies and may also be utilized to respond to investigative or legal requests for statistical information (without personal identification of individuals). (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, Title VII of the Civil Rights Act, and the Equal Pay Act. Providing the requested information is voluntary and has no impact on your employment status, but in the instance of missing information, the Board will attempt to identify your race and ethnicity by visual observation.

Direct Deposit/Payroll Information. The direct deposit and payroll information is collected and maintained by the Board for payroll, attendance, leave, insurance, tax, retirement, budget, and cost-accounting programs, and to facilitate compliance with statutory requirements. In order to do this, we may disclose information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-7 "FRB-Payroll and Leave Records," including to certain named or appropriate federal and state agencies for child support enforcement, unemployment insurance, FICA deductions, debt collection, and tax purposes; to disclose information to charitable institutions to report contributions; and to contractors, agents, and others. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your Social Security Number so that we can keep accurate records, because other people may have the same name and birth date. Furnishing the information requested is voluntary; however, if you fail to provide the information on or before your first day of employment, the Board may decline to employ you or continue your employment.

Beneficiary information. The beneficiary information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.

Complete Next Task

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 1 hour per response for regular hires, 1.25 hours per response for officer hires, 0.75 hours per response for intern hires, 1.08 hours per response for regular Federal transfers, and 1.33 hours per response for officer Federal transfers, including the time for reviewing instructions, gathering and maintaining the information needed, and completing and reviewing the collection of information. A Federal agency may not conduct or sponsor, and an organization (or a person) is not required to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100–XXXX), Washington, DC 20503.

Complete Next Task

Your career starts here!

To help you prepare for a successful experience at the Board, this portal will provide you with information about the great benefits and perks we offer our employees.

This portal will also introduce you to a set of required forms that you need to complete so that the Board can conduct the standard background checks required for all new employees.

We encourage you to read all of the information in each section—including the instruction page that follows.

Please click "Complete" to move forward to the next task.

Complete Next Task

Welcome to the Board.

We are pleased that you will be joining us. During your time at the Board, we encourage you to ask questions, engage with your team and fellow interns, and participate fully in the projects you are assigned.

This portal will introduce you to a set of required forms that you need to complete so that the Board can conduct the standard background checks required for all new employees and interns.

This portal will also provide you with information about the perks we offer our Board interns.

We encourage you to read all of the information in each section—including the instruction page that follows—to ensure a successful experience here at the Board.

Please click "Complete" to move forward to the next task.

Complete Next Task

As you navigate the portal, required forms and additional information will appear in the list of tasks on the left.

When your review of a task is complete and all required fields are populated, click either "**Complete**" or "**Submit**" to indicate your completion of that task. More tasks may be added as you finish certain steps.

Please review all information carefully. **Once a task is submitted, the information within that task cannot be changed.** If a task is partially completed and you exit or navigate to the next task (if applicable), prior to submitting, the information will not be saved.

Other options for selection include "**Next Task**", "**Next Page**" and "**Print Preview**".

"**Next Task**" navigates to the next task available to you (if applicable). If you skipped a prior task or would like to review information in a task that you already submitted, you can navigate back to that task by clicking on the task name in the list of tasks.

"**Next Page**" navigates to the next page within a task. This option only appears if you have multiple pages in a task.

"**Print Preview**" displays the task and your responses in a printable view that you can then print and retain for your records. To return to your task, click "Back" in the upper left-hand portion of the print preview screen.

If you have questions as you navigate the portal, contact Board.New.Employee.Orientation@frb.gov.

Complete Next Task

New Employee Data - Instructions

This subset of tasks includes personal information that you must complete. Once all required fields are populated, click the "Next Page" button to proceed.

Next Page | Next Task | Print Preview

New Employee Data - Personal Information
Mandatory fields are marked with a red indicator.

Prefix (Mr., Mrs., Ms.)

*First Name

*Middle Name

If no middle name, enter NMN.

*Last Name

Suffix (Jr., Sr., II, III)

*Do you have a Social Security Number?
Not Specified

*Date of Birth

Format MM/DD/YYYY

*Birth Country

*Birth City

*Birth State/Province

*Citizenship Status
Not Specified

If selected "Other", please specify

Country of Citizenship if outside the U.S.

*Primary Phone

*Primary Phone Type
Not Specified

Secondary Phone

Secondary Phone Type
Not Specified

*Marital Status
Not Specified

*Marital Status Date

Format MM/DD/YYYY. If not married, enter start date.

*Gender
Not Specified

*Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military?

Not Specified

Fingerprint Information

*Hair Color

*Height

*Eye Color

*Weight

The two questions below are designed to identify your ethnicity and race. As described in the earlier Privacy Act statement, providing ethnicity and race information is voluntary and has no impact on your employment status; but in the instance of missing information, the Board will attempt to identify your race and ethnicity by visual observation. Please see the earlier Privacy Act statements. **Regardless of your answer to the Hispanic or Latino Ethnicity question, the Race Self-Identification question should also be filled in below.**

Ethnicity Self-Identification

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Please select your Ethnicity

Not Specified

Race Self-Identification (select one or more)

American Indian or Alaskan Native - A person having origins in any of the original peoples of North or 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.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Previous Page **Next Page** Next Task Print Preview

New Employee Data - Address
Mandatory fields are marked with a red indicator.

Current Address

*Address (line 1)

Address (line 2)

*City

*State

*Zip Code

*County (not Country)

Mailing Address (if different from Current Address)

Address (line 1)

Address (line 2)

City/Town

State/Province

Zip/Postal Code

County (not Country)

Country

*Please select the state for which you would like to complete a state tax form. If you select District of Columbia, Maryland or Virginia you can complete the tax form using this portal. If you select any other state you will complete your state tax form on your first day (if applicable).

Not Specified

Previous Page | **Next Page** | Next Task | Print Preview

New Employee Data - Education

Please list most recent educational institution and program first.

1. Institution

Name

State/Province

Country

Program

Major

Type of Degree

Did you graduate?

Not Specified

Year Graduated (YYYY)

2. Institution

Name

State/Province

Country

Program

Major

Type of Degree

Did you graduate?

Not Specified

Year Graduated (YYYY)

3. Institution

Name

State/Province

Country

Program

Major

Type of Degree

Did you graduate?

Not Specified

Year Graduated (YYYY)

Previous Page | **Next Page** | Next Task | Print Preview

New Employee Data - Emergency Contact
Mandatory fields are marked with a red indicator.

Primary Emergency Contact

*Full Name (Last, First MI)

*Relationship to Employee

Not Specified

*Address (line 1)

Address (line 2)

*City/Town

*State/Province

*Zip/Postal Code

*Country

*County

*Primary Phone

*Primary Phone Type

Not Specified

Secondary Phone

Secondary Phone Type

Not Specified

Secondary Emergency Contact

Full Name (Last, First MI)

Relationship to Employee

Not Specified

Address (line 1)

Address (line 2)

City/Town

State/Province

Zip/Postal Code

Country

County

Primary Phone

Primary Phone Type

Not Specified

Secondary Phone

Secondary Phone Type

Not Specified

Previous Page | **Next Page** | Next Task | Print Preview

New Employee Data - Board Relatives

Relatives Employed at the Board

Full Name (Last, First MI)	Relationship to Employee
	Not Specified
Full Name (Last, First MI)	Relationship to Employee
	Not Specified
Full Name (Last, First MI)	Relationship to Employee
	Not Specified
Full Name (Last, First MI)	Relationship to Employee
	Not Specified

Previous Page **Next Page** Next Task Print Preview

New Employee Data - Review

Please review your responses to the questions below to ensure they are correct before clicking "Submit".

If you need to make a change to your responses, continue clicking the "Previous Page" button until you reach the New Employee Data - Personal Information page. Make any necessary changes and click the "Next Page" button until you reach the New Employee Data - Review page, then submit.

Date of Birth
05/05/1985

Do you have a Social Security Number?
Yes

Previous Page | **Submit** | Next Task | Print Preview

Social Security Number
Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you have a social security number. Please provide your social security number below and review for accuracy before clicking "Submit".

*Social Security Number

(999-99-9999)

Submit | Next Task | Print Preview

Sign-On Bonus Agreement
Mandatory fields are marked with a red indicator.

Sign-On Bonus (Total)
1,000.00

Sign-On Bonus Payout

Terms and Conditions of Sign-On Bonus
Your sign-on bonus will be paid in the amount(s) stated above minus applicable withholding and taxes as determined by the Board in its sole discretion. If you leave the Board within your first year of employment, a pro-rated amount must be returned to the Board and you forfeit your right to any outstanding installments.

I agree to the above terms and conditions.

Verify and Sign
I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit Next Task Print Preview

Direct Deposit
Mandatory fields are marked with a red indicator.

I hereby authorize the Board of Governors of the Federal Reserve System to initiate direct deposits for payroll to the account listed below:

*Depository (Bank) Name

*City

*State

*Nine Digit Bank Transit/ABA Number

*Account Number

*Account Type

Not Specified

This authorization is to remain in full force and effect until the Board of Governors of the Federal Reserve System has received written notification from me of its termination in such a time and manner as to afford Agency a reasonable opportunity to act upon it.

Verify and Sign
I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit Next Task Print Preview

Federal W-4
Mandatory fields are marked with a red indicator.

For more information and instructions, including the Paperwork Reduction Act notice and the Privacy Act statement, click here to see the W-4 form. OMB No. 1545-0074

If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

*Are you a Nonresident Alien?

Not Specified

☐ If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.

*Tax filing status

Not Specified

Note: *If married filing separately, check "Married, but withhold at higher Single rate."*

*Total number of allowances you're claiming

Additional amount, if any, you want withheld from each paycheck

I claim exemption from withholding for 2018, and I certify that I meet **both** of the following conditions for exemption.

- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Verify and Sign
I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit Next Task Print Preview

D-4 DC Withholding Allowance Certificate
Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you needed to fill out a tax form for the District of Columbia.

For more information and instructions, click here to view the D-4 DC Withholding Allowance Certificate.

*1. Tax filing status

Not Specified

2. Total number of withholding allowances from worksheet.

*Enter total from Sec. A, Line i

*Enter total from Sec. B, Line m

*Total number of withholding allowances, Line n

3. Additional amount, if any, you want withheld from each paycheck

4. Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box.

*5. My domicile is a state other than the District of Columbia

Not Specified

If yes, give name of state of domicile

I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.

If claiming exemption from withholding, are you a full-time student?

Not Specified

Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, correct.

Verify and Sign

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit Next Task Print Preview

VA-4 Employee's Virginia Income Tax Withholding Exemption Certificate
Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you needed to fill out a tax form for Virginia.

For more information and instructions, click here to view the VA-4 Employee's Virginia Income Tax Withholding Exemption Certificate.

If subject to withholding, enter the number of exemptions claimed on:

*Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet

Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet

*Total Exemptions - line 8 of the Personal Exemption Worksheet

Enter the amount of additional withholding requested (see instructions)

☐ I certify that I am not subject to Virginia withholding. I meet conditions set forth in the instructions.

☐ I certify that I am not subject to Virginia withholding. I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Verify and Sign

By signing below, under penalties of perjury, I am certifying that, to the best of knowledge, the information I am providing is true, correct, and complete. I understand that any false or fraudulent information may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment.

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit Next Task Print Preview

MW507 Employee's Maryland Withholding Exemption Certificate
Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you needed to fill out a tax form for Maryland.

For more information, click here to view the MW507 Employee's Maryland Withholding Exemption Certificate.

*County of residence

Not Specified

*Tax filing status

Not Specified

*1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2

2. Additional withholding per pay period under agreement with employer

3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply.

- ☐ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
- ☐ b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld.

If both a and b apply, enter year applicable (year effective)

Enter "Exempt" here

4. I claim exemption from withholding because I am domiciled in one of the following states. Select state that applies.

Not Specified

I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "Exempt" here.

5. I claim exemption from Maryland **state** withholding because I am domiciled in Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions. Enter "Exempt" here.

6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "Exempt" here and on line 4.

7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "Exempt" here and on line 4.

8. I certify that I am a legal resident of the state of

and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief act, as amended by the Military Spouses Residency Relief Act.

Enter "Exempt" here.

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowance claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Verify and Sign

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit Next Task Print Preview

Board calendar – A yearly calendar that highlights the Board's paid holidays (red squares) and biweekly pay dates (green circles).

Complete Next Task

As a new hire without a Social Security number, you should be aware how your ability to obtain a Social Security number affects your health, dental, vision, and flexible spending accounts (hereinafter referred to as "benefits"). Below is information about what to do to enroll in your benefits and how to obtain a Social Security number. **Please read this message carefully.**

Benefits
When you start working at the Board, you have the option to enroll in benefits under one of the Board's plans. **Enrollment in benefits takes effect the pay period after you submit a completed application to the Benefits Office through our automated system, e-Personnel.**

If you do not have a Social Security number when you are hired, you will be assigned a temporary number. The temporary number will allow you to enroll in benefits via the online module. The temporary number also allows you to see a doctor for health care services. While you will have access to health care services, you will not be able to process health care claims until after you obtain a Social Security number.

You will be responsible for paying all costs that would be covered by your benefits until you have obtained a Social Security number. Once your Social Security number is obtained, you can submit claims for reimbursement of covered benefit services that you or your covered family members received on or after the date that your health insurance coverage became effective.

Your initial eligibility period to enroll in benefits is 60 days from your date of hire. After the initial eligibility period has passed, your opportunities to enroll in or change your enrollment in these plans are limited to Open Season, which happens once a year in November, or a qualifying change in family or work status, such as marriage, the birth of a child, or a change in schedule from full time to part time.

Following are the benefits you need to enroll in within 60 days from your date of hire:

- Health Insurance – Federal Employees Health Benefits (FEHB) Program
- Board Dental
- Board Vision
- Life Insurance – Board Employees' Group Life Insurance (BEGLI)
- Federal Long-Term Care Insurance
- Flexible Spending Accounts – Health Care and Dependent Care
- Group Legal Insurance
- Personal Accident Insurance

You are automatically enrolled in the Federal Employees' Group Life Insurance (FEGLI) Basic life insurance benefit; however, you may waive or change your FEGLI coverage within 60 days from your date of hire.

Social Security Number
Because you are authorized to work in the United States for the Board, you are eligible to obtain a Social Security number. In order to apply for a Social Security number, you must bring the completed Form SS-5 (found here: http://www.ssa.gov/online/ss-5.pdf) and the documents specified in the instructions to a local Social Security office. You can find your local Social Security office online: https://secure.ssa.gov/apps6z/FOLO/fo001.jsp.

The Social Security Administration recommends that you wait 10 business days from the date that you first arrive in the United States before applying for your Social Security number. If you submit your application before this, Social Security may not be able to verify your USCIS documentation online, which will significantly increase the time it takes for your Social Security number to be issued.

You should be aware that your family members who are not authorized to work in the United States will not be eligible to receive a Social Security number unless they have a valid non-work reason for requesting one. If your family members are not eligible to receive a Social Security number and they need an identification number for tax purposes, they can apply for an Individual Taxpayer Identification Number from the Internal Revenue Service (IRS). A link to this application can be found here: Form W-7, IRS Application for Individual Taxpayer Identification Number. This number may also be accepted in lieu of a Social Security number for a variety of other purposes.

The Social Security Administration has a helpful guide titled "Social Security Numbers for Noncitizens" that you may wish to review. A link to the guide is here: http://www.ssa.gov/pubs/10096.html.

If you have any questions regarding your benefits, please contact a benefits counselor at 202-452-3737.

Complete Next Task

The Federal Reserve offers a full array of benefits that was developed to meet the varying needs of our diverse workforce and to help you balance work and family.

As a new employee, you have the opportunity to enroll in any of the benefit plans listed below. **Your initial eligibility period to enroll in benefits is 60 days from your date of hire.**

After the initial eligibility period has passed, your opportunity to enroll in or change your enrollment in these plans is limited to Open Season, which happens once a year in November, or a qualifying change in family or work status, such as marriage, the birth of a child, or a change in schedule from full time to part time.

Following are the benefits you need to enroll in within 60 days from your date of hire:

- Health Insurance – Federal Employees Health Benefits (FEHB) Program
- Board Dental
- Board Vision
- Life Insurance – Board Employees' Group Life Insurance (BEGLI)
- Federal Long-Term Care Insurance
- Flexible Spending Accounts – Health Care and Dependent Care
- Group Legal Insurance
- Personal Accident Insurance

You are automatically enrolled in the Federal Employees' Group Life Insurance (FEGLI) Basic life insurance benefit; however, you may waive or change your FEGLI coverage within 60 days from your date of hire.

Most benefits go into effect the beginning of the pay period after your elections have been submitted through the automated Benefits Enrollment module in e-Personnel. The Board shares the cost of these benefits with you. Cost varies depending upon plan chosen, coverage options selected, and whether it's self-only, self plus one, or family coverage.

Enrollment in some benefits is automatic and at no cost to you. These benefits include the defined benefit pension plan (called the Bank Plan), the Thrift Plan, short- and long-term disability, and Business Travel Accident Insurance.

You will have access to e-Personnel when you start work so that you can choose the benefit plans that are right for you and your family.

A benefits counselor will review your benefits in detail during new hire orientation. You will also have an opportunity to meet with a benefits counselor after new hire orientation to discuss your personal situation and ask additional questions about the Board's benefits package.

Complete Next Task

As a new intern, expected to work less than 90 days, you are ineligible to participate in the benefit programs here at the Board.

You will have access to e-Personnel when you start work so that you can enter leave and make basic changes to your profile such as contact information and federal and state tax withholdings.

If you return to the Board of Governors or a Federal Reserve Bank as a full-time, benefits-eligible employee, your time as an intern will not count for retirement purposes under the Bank Plan. However, you will be eligible to receive credit for leave purposes only.

Complete Next Task

As a new intern, expected to work on average 30 hours per week or more for at least 90 days, you have the opportunity to enroll in health insurance (the Federal Employees Health Benefits [FEHB] Program). Your initial eligibility period to enroll in the FEHB Program is 60 days from your date of hire.

After the initial eligibility period has passed, your opportunity to enroll in or change your enrollment in the plan is limited to Open Season, which happens once a year in November, or a qualifying change in family or work status, such as marriage, the birth of a child, or a change in schedule from full time to part time.

The health insurance benefit will go into effect the beginning of the pay period after your election has been submitted through the automated Benefits Enrollment module in e-Personnel. The Board shares the cost of this benefit with you. Cost varies depending upon the plan chosen, coverage options selected, and whether it's self only, self plus one, or family coverage.

You will have access to e-Personnel when you start work so that you can choose the benefit plans that are right for you and your family.

A benefits counselor will review your benefits in detail during new hire orientation. You will also have an opportunity to meet with a benefits counselor after new hire orientation to discuss your personal situation and ask additional questions about the Board's benefits package.

Complete Next Task

As an officer of the Board, you are eligible for additional benefits including the Thrift and Retirement Benefits Equalization Plans (BEP), the Pension Enhancement Plan (PEP), and Executive Death Benefits.

Additional information about these plans can be found below:

- Retirement BEP link
- Thrift BEP link
- Pension Enhancement Plan link
- Executive Death Benefit link

Complete Next Task

Prior Service Details
Mandatory fields are marked with a red indicator.

You're receiving this task because you previously indicated you have prior service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military.

Retired with service: I have had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military and retired under the Plan.

Not retired with service: I have had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military which I believe was at one time creditable service under the Plan, but did not retire.

*Please indicate which of the above apply to you.

Not Specified

If **Retired with service** is selected, please enter the effective date in which you retired under the Plan.

Format MM/DD/YYYY

If **Not retired with service** is selected, please list the inclusive dates of the service and the employer with which it was performed below. I ask for confirmation that the service was at one time creditable service under the Plan.

From

Format MM/YYYY

To

Format MM/YYYY

Employer, including military

From

Format MM/YYYY

To

Format MM/YYYY

Employer, including military

From

Format MM/YYYY

To

Format MM/YYYY

Employer, including military

From

Format MM/YYYY

To

Format MM/YYYY

Employer, including military

From

Format MM/YYYY

To

Format MM/YYYY

Employer, including military

Member's other names during periods stated

From

Format MM/YYYY

To

Format MM/YYYY

Full Name

From

Format MM/YYYY

To

Format MM/YYYY

Full Name

I understand that the purpose of this form is to identify the portion of any pervious service that was at one time creditable service under the Plan; that confirmation of any creditable service on this form does not constitute a reinstatement of credit for the service, and that reinstatement of such credit occurs only under the terms and conditions stated in the Plan.

Verify and Sign

By signing below, under penalties of perjury, I am certifying that, to the best of knowledge, the information I am providing is true, correct, and complete. I understand that any false or fraudulent information may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment.

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit Next Task Print Preview

Dependent Information for Federal Transfers
Mandatory fields are marked with a red indicator.

You're receiving this task because you've been identified as a Federal Transfer. Please complete the below information regarding your plan and dependents.

*Are any of your dependents covered under your current health plan?

Not Specified

If you answered "Yes" to the above question, please complete the questions below regarding marital and children information where applicable.

If you answered "No" to the above question, you do not need to complete marital and children information.

Marital Information

Are you currently married?

Not Specified

If yes, please provide your spouse's information below.

Spouse's Name (Last, First, Middle Initial)

Spouse's Date of Birth

Format MM/DD/YYYY

Marriage Date

Format MM/DD/YYYY

Children

Do you have children?

Not Specified

If yes, please provide information for dependent children below (list in order, eldest child first)

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Child's Name (Last, First, Middle Initial)

Child's Date of Birth

Format MM/DD/YYYY

Verify and Sign

By signing below, under penalties of perjury, I am certifying that, to the best of knowledge, the information I am providing is true, correct, and complete. I understand that any false or fraudulent information may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment.

I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

Submit Next Task Print Preview

Federal Employees' Group Life Insurance (FEGLI) Program
Mandatory fields are marked with a red indicator.

Before completing this task please read the instructions, including the Privacy Act and Public Burden statements, located here. OMB No. 3206-0136

Please provide information for at least one beneficiary below. If you do not wish to provide a beneficiary, please enter "N/A" in the required fields.

Information about the beneficiary or beneficiaries

*Full Name

*Relationship

*Social Security Number

*Percent or fraction designated

*Address (line 1)

*City/Town

Address (line 2)

*State/Province

*Zip/Postal Code

Full Name

Relationship

Social Security Number

Percent or fraction designated

Address (line 1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

Full Name

Social Security Number

Address (line 1)

Address (line 2)

Relationship

Percent or fraction designated

City/Town

State/Province

Zip/Postal Code

Full Name

Social Security Number

Address (line 1)

Address (line 2)

Relationship

Percent or fraction designated

City/Town

State/Province

Zip/Postal Code

Full Name

Social Security Number

Address (line 1)

Address (line 2)

Relationship

Percent or fraction designated

City/Town

State/Province

Zip/Postal Code

Full Name

Relationship

Social Security Number

Percent or fraction designated

Address (line 1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

*Total Designated (Must equal 100% or 1.0)

(Do not use dollar amounts)

You will be asked to provide a wet signature for this information on your first day of employment.

Submit Next Task Print Preview

Designation of Beneficiary Unpaid Compensation of Deceased Employee
Mandatory fields are marked with a red indicator.

I hereby designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION payable to me after my death and, in doing so, cancel any and all previous beneficiary designations I may have made for this purpose. I understand that this Designation of Beneficiary relates solely to UNPAID COMPENSATION (which means pay on account of services rendered prior to death, and not received by me prior to death, and may include amounts due in reimbursement of travel expenses, moving relocation expenses, overtime pay, cash awards, accrued annual leave and/or any other amounts the Board agreed in writing to pay you prior to death). This Designation of Beneficiary does not affect the disposition of any benefits which may become payable under the terms of any other employee benefit plan.

I UNDERSTAND THAT IF I DO NOT DESIGNATE A BENEFICIARY ON THIS FORM, MY UNPAID COMPENSATION WILL BE PAID TO THE PROBATE OR ORPHAN'S COURT (OR SIMILAR INSTITUTION) OF THE STATE WHERE I RESEIDED AT THE TIME OF MY DEATH FOR APPROPRIATE DISPOSITION IN ACCORDANCE WITH APPLICABLE STATE LAW. (Your residence will be determined by the most recent address you submitted to the Board for tax purposes (W-2 wage reporting) prior to your death.)

Information Concerning the Beneficiary or Beneficiaries:

Please provide information for at least one beneficiary below. If you do not wish to list a beneficiary, please enter "N/A" in the required fields.

Primary Beneficiaries

*Full Name

*Relationship

*Social Security Number

*Share paid to each beneficiary

*Address (line 1)

*City/Town

Address (line 2)

*State/Province

*Zip/Postal Code

Full Name

Social Security Number

Address (line 1)

Address (line 2)

Relationship

Share paid to each beneficiary

City/Town

State/Province

Zip/Postal Code

Full Name

Social Security Number

Address (line 1)

Address (line 2)

Relationship

Share paid to each beneficiary

City/Town

State/Province

Zip/Postal Code

Full Name

Social Security Number

Address (line 1)

Address (line 2)

Relationship

Share paid to each beneficiary

City/Town

State/Province

Zip/Postal Code

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

Address (line 1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

*Primary Total (must equal 100%)

Contingent Beneficiaries

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

Address (line 1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

Address (line1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

Contingent Total (must equal 100%)

You will be asked to provide a wet signature for this information on your first day of employment.

PRIVACY ACT STATEMENT

The information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.

Submit Next Task Print Preview

Executive Death and Dismemberment Benefit for Officers and Governors

If you would like to participate in the Executive Death and Dismemberment Benefit for Officers and Governors of the Board of Governors of the Federal Reserve System (Plan), complete Parts I and II, below. If you do not wish to participate in the Plan, complete Part III, below.

PART I: PAYMENT OPTIONS

I hereby elect the following method of payment:

Not Specified

If you selected Installment Payments, above, make a selection in both columns below:*

Column 1

Not Specified

Column 2

Not Specified

*If you do not complete this section benefits will be paid in one lump sum.

PART II: BENEFICIARY DESIGNATIONS

I designate the individuals listed below as beneficiaries of any payments under the Plan that may be due upon my death. This cancels any previous designations I may have made once this form is received by the Benefits Office.

Full Name

Relationship

% Share

Address (line 1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

Full Name

Relationship

% Share

Address (line 1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

Full Name

Relationship

% Share

Address (line 1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

Full Name

Relationship

% Share

Address (line 1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

Full Name

Relationship

% Share

Address (line 1)

City/Town

Address (line 2)

State/Province

Zip/Postal Code

*If no percentage is designated payments will be distributed equally among all beneficiaries listed above.

PART III: WAIVER OF PARTICIPATION

☐ I hereby waive participation in the Plan.

You will be asked to provide a wet signature for this information on your first day of employment.

PRIVACY ACT STATEMENT

The information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.

Submit Next Task Print Preview

The Office of Diversity and Inclusion (OD&I) reports to the Chief Operating Officer. The purpose of the office is to direct the Board's equal employment policy, which is to (1) provide equal opportunity for all persons; to prohibit discrimination in employment because of race, religion, color, national origin, disability, age, sex, gender identity, sexual orientation or genetic information and (2) promote the full realization of equal employment opportunity.

The office is also responsible for matters of the Board "relating to diversity in management, employment, and business activities." OD&I's mission and scope also include the responsibilities identified in section 342 of the Dodd-Frank Act for the Office of Minority and Women Inclusion, which includes the assessment of diversity policies and practices of entities regulated by the Board.

OD&I administers the federally mandated No FEAR Act training. This training is required by law to enhance workplace awareness and familiarize all employees with the EEO and diversity principles and concepts, help them gain a practical understanding of employee responsibilities, learn strategies to reduce workplace discrimination, and learn the benefits of EEO. The online training consists of modules on the following topics:

- EEO compliance
- disability and reasonable accommodations
- workplace and sexual harassment
- diversity
- lawful hiring for managers

Board employees are required to complete the training modules within the first 90 days of employment and every two years thereafter. You will receive an email from OD&I about the training.

Complete Next Task

OD&I Policies - Instructions

This subset of tasks includes multiple OD&I policies that you must review. Please click on each link to view the policy presented. When your review of a policy or acknowledgement is complete, click the "Next Page" button to proceed.

Next Page Next Task Print Preview

OD&I Policies - Discriminatory Workplace Harassment

Click on the link to review the Discriminatory Workplace Harassment Policy.

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OD&I Policies - EEO Complaint System and How It Works

Click on the link to review The EEO Complaint System and How It Works brochure.

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OD&I Policies - Verification of Discriminatory Workplace Harassment
Mandatory fields are marked with a red indicator.

The Board's policy is to provide its employees with an environment free from discriminatory harassment. Sexual harassment is one form of discriminatory harassment and is addressed in the Discriminatory Workplace Harassment Policy. It is not the intent of the Board to regulate normal social interaction or relationships freely entered into by Board employees.

By signing this form you acknowledge that you received a copy of the Board's Discriminatory Workplace Harassment Policy and the Equal Employment Opportunity complaint brochure *The EEO Complaint System and How It Works*.

I received a copy of the Board's Discriminatory Workplace Harassment (including sexual harassment) Policy and information on the Board's EEO Complaint process.

Verify and Sign
I understand that by entering my password below, I am signing this document. I certify that I have read, fully understand, and accept all terms of the foregoing statement. I certify that I intend my electronic signature on this certification to be the legally binding equivalent of my traditional handwritten signature. Please signify your acceptance by entering the information requested in the field below.

*Electronic Signature (Please enter your password)

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OD&I Policies - Equal Employment Opportunity

Click on the link to review the Equal Employment Opportunity Policy.

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OD&I Policies - Reasonable Accommodation

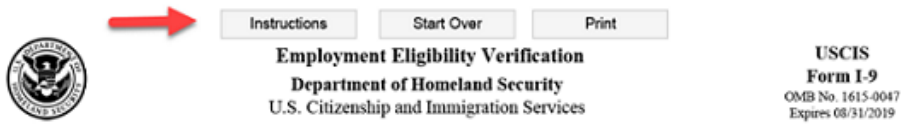
Click on the link to review the Reasonable Accommodation Policy.

Previous Page | **Submit** | Next Task | Print Preview

Click the link below to complete the Employment Eligibility Verification (I-9 Form).

On the top of the first page of the form, click on "Instructions" and read them in their entirety before completing the form. Note: We will need a printed copy of the form.

Finally, review the last page of the form for the list of acceptable documents that will be needed on your first day of work to establish identity and employment authorization. Along with the documents, please bring a copy of the completed I-9 Form.



Employment Eligibility Verification (I-9 Form)

Complete | Next Task

Academic Assistance

Qualified full-time employees can obtain financial assistance to reimburse the cost of educational expenses up to $12,200 for tuition for approved courses, certain fees, and required textbooks.

FRB FEDERAL CREDIT UNION | Chartered 1935

Credit Union

The FRB Federal Credit Union is a full-service, not-for-profit financial institution, with membership open to all Board employees.

Employee Resource Groups (ERGs)

Our employee resource groups are open to all employees at the Board. The current active groups are the ERG for People with Disabilities, African American ERG, Women's ERG, Hispanic ERG, and LGBTQA ERG.

FedProtect Powered by InfoArmor® | SmartBenefits *Live smart, plan smart.*

FedProtect Identity Theft Protection

FedProtect, an identity theft protection benefit, automatically covers all employees, their spouses or domestic partners, and family members. You can sign up for additional identity and credit monitoring services through FedProtect.

FRB Fitness

Fitness Center

All Board employees are eligible to join the Federal Reserve Board Fitness Center. We offer an aerobic room where group-based exercise classes are held, as well as cardiovascular equipment, strength training equipment, and locker rooms. The facility is staffed and maintained by a trained fitness specialist who can design an exercise program specifically tailored to you.

Research Library and Legal Library

The Research and Legal libraries maintain a large collection of economic, finance, business, legal, and policy data. A team of reference and data librarians can assist with finding data and sources.

Telework and Flexible Schedules

Depending on your position and division's needs, you may be eligible to participate in a telework or flexible work schedule. If you are interested in doing so, please discuss your options with your manager.

Transportation

The Board provides employees the opportunity to participate in our transit subsidy program, which includes options for Metro, MARC train, and bus rides. Separately, Board employees may set aside funds from their paycheck to pay for parking at a Metro facility on a pre-tax basis. The Board also provides options for carpools or vanpools. Finally, for those who prefer to bike, a bicycle subsidy is available that provides a monthly maintenance allowance.

Complete Next Task

Credit Union

The FRB Federal Credit Union is a full-service, not-for-profit financial institution, with membership open to all Board employees and interns.

Employee Resource Groups (ERGs)

Our employee resource groups are open to all employees and interns at the Board. The current active groups are the ERG for People with Disabilities, African American ERG, Women's ERG, Hispanic ERG, and LGBTQA ERG.

Fitness Center

Board employees and interns are eligible to join the Federal Reserve Board Fitness Center. We offer an aerobic room where group-based exercise classes are held, as well as cardiovascular equipment, strength training equipment, and locker rooms. The facility is staffed and maintained by a trained fitness specialist who can design an exercise program specifically tailored to you.

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Transportation

The Board provides employees the opportunity to participate in our transit subsidy program, which includes options for Metro, MARC train, and bus rides. Separately, Board employees may set aside funds from their paycheck to pay for parking at a Metro facility on a pre-tax basis. The Board also provides options for carpools or vanpools. Finally, for those who prefer to bike, a bicycle subsidy is available that provides a monthly maintenance allowance.

Complete Next Task

Congratulations, you have completed the forms process!

You have successfully completed the new hire forms available in this portal. For future reference, these forms can be viewed but not edited. To receive a copy of your signed documents, send your request to mgt-hrir@frb.gov or make request during your first day of orientation. We are excited to have you join us on Jun 24, 2018.

As a reminder, your employment is contingent upon successful completion of a background screening and investigation, which includes employment and education verification, an FBI fingerprint report, and a criminal records check.

- Please arrive at 8:45 AM ET.
- Bring a government issued ID (such as a passport, and/or a Social Security card and/or a state issued driver's license).
- Your orientation will be at our 1850 K Street offices, please come to the third floor guard station. The Farragut West Metro station (on the Blue, Orange and Silver lines) and the Farragut North Metro station (on the Red line) are conveniently located nearby. With limited street and public parking, HR staff strongly recommends using public transportation to reach this location. For details on the metro system, please visit the metro website www.wmata.com.
- Continental breakfast and lunch will be provided.
- On your first day, for verification purposes, it is imperative that you bring your completed I-9 form and the acceptable identification documentation used to complete the I-9 process.

If you should have any questions, please do not hesitate to contact your recruiter or contact the Talent Acquisition hotline at (202) 452-3880 or by email FRBRecruiting@frb.gov.

We look forward to seeing you.

WELCOME ABOARD!

Your Human Resources Team

Complete Next Task