DRAFT

FR 27 Workday Screenshots

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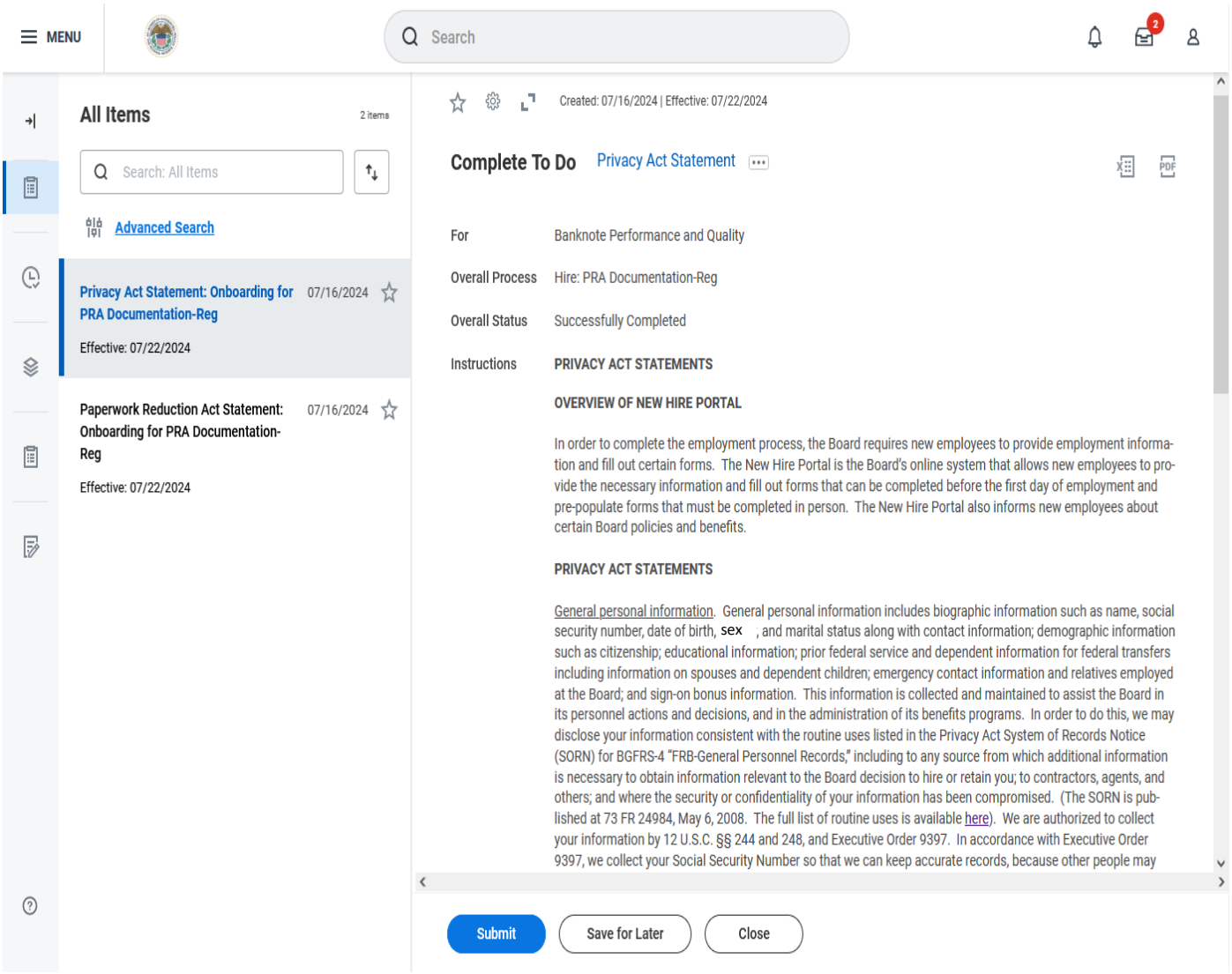
Note: 1) Privacy Act Statement language, Paperwork Reduction Act Statement language, instructional text and help text will be updated prior to implementation. 2) The 'enter your comments' boxes will be removed prior to implementation.

Workday Onboarding General Task Layout Overview



Regular Hire

Privacy Act Statement To Do

Created: 07/16/2024 | Effective: 07/22/2024

Complete To Do Privacy Act Statement

For	Banknote Performance and Quality
Overall Process	Hire: PRA Documentation-Reg
Overall Status	Successfully Completed

Instructions

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, sex , 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.

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.

enter your comment

Submit Save for Later Close

Created: 07/16/2024 | Effective: 07/22/2024

Complete To Do Paperwork Reduction Act Statement

For	Banknote Performance and Quality
Overall Process	Hire: PRA Documentation-Reg
Overall Status	Successfully Completed
Instructions	**Paperwork Reduction Act Statement**

OMB No. 7100-0375
Approval Expires January 31, 2025

Public reporting burden for this collection of information is estimated to average 1 hours per response for regular hires, 0.75 hours per response for intern hires, and 1.08 hours per response for 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 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 Street and Constitution Avenue NW, Washington DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0375), New Executive Office Building, Room 10235, 725 17th Street NW, Washington, DC 20503.

enter your comment

Submit | Save for Later | Close

Created: 07/10/2024 | Effective: 07/15/2024

Enter Personal Information Onboarding for PRA Documentation-Regular

Change Personal Information

Sex

Sex *

Date of Birth

Date of Birth *

MM/DD/YYYY

Place of Birth

Country of Birth *

Search

Region of Birth

(empty)

City of Birth *

Marital Status

Marital Status *

Search

Marital Status Date

MM/DD/YYYY

Race/Ethnicity

Hispanic or Latino

Race/Ethnicity *

× Native Hawaiian/Other Pacific Islander (United States of America)

Citizenship Status

Citizenship Status *

Search

Military Service

Military Status *

Error: The field Military Status is required and must have a value.

Military Discharge Date

MM/DD/YYYY

Details

Status Begin Date

MM/DD/YYYY

Notes

Format

enter your comment

Submit | Save for Later | Close

Created: 07/10/2024 | Effective: 07/15/2024

Enter Contact Information

Onboarding for PRA Documentation-Regular

Change Home Contact Information

Address

Address

123 Documentation Dr, Washington, DC 20001

Primary

Country *

Search

× United States of America

Address Line 1 *

123 Documentation Dr

Address Line 2

City *

Washington

State *

× District of Columbia

Postal Code *

20001

County

Usage

Visibility *

Private

Details

Notes

Phone

Phone

+1 (202) 5555555 (Landline)

Primary

Phone Type *

Landline

Country Phone Code *

× United States of America (+1)

Phone Number *

(202) 555-5555

Phone Extension

Visibility *

Private

Details

Notes

Email

Primary

Email Address *

pra.documentationintern@noemail.com

Visibility *

Private

Details

Notes

enter your comment

Submit | Save for Later | Close

Created: 07/16/2024

Edit Government IDs

Proposed IDs

National IDs 1 item

*Country	*National ID Type	Current ID	Add/Edit ID
United States of America	Social Security Number (SSN)	XXX-XX-XXXX	- -

Proposed IDs

National IDs 1 item

Add/Edit ID	Issued Date	Expiration Date	Issued By	Seri
- -				

Proposed IDs

National IDs 1 item

	Series	Set Verificatio To Current User	Verification Date	Verified By
		☐		

Additional Government IDs 1 item

	*Country	*Government ID Type	Identification #	Issued Date
⊖				MM/DD/YYYY

Additional Government IDs 1 item

	Issued Date	Expiration Date	Set Verificati To Curren User	Verification Date	Verified By
	MM/DD/YYYY	MM/DD/YYYY		07/10/2024	PRA Documentation-Regular

Previous IDs

National IDs 1 item

*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date	Expiration Date
United States of America	Social Security Number (SSN)	XXX-XX-XXXX			

Additional Government IDs

*Country	*Government ID Type	Identification #	Issued Date	Expiration Date	Verificatic

enter your comment

Submit | Save for Later | Cancel

Created: 07/10/2024 | Effective: 07/15/2024

Fingerprint Information

'Fingerprint Information' for Onboarding for PRA Documentation-Regular

Fingerprint Information

Country of Citizenship if outside the U.S.

If Citizenship Status is not Alien Permanent, Citizen, Naturalized Citizen, Permanent Resident, or Temporary Resident, please specify.

Hair Color
(Required)

Eye Color
(Required)

Height
(Required)

Weight
(Required)

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Prior Service 'FRBPriorService' for Onboarding for PRA Documentation - Regular

Prior Service

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

- ○ Yes
- ○ No

Submit | Save for Later | Cancel

Created: 07/10/2024 | Effective: 07/15/2024

Complete Form I-9

Employment Eligibility Verification

Department of Homeland Security, U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047
Expires 07/31/2026

>START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

Form I-9 Instructions

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) * Documentation-Regular

First Name (Given Name) * Paperwork Reduction Act

Middle Initial (if any)

Other Last Names Used (if any)

Address (Street Number and Name) * 123 Documentation Dr

Apt. Number (if any)

City or Town * Washington

State * DC

ZIP Code * 20001

Date of Birth (mm/dd/yyyy) * 01/01/1991

U.S. Social Security Number 999-99-9002

Employee's Email Address pra.documentation@noemail.com

Employee's Telephone Number +1 (202) 5555555

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ◯ 1. A citizen of the United States
- ◯ 2. A noncitizen national of the United States (See instructions)
- ◯ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ◯ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number

OR

Form I-94 Admission Number

OR

Foreign Passport Number and Country of Issuance

Country of Issuance: (empty)

Signature of Employee

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form I-9.

I Agree * ☐

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Preparer and/or Translator Certification

Supplement A. Preparer and/or Translator Certification for Section 1

- ◯ I did not use a preparer or translator.
- ◯ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

How Many? 0

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

Signature of Preparer or Translator

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

I Agree ☐

Last Name (Family Name)

First Name (Given Name)

Middle Initial (if any)

Address (Street Number and Name)

City or Town

State

ZIP Code

enter your comment

Submit | Save for Later | Cancel

Created: 07/10/2024 | Effective: 07/15/2024

Review Documents

Review Documents for Onboarding for PRA Documentation-Regular

Documents

Document Discriminatory Workplace Harassment Policy

Document The EEO Complaint System and How It Works Brochure

Document Equal Employment Opportunity Policy

Document Reasonable Accommodation Policy

Comment

Submit | Save for Later | Cancel

Created: 07/16/2024 | Updated: 07/16/2024

Mock-up image

Policies Verification

Review Documents for Onboarding

Documents

On this page, you can only download the original, unsigned version of the document.

Document CR-ONB-Policies Verification-Internal FR.pdf

Click the below button to e-sign. Please note that when signing documents you will be leaving Workday Service. You may need to wait a few seconds for the signature status of the documents to be updated in Workday before you can submit the Inbox task. Please wait until you are redirected to Workday before you close your browser.

E-sign by Adobe Sign

E-sign by Adobe Acrobat Sign for Government

Created: 07/10/2024 | Effective: 07/15/2024

Complete Questionnaire

'Designation of Beneficiary Unpaid Compensation of Deceased Employee' for Onboarding for PRA Documentation-Regular

Designation of Beneficiary Unpaid Compensation of Deceased Employee

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.

_____

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 re-cent 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
(Required)

Relationship
(Required)

Social Security Number
(Required)

Share paid to each beneficiary
(Required)

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Do you have additional primary beneficiaries to add?
(Required)

- ◯ No
- ◯ Yes

Primary Total (must equal 100%)
(Required)

0

Contingent Beneficiaries

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Contingent Total (must equal 100%)

0

Submit | Save for Later | Cancel

Created: 07/10/2024 | Effective: 07/15/2024

Zurich Beneficiary Designation

'FRBZurichBeneficiary' for Onboarding for PRA Documentation-Regular

Zurich Beneficiary Designation

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 at https://www.federalreserve.gov/files/BGFRS-4-general-personnel-records.pdf). 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.

Beneficiary Name
(Required)

Relationship
(Required)

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Complete Questionnaire 'Prior Service Details' for Onboarding for PRA Documentation - Regular

Prior Service Details

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.
(Required)

- ◯ Retired with service
- ◯ Not retired with service

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

Member's other names during periods stated

From

MM/DD/YYYY

To

MM/DD/YYYY

Full Name

From

MM/DD/YYYY

To

MM/DD/YYYY

Full Name

Submit | Save for Later | Cancel

Created: 07/10/2024

Change Emergency Contacts

PRA Documentation-Regular

Primary Emergency Contact

Legal Name

Name

(empty)

Country *

Search

× United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Relationship

Relationship *

Search

Preferred Language

Preferred Language

Search

Primary Address

Address

New Address

Country *

Search

× United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Type *

× Home

Details

Notes

Additional Phone

Phone

(empty)

Phone Device *

Landline

Country Phone Code *

× United States of America (+1)

Phone Number *

Phone Extension

Type *

× Home

Details

Notes

Primary Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Additional Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Primary Instant Messenger

Service *

select one

Error: The field Service is required and must have a value.

User Name *

Type *

× Home

Details

Notes

Primary Web Address

URL Address *

Error: The field URL Address is required and must have a value.

Type *

× Home

Details

Notes

Alternate Emergency Contacts

Alternate Emergency Contacts

Legal Name

(empty)

Country *

Search

× United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Priority *

2

Mark as Primary

Relationship *

Preferred Language

Address

(empty)

Country

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Primary Email

Type

× Home

Notes

Additional Email

Type

× Home

Notes

Instant Messenger

(empty)

User Name

Instant Messenger Type

select one

Type

× Home

Notes

Web Address

Type

× Home

Notes

enter your comment

Submit Save for Later Cancel

Created: 07/10/2024 | Effective: 07/15/2024

Relatives Employed at the Board

'Relatives Employed at the Board V2' for Onboarding for PRA Documentation-Regular

Relatives Employed at the Board

Full Name (Last, First, MI)

Relationship Type

- Spouse
- Child
- Parent
- Other

Full Name (Last, First, MI)

Relationship Type

- Spouse
- Child
- Parent
- Other

Full Name (Last, First, MI)

Relationship Type

- Spouse
- Child
- Parent
- Other

Full Name (Last, First, MI)

Relationship Type

- Spouse
- Child
- Parent
- Other

Submit | Save for Later | Cancel

Intern Hire

Created: 07/10/2024 | Effective: 07/15/2024

Complete To Do

Privacy Act Statement

For	Administration Team B
Overall Process	Hire: PRA Documentation - Intern
Overall Status	Successfully Completed
Instructions	**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, sex 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.

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.

enter your comment

Submit Save for Later Close

Created: 07/10/2024 | Effective: 07/15/2024

Complete To Do Paperwork Reduction Act Statement

For	Administration Team B
Overall Process	Hire: PRA Documentation - Intern
Overall Status	Successfully Completed
Instructions	**Paperwork Reduction Act Statement**

OMB No. 7100-0375
Approval Expires January 31, 2025

Public reporting burden for this collection of information is estimated to average 1 hours per response for regular hires, 0.75 hours per response for intern hires, and 1.08 hours per response for 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 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 Street and Constitution Avenue NW, Washington DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0375), New Executive Office Building, Room 10235, 725 17th Street NW, Washington, DC 20503.

enter your comment

Submit Save for Later Close

Created: 07/10/2024 | Effective: 07/15/2024

Enter Personal Information Onboarding for PRA Documentation - Intern

Change Personal Information

Sex

Sex *

Date of Birth

Date of Birth *

MM/DD/YYYY

Place of Birth

Country of Birth *

Search

Region of Birth

(empty)

City of Birth *

Marital Status

Marital Status *

Search

Marital Status Date

MM/DD/YYYY

Race/Ethnicity

Hispanic or Latino

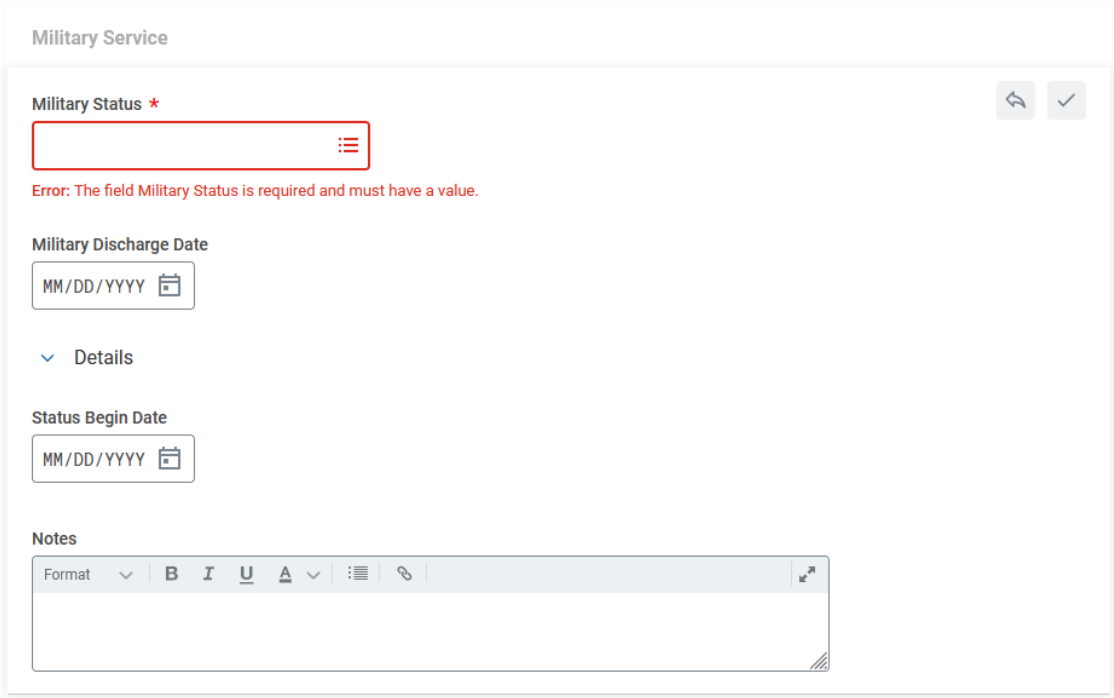
Race/Ethnicity *

× Native Hawaiian/Other Pacific Islander (United States of America)

Citizenship Status

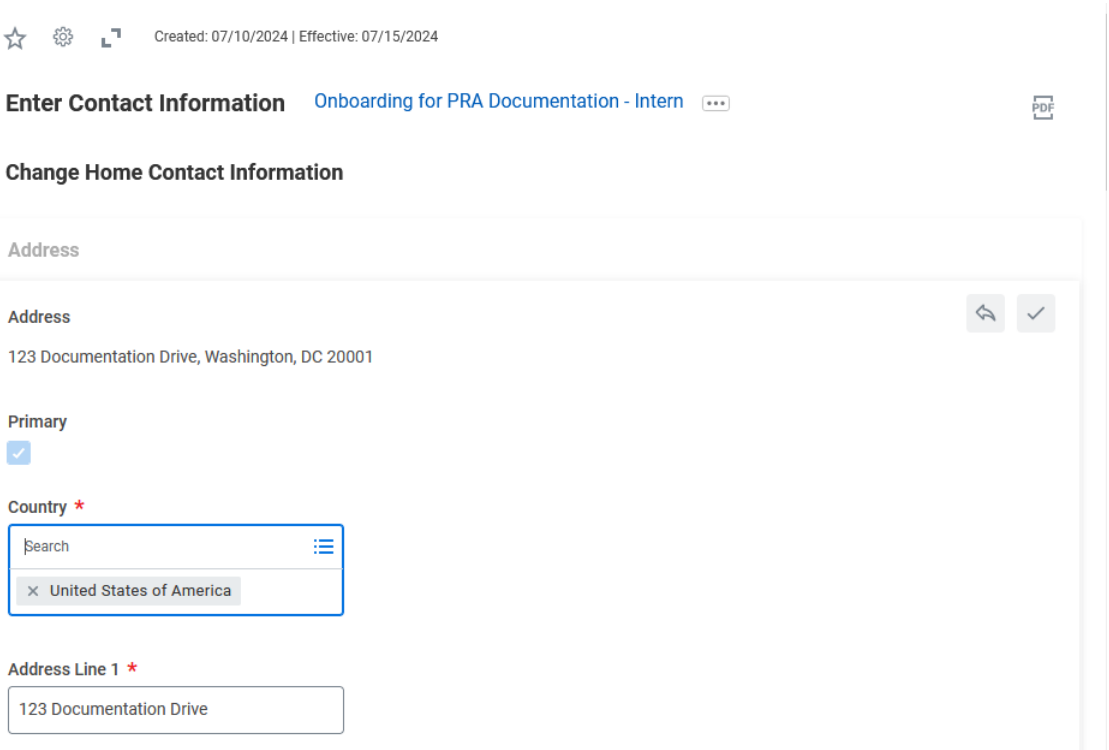
Citizenship Status *

Search


Military Service
Military Status *
Error: The field Military Status is required and must have a value.
Military Discharge Date
MM/DD/YYYY
Details
Status Begin Date
MM/DD/YYYY
Notes
Format

enter your comment

Submit
Save for Later
Close


Created: 07/10/2024 | Effective: 07/15/2024
Enter Contact Information
Onboarding for PRA Documentation - Intern
Change Home Contact Information
Address
Address
123 Documentation Drive, Washington, DC 20001
Primary
Country *
Search
United States of America
Address Line 1 *
123 Documentation Drive

Address Line 2

City *

Washington

State *

× District of Columbia

Postal Code *

20001

County

Usage

Visibility *

Private

Details

Notes

Phone

Phone

+1 (202) 5555555 (Landline)

Primary

Phone Type *

Landline

Country Phone Code *

× United States of America (+1)

Phone Number *

(202) 555-5555

Phone Extension

Visibility *

Private

Details

Notes

Email

Primary

Email Address *

pra.documentationintern@noemail.com

Visibility *

Private

Details

Notes

enter your comment

Submit | Save for Later | Close

Created: 07/16/2024

Edit Government IDs

Proposed IDs

National IDs 1 item

*Country	*National ID Type	Current ID	Add/Edit ID
United States of America	Social Security Number (SSN)	XXX-XX-XXXX	- -

Proposed IDs

National IDs 1 item

Add/Edit ID	Issued Date	Expiration Date	Issued By	Seri
- -				

Proposed IDs

National IDs 1 item

	Series	Set Verificatio To Current User	Verification Date	Verified By
		☐		

Additional Government IDs 1 item

	*Country	*Government ID Type	Identification #	Issued Date
⊖				MM/DD/YYYY

Additional Government IDs 1 item

	Issued Date	Expiration Date	Set Verificati To Curren User	Verification Date	Verified By
	MM/DD/YYYY	MM/DD/YYYY		07/10/2024	PRA Documentation - Intern

Previous IDs

National IDs 1 item

*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date	Expiration Date
United States of America	Social Security Number (SSN)	XXX-XX-XXXX			

Additional Government IDs

*Country	*Government ID Type	Identification #	Issued Date	Expiration Date	Verificatic

enter your comment

Submit | Save for Later | Cancel

Created: 07/10/2024 | Effective: 07/15/2024

Fingerprint Information

'Fingerprint Information' for Onboarding for PRA Documentation - Intern

Fingerprint Information

Country of Citizenship if outside the U.S.

If Citizenship Status is not Alien Permanent, Citizen, Naturalized Citizen, Permanent Resident, or Temporary Resident, please specify.

Hair Color
(Required)

Eye Color
(Required)

Height
(Required)

Weight
(Required)

Submit | Save for Later | Cancel

Created: 07/10/2024 | Effective: 07/15/2024

Complete Form I-9

Employment Eligibility Verification

Department of Homeland Security, U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047
Expires 07/31/2026

>START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

Form I-9 Instructions

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) * Documentation - Intern

First Name (Given Name) * Paperwork Reduction Act

Middle Initial (if any)

Other Last Names Used (if any)

Address (Street Number and Name) * 123 Documentation Drive

Apt. Number (if any) City or Town * Washington

State * DC ZIP Code * 20001

Date of Birth (mm/dd/yyyy) * 01/01/2001 U.S. Social Security Number 999-99-9001

Employee's Email Address pra.documentationintern@noemail.com

Employee's Telephone Number +1 (202) 5555555

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ◯ 1. A citizen of the United States
- ◯ 2. A noncitizen national of the United States (See instructions)
- ◯ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ◯ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number

OR

Form I-94 Admission Number

OR

Foreign Passport Number and Country of Issuance

Country of Issuance: (empty)

Signature of Employee

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form I-9.

I Agree * ☐

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Preparer and/or Translator Certification

Supplement A. Preparer and/or Translator Certification for Section 1

- ◯ I did not use a preparer or translator.
- ◯ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

How Many? 0

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

Signature of Preparer or Translator

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

I Agree ☐

Last Name (Family Name)

First Name (Given Name)

Middle Initial (if any)

Address (Street Number and Name)

City or Town

State

ZIP Code

enter your comment

Submit | Save for Later | Cancel

Created: 07/10/2024 | Effective: 07/15/2024

Review Documents

Review Documents for Onboarding for PRA Documentation - Intern

Documents

Document Discriminatory Workplace Harassment Policy

Document The EEO Complaint System and How It Works Brochure

Document Equal Employment Opportunity Policy

Document Reasonable Accommodation Policy

Comment

Submit | Save for Later | Cancel

Created: 07/16/2024 | Updated: 07/16/2024

Mock-up image

Policies Verification

Review Documents for Onboarding

Documents

On this page, you can only download the original, unsigned version of the document.

Document CR-ONB-Policies Verification-Internal FR.pdf

Click the below button to e-sign. Please note that when signing documents you will be leaving Workday Service. You may need to wait a few seconds for the signature status of the documents to be updated in Workday before you can submit the Inbox task. Please wait until you are redirected to Workday before you close your browser.

E-sign by Adobe Sign

E-sign by Adobe Acrobat Sign for Government

Created: 07/10/2024 | Effective: 07/15/2024

Complete Questionnaire

'Designation of Beneficiary Unpaid Compensation of Deceased Employee' for Onboarding for PRA Documentation - Intern

Designation of Beneficiary Unpaid Compensation of Deceased Employee

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.

_____

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 re-cent 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
(Required)

Relationship
(Required)

Social Security Number
(Required)

Share paid to each beneficiary
(Required)

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Do you have additional primary beneficiaries to add?
(Required)

- ◯ No
- ◯ Yes

Primary Total (must equal 100%)
(Required)

0

Contingent Beneficiaries

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Contingent Total (must equal 100%)

0

Submit | Save for Later | Cancel

Change Emergency Contacts

PRA Documentation - Intern

PDF

Primary Emergency Contact

Legal Name

Name

(empty)

Country *

Search

× United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Relationship

Relationship *

Search

Preferred Language

Preferred Language

Search

Primary Address

Address

New Address

Country *

Search

× United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Type *

× Home

Details

Notes

Additional Phone

Phone

(empty)

Phone Device *

Landline

Country Phone Code *

× United States of America (+1)

Phone Number *

Phone Extension

Type *

× Home

Details

Notes

Primary Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Additional Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Primary Instant Messenger

Service *

select one

Error: The field Service is required and must have a value.

User Name *

Type *

× Home

Details

Notes

Primary Web Address

URL Address *

Error: The field URL Address is required and must have a value.

Type *

× Home

Details

Notes

Alternate Emergency Contacts

Alternate Emergency Contacts

Legal Name

(empty)

Country *

Search

× United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Priority *

2

Mark as Primary

Relationship *

Preferred Language

Address

(empty)

Country

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Primary Email

Type

× Home

Notes

Additional Email

Type

× Home

Notes

Instant Messenger

(empty)

User Name

Instant Messenger Type

select one

Type

× Home

Notes

Web Address

Type

× Home

Notes

enter your comment

Submit Save for Later Cancel

Created: 07/10/2024 | Effective: 07/15/2024

Relatives Employed at the Board

'Relatives Employed at the Board V2' for Onboarding for PRA Documentation - Intern

Relatives Employed at the Board

Full Name (Last, First, MI)

Relationship Type

- ○ Spouse
- ○ Child
- ○ Parent
- ○ Other

Full Name (Last, First, MI)

Relationship Type

- ○ Spouse
- ○ Child
- ○ Parent
- ○ Other

Full Name (Last, First, MI)

Relationship Type

- ○ Spouse
- ○ Child
- ○ Parent
- ○ Other

Full Name (Last, First, MI)

Relationship Type

- ◯ Spouse
- ◯ Child
- ◯ Parent
- ◯ Other

Submit | Save for Later | Cancel

Federal Transfer

Created: 07/10/2024 | Effective: 07/15/2024

Complete To Do

Privacy Act Statement

For	IT Systems & Administraton Leadership
Overall Process	Hire: PRA Documentation - Transfer
Overall Status	Successfully Completed
Instructions	**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 prepopulate 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, sex , 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.

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enter your comment

Submit Save for Later Close

Created: 07/10/2024 | Effective: 07/15/2024

Complete To Do Paperwork Reduction Act Statement

For	IT Systems & Administraton Leadership
Overall Process	Hire: PRA Documentation - Transfer
Overall Status	Successfully Completed
Instructions	**Paperwork Reduction Act Statement**

OMB No. 7100-0375
Approval Expires January 31, 2025

Public reporting burden for this collection of information is estimated to average 1 hours per response for regular hires, 0.75 hours per response for intern hires, and 1.08 hours per response for 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 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 Street and Constitution Avenue NW, Washington DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0375), New Executive Office Building, Room 10235, 725 17th Street NW, Washington, DC 20503.

enter your comment

Submit Save for Later Close

Created: 07/11/2024 | Effective: 07/15/2024

Enter Personal Information

Onboarding for PRA Documentation - Transfer

Change Personal Information

Sex

Sex *

Date of Birth

Date of Birth *

MM/DD/YYYY

Place of Birth

Country of Birth *

Search

Region of Birth

(empty)

City of Birth *

Marital Status

Marital Status *

Search

Marital Status Date

MM/DD/YYYY

Race/Ethnicity

Hispanic or Latino

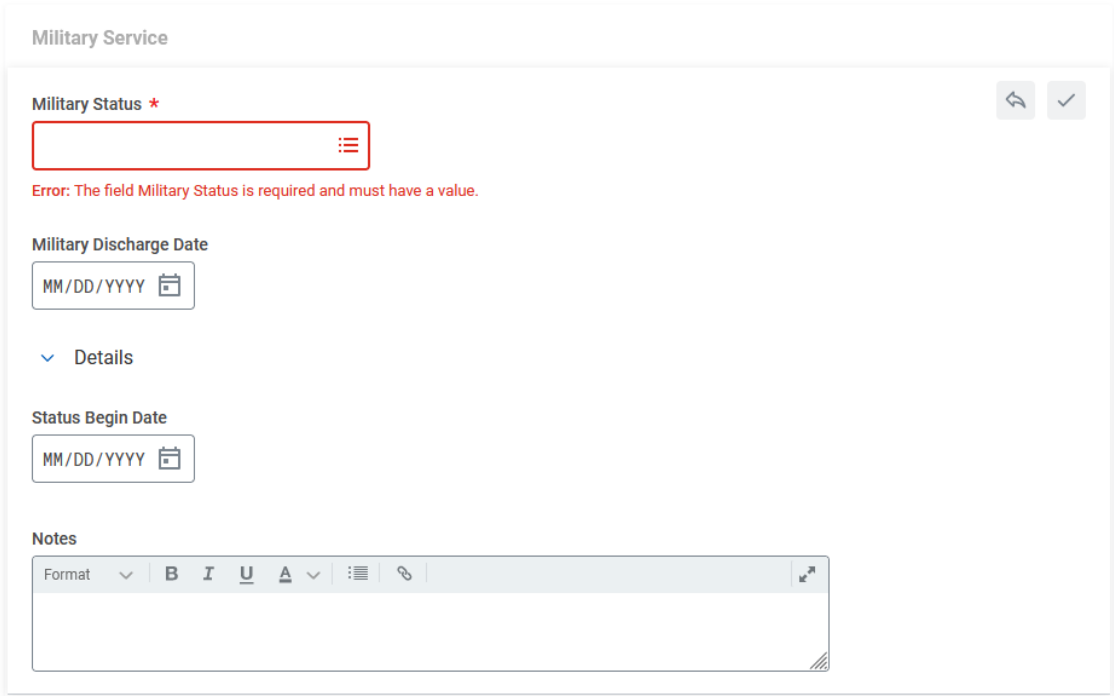
Race/Ethnicity *

Native Hawaiian/Other Pacific Islander (United States of America)

Citizenship Status

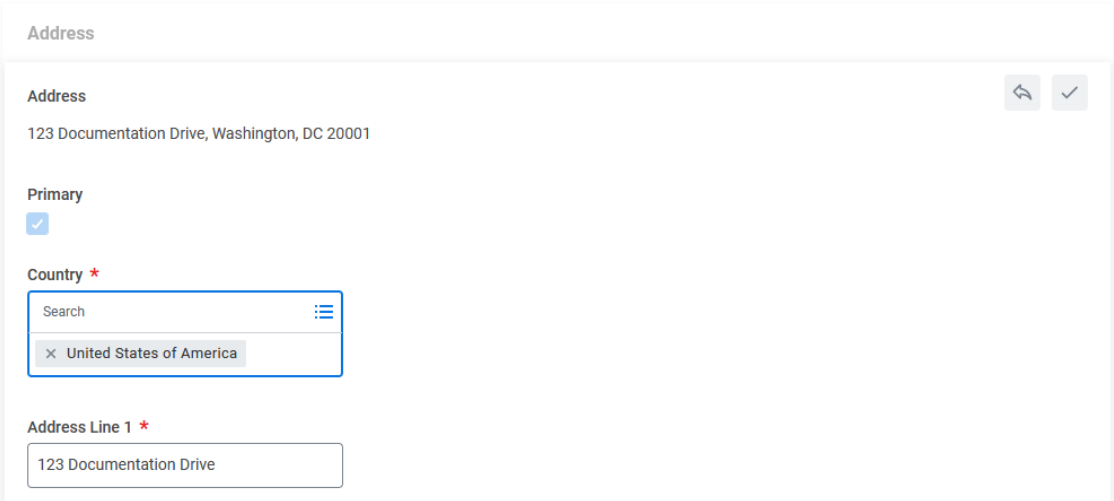
Citizenship Status *

Search



Enter Contact Information Onboarding for PRA Documentation - Transfer

Change Home Contact Information



Address Line 2

City *

Washington

State *

× District of Columbia

Postal Code *

20001

County

Usage

Visibility *

Private

Details

Notes

Phone

Phone

+1 (202) 5555555 (Landline)

Primary

Phone Type *

Landline

Country Phone Code *

× United States of America (+1)

Phone Number *

(202) 555-5555

Phone Extension

Visibility *

Private

Details

Notes

Email

Primary

Email Address *

pra.documentationintern@noemail.com

Visibility *

Private

Details

Notes

enter your comment

Submit | Save for Later | Close

Created: 07/16/2024

Edit Government IDs

Proposed IDs

National IDs 1 item

*Country	*National ID Type	Current ID	Add/Edit ID
United States of America	Social Security Number (SSN)	XXX-XX-XXXX	- -

Proposed IDs

National IDs 1 item

Add/Edit ID	Issued Date	Expiration Date	Issued By	Seri
- -				

Proposed IDs

National IDs 1 item

	Series	Set Verificatio To Current User	Verification Date	Verified By
		☐		

Additional Government IDs 1 item

	*Country	*Government ID Type	Identification #	Issued Date
⊖				MM/DD/YYYY

Additional Government IDs 1 item

cation #	Issued Date	Expiration Date	Set Verificati To Curren User	Verification Date	Verified By
	MM/DD/YYYY	MM/DD/YYYY		07/11/2024	PRA Documentation - Transfer

Previous IDs

National IDs 1 item

*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date	Expiration Date
United States of America	Social Security Number (SSN)	XXX-XX-XXXX			

Additional Government IDs

*Country	*Government ID Type	Identification #	Issued Date	Expiration Date	Verificatic

enter your comment

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Fingerprint Information

'Fingerprint Information' for Onboarding for PRA Documentation - Transfer

Fingerprint Information

Country of Citizenship if outside the U.S.

If Citizenship Status is not Alien Permanent, Citizen, Naturalized Citizen, Permanent Resident, or Temporary Resident, please specify.

Hair Color
(Required)

Eye Color
(Required)

Height
(Required)

Weight
(Required)

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Prior Service

'FRBPriorService' for Onboarding for PRA Documentation - Transfer

Prior Service

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

- ◯ Yes
- ◯ No

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Complete Form I-9

Employment Eligibility Verification

Department of Homeland Security, U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047
Expires 07/31/2026

>START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

Form I-9 Instructions

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) * Documentation - Transfer

First Name (Given Name) * Paperwork Reduction Act

Middle Initial (if any)

Other Last Names Used (if any)

Address (Street Number and Name) * 123 Documentation Drive

Apt. Number (if any)

City or Town * Washington

State * DC

ZIP Code * 20001

Date of Birth (mm/dd/yyyy) * 02/02/1982

U.S. Social Security Number 999-99-9003

Employee's Email Address pra.documentationtransfer@noemail.com

Employee's Telephone Number +1 (202) 5555555

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ◯ 1. A citizen of the United States
- ◯ 2. A noncitizen national of the United States (See instructions)
- ◯ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ◯ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number

OR

Form I-94 Admission Number

OR

Foreign Passport Number and Country of Issuance

Country of Issuance: (empty)

Signature of Employee

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form I-9.

I Agree * ☐

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Preparer and/or Translator Certification

Supplement A. Preparer and/or Translator Certification for Section 1

- ◯ I did not use a preparer or translator.
- ◯ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

How Many? 0

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

Signature of Preparer or Translator

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

I Agree ☐

Last Name (Family Name)

First Name (Given Name)

Middle Initial (if any)

Address (Street Number and Name)

City or Town

State

ZIP Code

enter your comment

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Review Documents

Review Documents for Onboarding for PRA Documentation - Transfer

Documents

Document Discriminatory Workplace Harassment Policy

Document The EEO Complaint System and How It Works Brochure

Document Equal Employment Opportunity Policy

Document Reasonable Accommodation Policy

Comment

Submit | Save for Later | Cancel

Created: 07/16/2024 | Updated: 07/16/2024

Mock-up image

Policies Verification

Review Documents for Onboarding

Documents

On this page, you can only download the original, unsigned version of the document.

Document CR-ONB-Policies Verification-Internal FR.pdf

Click the below button to e-sign. Please note that when signing documents you will be leaving Workday Service. You may need to wait a few seconds for the signature status of the documents to be updated in Workday before you can submit the Inbox task. Please wait until you are redirected to Workday before you close your browser.

E-sign by Adobe Sign

E-sign by Adobe Acrobat Sign for Government

Created: 07/11/2024 | Effective: 07/15/2024

Complete Questionnaire

'Designation of Beneficiary Unpaid Compensation of Deceased Employee' for Onboarding for PRA Documentation - Transfer

Designation of Beneficiary Unpaid Compensation of Deceased Employee

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.

_____

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 re-cent 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
(Required)

Relationship
(Required)

Social Security Number
(Required)

Share paid to each beneficiary
(Required)

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Do you have additional primary beneficiaries to add?
(Required)

- ◯ No
- ◯ Yes

Primary Total (must equal 100%)
(Required)

0

Contingent Beneficiaries

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Contingent Total (must equal 100%)

0

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Zurich Beneficiary Designation

'FRBZurichBeneficiary' for Onboarding for PRA Documentation - Transfer

Zurich Beneficiary Designation

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 at https://www.federalreserve.gov/files/BGFRS-4-general-personnel-records.pdf). 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.

Beneficiary Name
(Required)

Relationship
(Required)

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Complete Questionnaire 'Prior Service Details' for Onboarding for PRA Documentation - Transfer

Prior Service Details

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.
(Required)

- ◯ Retired with service
- ◯ Not retired with service

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

Member's other names during periods stated

From

MM/DD/YYYY

To

MM/DD/YYYY

Full Name

From

MM/DD/YYYY

To

MM/DD/YYYY

Full Name

Submit | Save for Later | Cancel

Change Emergency Contacts

PRA Documentation - Transfer

Primary Emergency Contact

Legal Name

Name

(empty)

Country *

Search

United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Relationship

Relationship *

Search

Preferred Language

Preferred Language

Search

Primary Address

Address

New Address

Country *

Search

× United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Type *

× Home

Details

Notes

Additional Phone

Phone

(empty)

Phone Device *

Landline

Country Phone Code *

× United States of America (+1)

Phone Number *

Phone Extension

Type *

× Home

Details

Notes

Primary Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Additional Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Primary Instant Messenger

Service *

select one

Error: The field Service is required and must have a value.

User Name *

Type *

× Home

Details

Notes

Primary Web Address

URL Address *

Error: The field URL Address is required and must have a value.

Type *

× Home

Details

Notes

Alternate Emergency Contacts

Alternate Emergency Contacts

Legal Name

(empty)

Country *

Search

× United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Priority *

2

Mark as Primary

Relationship *

Preferred Language

Address

(empty)

Country

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Primary Email

Type

× Home

Notes

Additional Email

Type

× Home

Notes

Instant Messenger

(empty)

User Name

Instant Messenger Type

select one

Type

× Home

Notes

Web Address

Type

× Home

Notes

enter your comment

Submit Save for Later Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Relatives Employed at the Board

'Relatives Employed at the Board V2' for Onboarding for PRA Documentation - Transfer

Relatives Employed at the Board

Full Name (Last, First, MI)

Relationship Type

- Spouse
- Child
- Parent
- Other

Full Name (Last, First, MI)

Relationship Type

- Spouse
- Child
- Parent
- Other

Full Name (Last, First, MI)

Relationship Type

- Spouse
- Child
- Parent
- Other

Full Name (Last, First, MI)

Relationship Type

- ◯ Spouse
- ◯ Child
- ◯ Parent
- ◯ Other

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Complete To Do

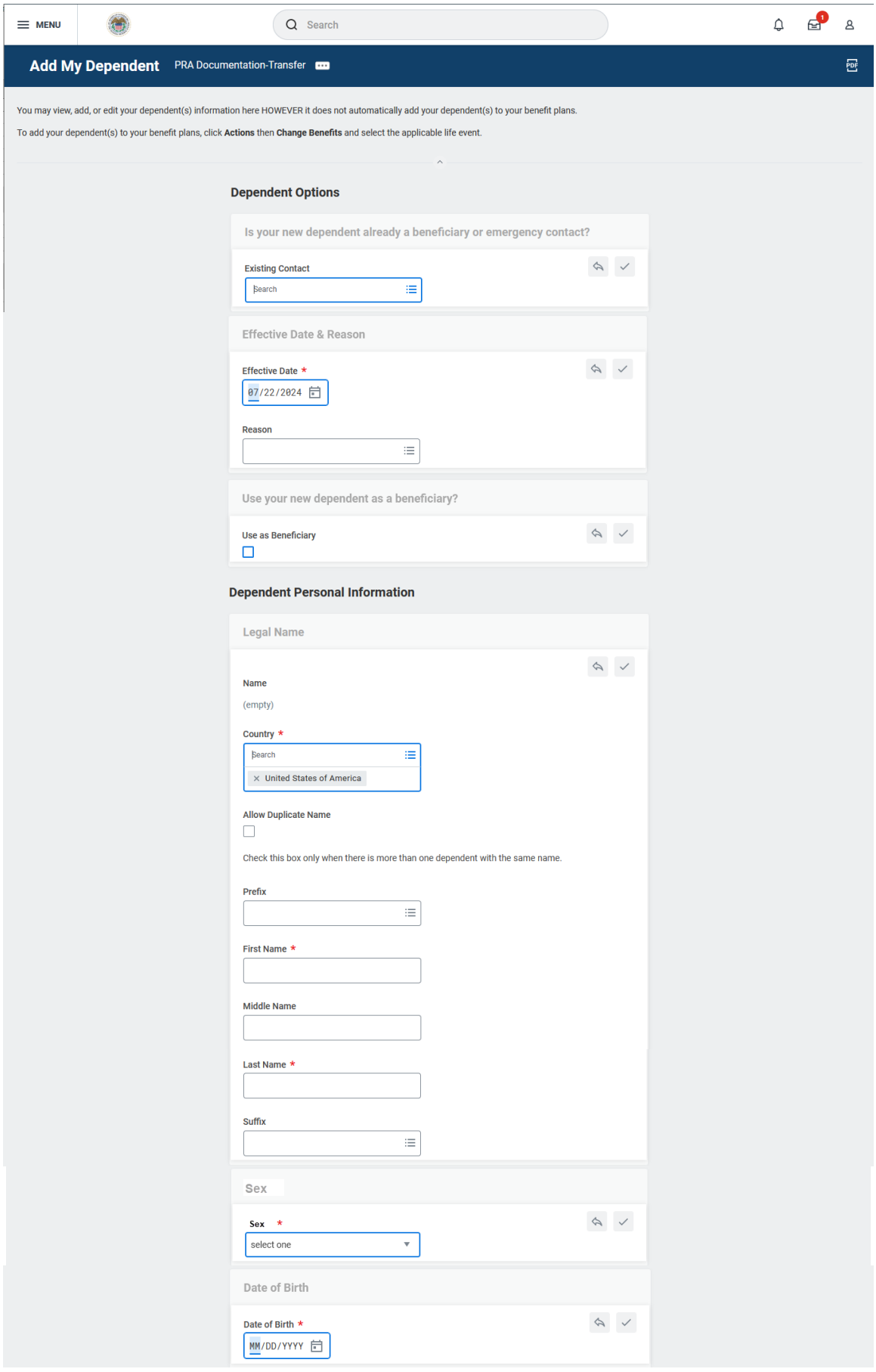
Add Dependents

For	IT Systems & Administraton Leadership
Overall Process	Hire: PRA Documentation - Transfer
Overall Status	Successfully Completed
Instructions	• Please add your dependents before enrolling in benefits by clicking the blue Dependents button below. You will not be able to add Dependents to Dependent Life if you wish to enroll during the Enrollment Process without adding them below first. • After adding your dependent(s), **they ARE NOT yet added to coverage**. You **MUST return to this inbox item and submit.** You will be able to add your dependent(s) to coverage after all your personal information steps are complete.

Dependents

enter your comment

Submit | Save for Later | Close


MENU
Search
Add My Dependent
PRA Documentation-Transfer
You may view, add, or edit your dependent(s) information here HOWEVER it does not automatically add your dependent(s) to your benefit plans.
To add your dependent(s) to your benefit plans, click Actions then Change Benefits and select the applicable life event.
Dependent Options
Is your new dependent already a beneficiary or emergency contact?
Existing Contact
Search
Effective Date & Reason
Effective Date *
07/22/2024
Reason
Use your new dependent as a beneficiary?
Use as Beneficiary
Dependent Personal Information
Legal Name
Name
(empty)
Country *
Search
United States of America
Allow Duplicate Name
Check this box only when there is more than one dependent with the same name.
Prefix
First Name *
Middle Name
Last Name *
Suffix
Sex
Sex *
select one
Date of Birth
Date of Birth *
MM/DD/YYYY

Relationship

Relationship *

Search

Is this a person with a disability?

Disabled

☐

Contact Information

Primary Address

Use Existing Address

Search

× 123 Documentation Drive for PRA Documentation-Transfer

Address

123 Documentation Drive, Washington, DC 20001

Country *

United States of America

Address Line 1

123 Documentation Drive

Address Line 2

City

Washington

State

District of Columbia

Postal Code

20001

County

Details

Shared With

PRA Documentation-Transfer

Additional Address

Use Existing Address

Search

Address

New Address

Country *

× United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Details

Shared With
(empty)

Primary Phone

Use Existing Phone

Phone
(empty)

Country Phone Code *
× United States of America (+1)

Phone Number *

Phone Extension

Phone Device *
Landline

Details

Shared With
(empty)

Primary Email

Address *

Identifier Information

National IDs

Country *
Search

National ID Type *

Add/Edit ID *

Details

Current ID
(empty)

Issued Date
MM/DD/YYYY

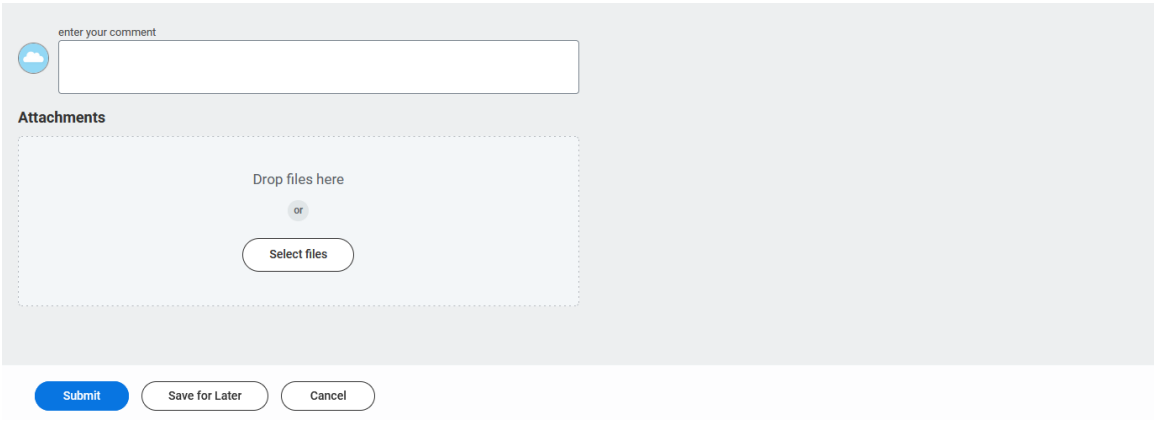
Expiration Date
MM/DD/YYYY

Issued By

Series

Verification Date
07/22/2024

Verified By
PRA Documentation-Transfer


enter your comment
Attachments
Drop files here
or
Select files
Submit
Save for Later
Cancel

Officer/Governor

Created: 07/11/2024 | Effective: 07/15/2024

Complete To Do Privacy Act Statement

For	Stebunovs Leadership
Overall Process	Hire: PRA Documentation - Officer
Overall Status	Successfully Completed

Instructions

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, sex ; 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 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.

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 ag encies. (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.

enter your comment

Submit Save for Later Close

Created: 07/11/2024 | Effective: 07/15/2024

Complete To Do Paperwork Reduction Act Statement

For	Stebunovs Leadership
Overall Process	Hire: PRA Documentation - Officer
Overall Status	Successfully Completed
Instructions	**Paperwork Reduction Act Statement**

OMB No. 7100-0375
Approval Expires January 31, 2025

Public reporting burden for this collection of information is estimated to average 1 hours per response for regular hires, 0.75 hours per response for intern hires, and 1.08 hours per response for 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 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 Street and Constitution Avenue NW, Washington DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0375), New Executive Office Building, Room 10235, 725 17th Street NW, Washington, DC 20503.

enter your comment

Submit Save for Later Close

Created: 07/11/2024 | Effective: 07/15/2024

Enter Personal Information Onboarding for PRA Documentation - Officer

Change Personal Information

Sex

Sex *

Date of Birth

Date of Birth *

MM/DD/YYYY

Place of Birth

Country of Birth *

Search

Region of Birth

(empty)

City of Birth *

Marital Status

Marital Status *

Search

Marital Status Date

MM/DD/YYYY

Race/Ethnicity

Hispanic or Latino

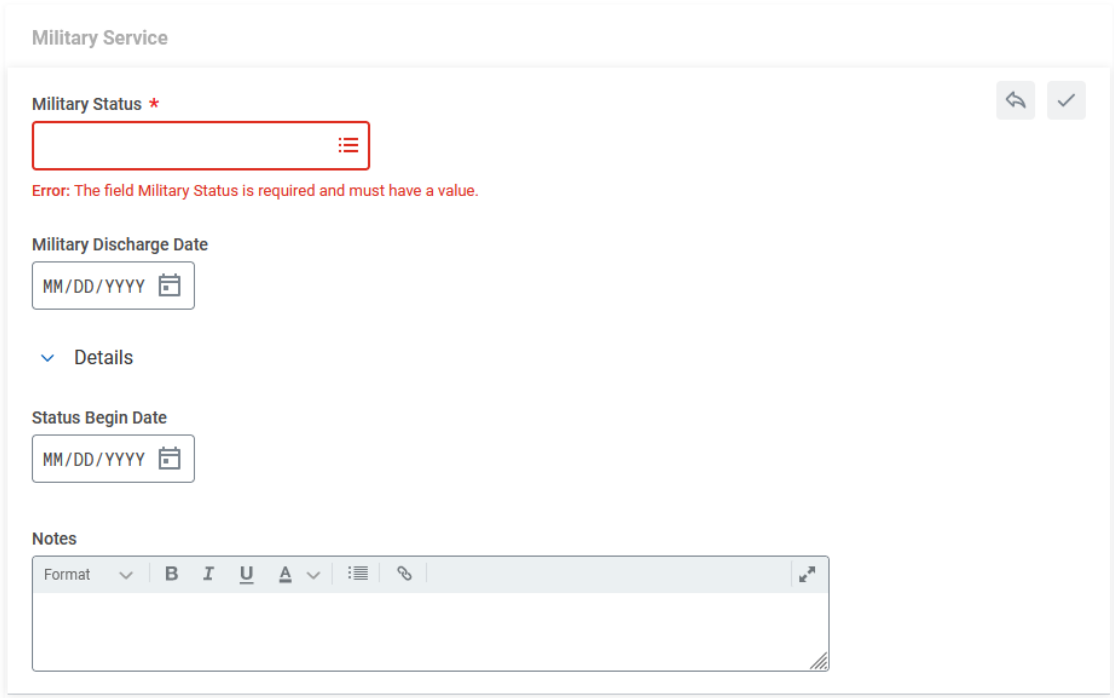
Race/Ethnicity *

× Native Hawaiian/Other Pacific Islander (United States of America)

Citizenship Status

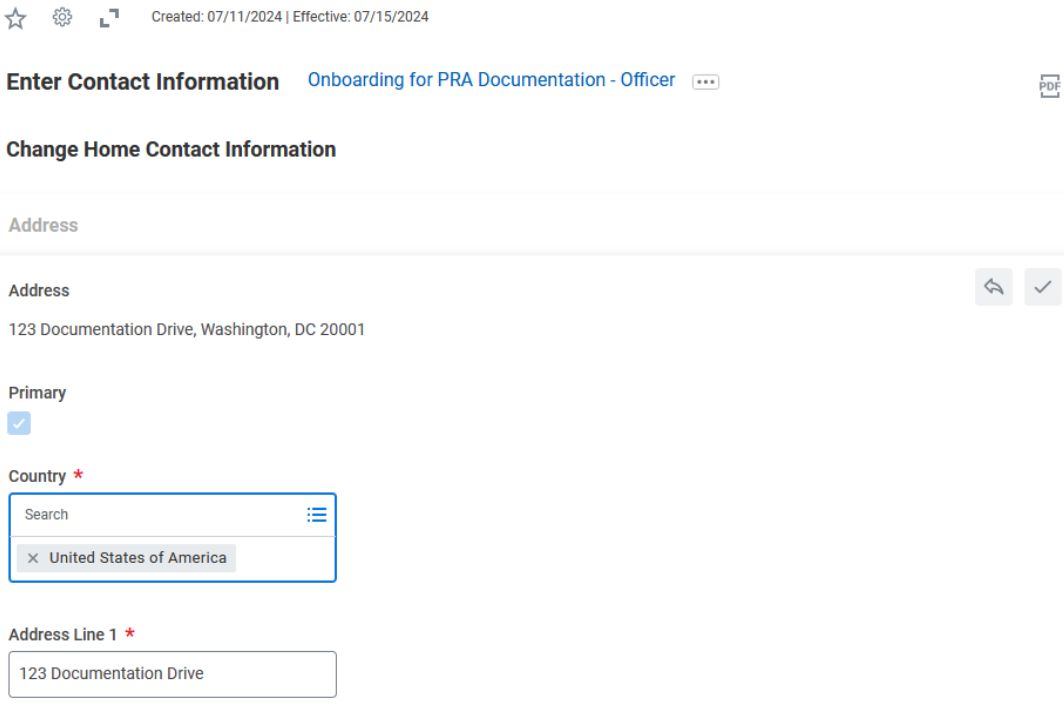
Citizenship Status *

Search


Military Service
Military Status *
Error: The field Military Status is required and must have a value.
Military Discharge Date
MM/DD/YYYY
Details
Status Begin Date
MM/DD/YYYY
Notes
Format

enter your comment

Submit
Save for Later
Close


Created: 07/11/2024 | Effective: 07/15/2024
Enter Contact Information
Onboarding for PRA Documentation - Officer
Change Home Contact Information
Address
Address
123 Documentation Drive, Washington, DC 20001
Primary
Country *
Search
United States of America
Address Line 1 *
123 Documentation Drive

Address Line 2

City *

Washington

State *

× District of Columbia

Postal Code *

20001

County

Usage

Visibility *

Private

Details

Notes

Phone

Phone

+1 (202) 5555555 (Landline)

Primary

Phone Type *

Landline

Country Phone Code *

× United States of America (+1)

Phone Number *

(202) 555-5555

Phone Extension

Visibility *

Private

Details

Notes

Email

Primary

Email Address *

pra.documentationintern@noemail.com

Visibility *

Private

Details

Notes

enter your comment

Submit | Save for Later | Close

Created: 07/16/2024

Edit Government IDs

Proposed IDs

National IDs 1 item

*Country	*National ID Type	Current ID	Add/Edit ID
United States of America	Social Security Number (SSN)	XXX-XX-XXXX	- -

Proposed IDs

National IDs 1 item

Add/Edit ID	Issued Date	Expiration Date	Issued By	Seri
- -				

Proposed IDs

National IDs 1 item

	Series	Set Verificatio To Current User	Verification Date	Verified By
		☐		

Additional Government IDs 1 item

	*Country	*Government ID Type	Identification #	Issued Date
⊖				MM/DD/YYYY

Additional Government IDs 1 item

	Issued Date	Expiration Date	Set Verificati To Curre User	Verification Date	Verified By
	MM/DD/YYYY	MM/DD/YYYY		07/11/2024	PRA Documentation - Officer

Previous IDs

National IDs 1 item

*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date	Expiration Date
United States of America	Social Security Number (SSN)	XXX-XX-XXXX			

Additional Government IDs

*Country	*Government ID Type	Identification #	Issued Date	Expiration Date	Verificatic

enter your comment

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Fingerprint Information

'Fingerprint Information' for Onboarding for PRA Documentation - Officer

Fingerprint Information

Country of Citizenship if outside the U.S.

If Citizenship Status is not Alien Permanent, Citizen, Naturalized Citizen, Permanent Resident, or Temporary Resident, please specify.

Hair Color
(Required)

Eye Color
(Required)

Height
(Required)

Weight
(Required)

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Prior Service

'FRBPriorService' for Onboarding for PRA Documentation - Officer

Prior Service

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

- ◯ Yes
- ◯ No

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Complete Form I-9

Employment Eligibility Verification

Department of Homeland Security, U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047
Expires 07/31/2026

>START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

Form I-9 Instructions

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) * Documentation - Officer

First Name (Given Name) * Paperwork Reduction Act

Middle Initial (if any)

Other Last Names Used (if any)

Address (Street Number and Name) * 123 Documentation Drive

Apt. Number (if any)

City or Town * Washington

State * DC

ZIP Code * 20001

Date of Birth (mm/dd/yyyy) * 06/08/1968

U.S. Social Security Number 999-99-9004

Employee's Email Address pra.documentationofficer@noemail.com

Employee's Telephone Number +1 (202) 5555555

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ◯ 1. A citizen of the United States
- ◯ 2. A noncitizen national of the United States (See instructions)
- ◯ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ◯ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number

OR

Form I-94 Admission Number

OR

Foreign Passport Number and Country of Issuance

Country of Issuance: (empty)

Signature of Employee

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form I-9.

I Agree * ☐

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Preparer and/or Translator Certification

Supplement A. Preparer and/or Translator Certification for Section 1

- ◯ I did not use a preparer or translator.
- ◯ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

How Many? 0

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

Signature of Preparer or Translator

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

I Agree ☐

Last Name (Family Name)

First Name (Given Name)

Middle Initial (if any)

Address (Street Number and Name)

City or Town

State

ZIP Code

enter your comment

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Review Documents

Review Documents for Onboarding for PRA Documentation - Officer

Documents

Document — Discriminatory Workplace Harassment Policy

Document — The EEO Complaint System and How It Works Brochure

Document — Equal Employment Opportunity Policy

Document — Reasonable Accommodation Policy

Comment

Submit | Save for Later | Cancel

Created: 07/16/2024 | Updated: 07/16/2024

Mock-up image

Policies Verification

Review Documents for Onboarding

Documents

On this page, you can only download the original, unsigned version of the document.

Document CR-ONB-Policies Verification-Internal FR.pdf

Click the below button to e-sign. Please note that when signing documents you will be leaving Workday Service. You may need to wait a few seconds for the signature status of the documents to be updated in Workday before you can submit the Inbox task. Please wait until you are redirected to Workday before you close your browser.

E-sign by Adobe Sign

E-sign by Adobe Acrobat Sign for Government

Created: 07/11/2024 | Effective: 07/15/2024

Complete Questionnaire

'Designation of Beneficiary Unpaid Compensation of Deceased Employee' for Onboarding for PRA Documentation - Officer

Designation of Beneficiary Unpaid Compensation of Deceased Employee

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.

_____

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
(Required)

Relationship
(Required)

Social Security Number
(Required)

Share paid to each beneficiary
(Required)

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Do you have additional primary beneficiaries to add?
(Required)

- ◯ No
- ◯ Yes

Primary Total (must equal 100%)
(Required)

0

Contingent Beneficiaries

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Full Name

Relationship

Social Security Number

Share paid to each beneficiary

0

Contingent Total (must equal 100%)

0

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Executive Death and Dismemberment Benefit for Officers and Governors

'Executive Death and Dismemberment Benefit for Officers and Governors' for Onboarding for PRA Documentation - Officer

Executive Death and Dismemberment Benefit for Officers and Governors

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.

_____

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:

- ◯ Lump Sum Payment
- ◯ Installment Payments

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.

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

Full Name

Relationship

Social Security Number

Full Address

% Share

0

Full Name

Relationship

Social Security Number

Full Address

% Share

0

Full Name

Relationship

Social Security Number

Full Address

% Share

0

Full Name

Relationship

Social Security Number

Full Address

% Share

0

PART III: WAIVER OF PARTICIPATION

I hereby waive participation in the Plan.

- ◯ Yes
- ◯ No

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Zurich Beneficiary Designation

'FRBZurichBeneficiary' for Onboarding for PRA Documentation - Officer

Zurich Beneficiary Designation

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 at https://www.federalreserve.gov/files/BGFRS-4-general-personnel-records.pdf). 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.

Beneficiary Name
(Required)

Relationship
(Required)

Submit | Save for Later | Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Complete Questionnaire 'Prior Service Details' for Onboarding for PRA Documentation - Officer

Prior Service Details

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.
(Required)

- ◯ Retired with service
- ◯ Not retired with service

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

From

MM/DD/YYYY

To

MM/DD/YYYY

Employer, including military

Member's other names during periods stated

From

MM/DD/YYYY

To

MM/DD/YYYY

Full Name

From

MM/DD/YYYY

To

MM/DD/YYYY

Full Name

Submit | Save for Later | Cancel

Change Emergency Contacts

PRA Documentation - Officer

Primary Emergency Contact

Legal Name

Name

(empty)

Country *

Search

United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Relationship

Relationship *

Search

Preferred Language

Preferred Language

Search

Primary Address

Address

New Address

Country *

Search

× United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Type *

× Home

Details

Notes

Additional Phone

Phone

(empty)

Phone Device *

Landline

Country Phone Code *

× United States of America (+1)

Phone Number *

Phone Extension

Type *

× Home

Details

Notes

Primary Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Additional Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Primary Instant Messenger

Service *

select one

Error: The field Service is required and must have a value.

User Name *

Type *

× Home

Details

Notes

Primary Web Address

URL Address *

Error: The field URL Address is required and must have a value.

Type *

× Home

Details

Notes

Alternate Emergency Contacts

Alternate Emergency Contacts

Legal Name

(empty)

Country *

Search

× United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Priority *

2

Mark as Primary

Relationship *

Preferred Language

Address

(empty)

Country

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Primary Email

Type

× Home

Notes

Additional Email

Type

× Home

Notes

Instant Messenger

(empty)

User Name

Instant Messenger Type

select one

Type

× Home

Notes

Web Address

Type

× Home

Notes

enter your comment

Submit Save for Later Cancel

Created: 07/11/2024 | Effective: 07/15/2024

Relatives Employed at the Board

'Relatives Employed at the Board V2' for Onboarding for PRA Documentation - Officer

Relatives Employed at the Board

Full Name (Last, First, MI)

Relationship Type

- ◯ Spouse
- ◯ Child
- ◯ Parent
- ◯ Other

Full Name (Last, First, MI)

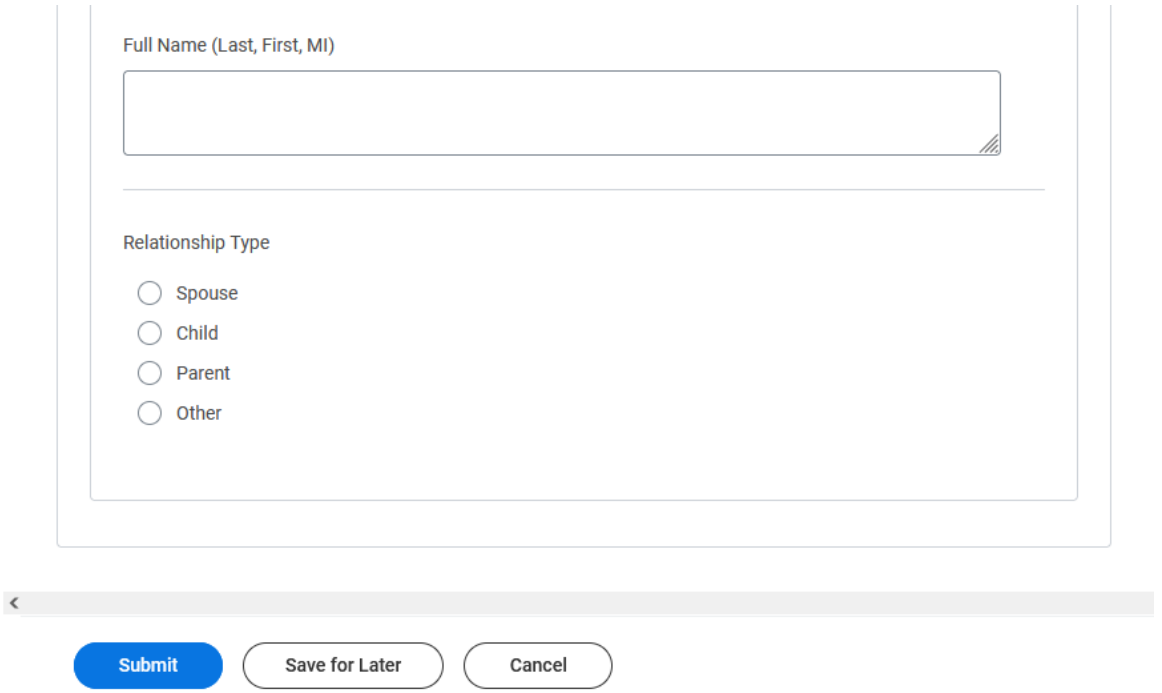
Relationship Type

- ◯ Spouse
- ◯ Child
- ◯ Parent
- ◯ Other

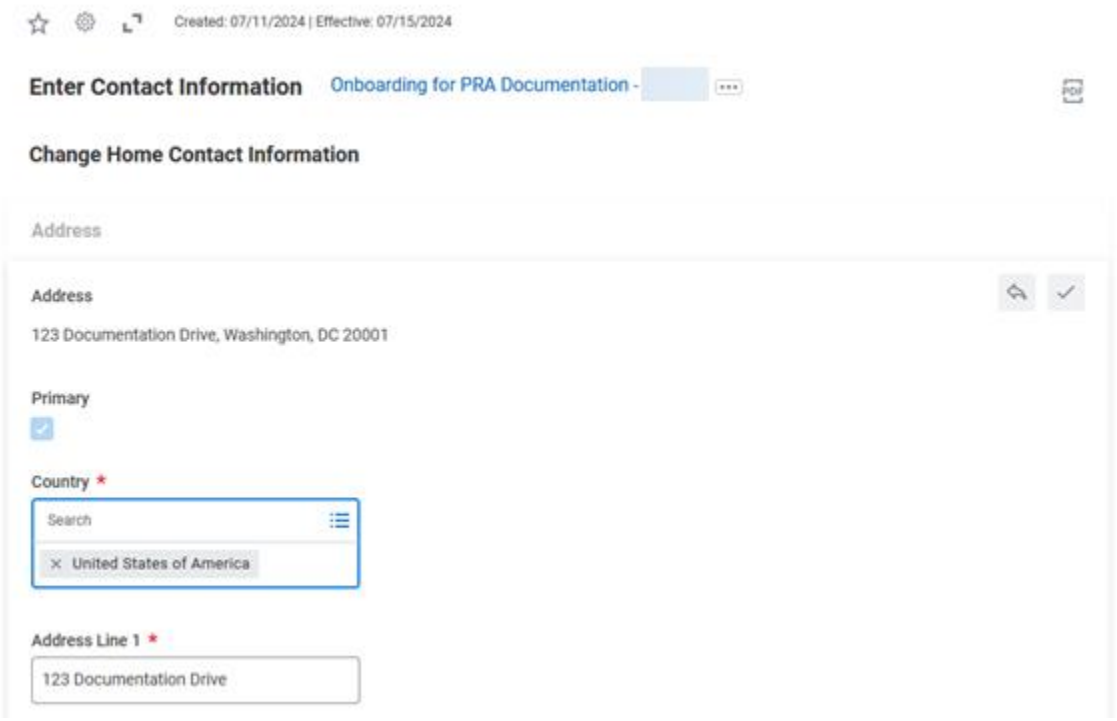
Full Name (Last, First, MI)

Relationship Type

- ◯ Spouse
- ◯ Child
- ◯ Parent
- ◯ Other



Contingent Worker



Address Line 2

City *

Washington

State *

× District of Columbia

Postal Code *

20001

County

Usage

Visibility *

Private

Details

Notes

Phone

Phone

+1 (202) 5555555 (Landline)

Primary

Phone Type *

Landline

Country Phone Code *

× United States of America (+1)

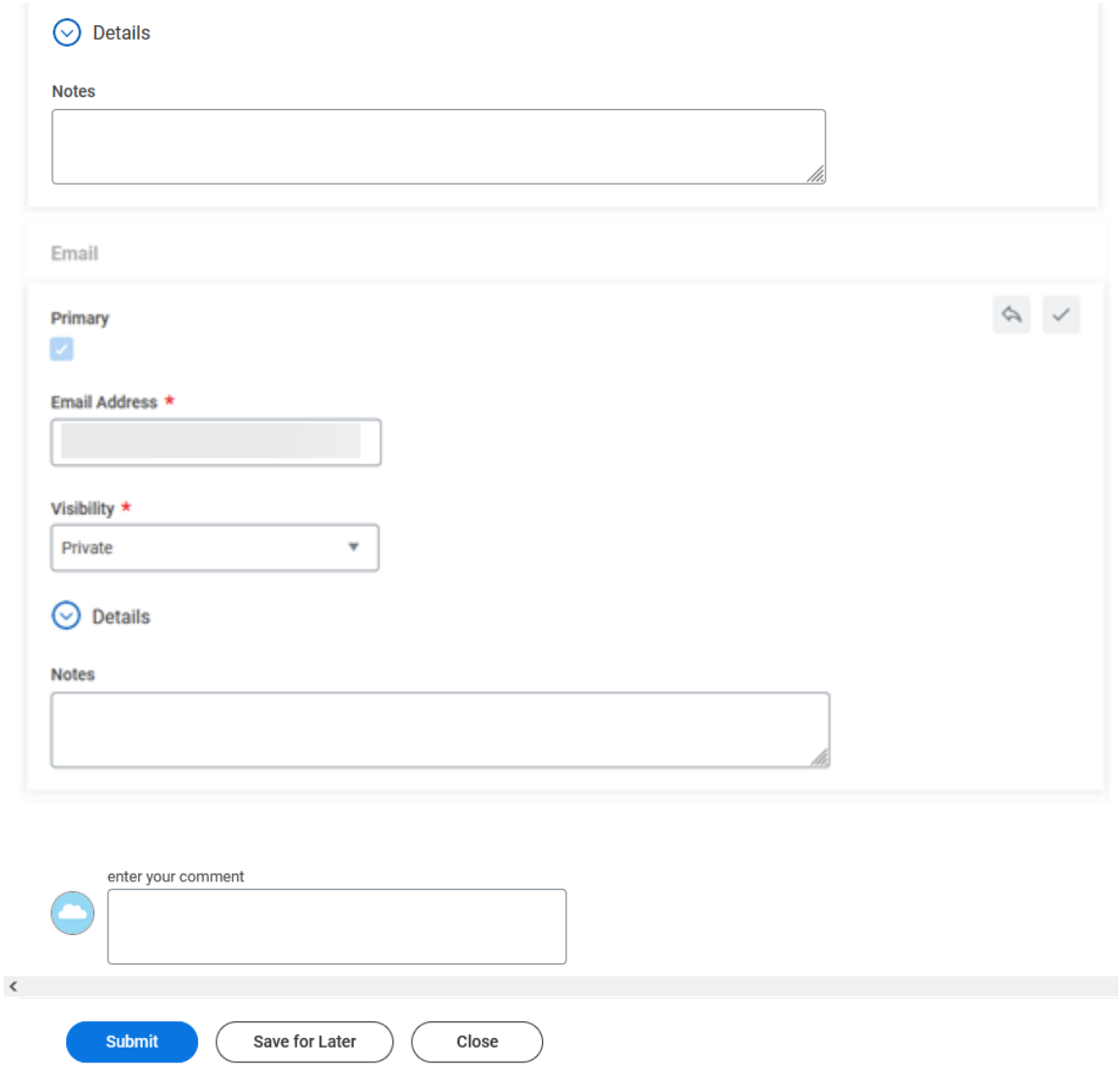
Phone Number *

(202) 555-5555

Phone Extension

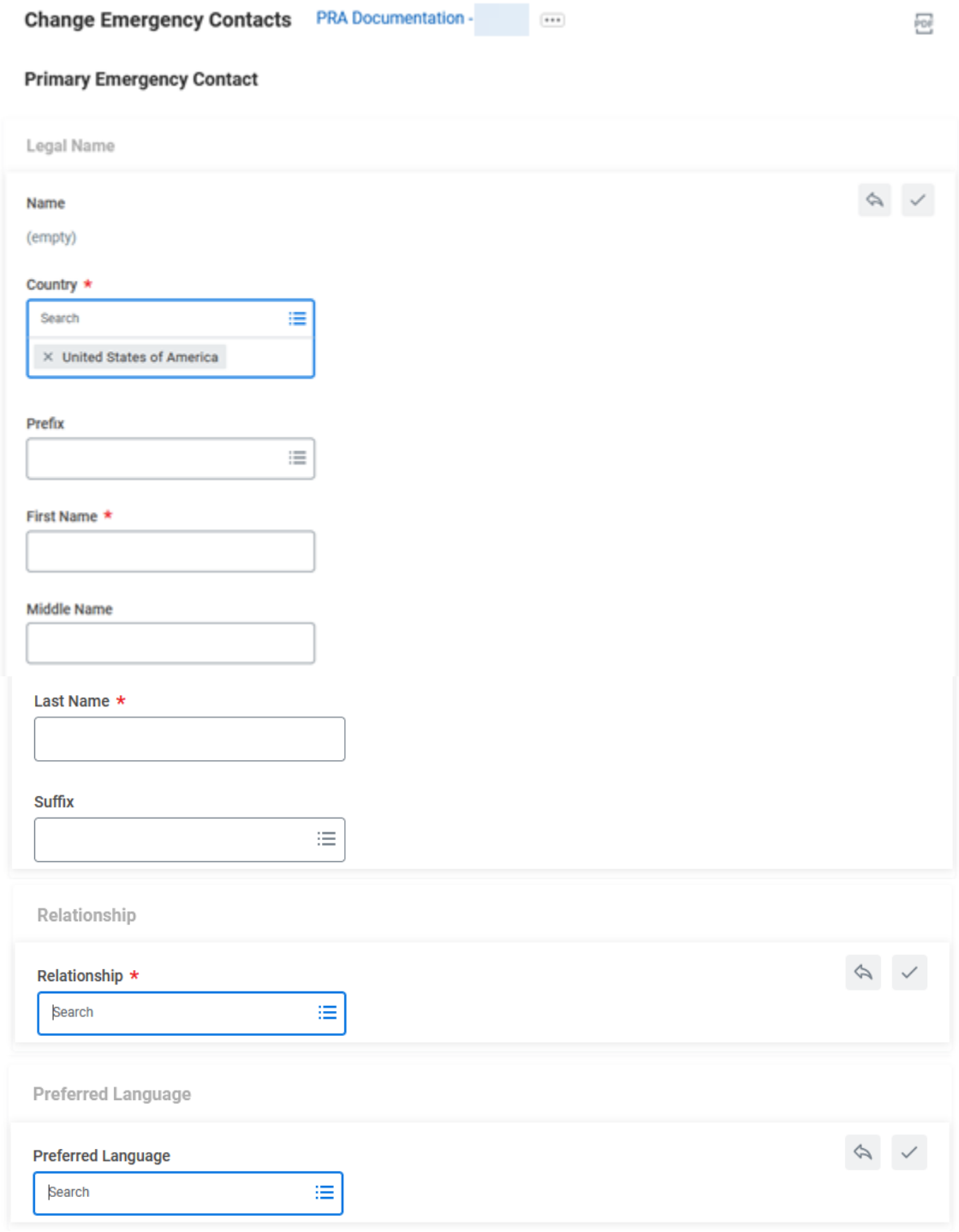
Visibility *

Private



enter your comment

Submit | Save for Later | Close


Change Emergency Contacts
PRA Documentation -
Primary Emergency Contact
Legal Name
Name
(empty)
Country *
Search
United States of America
Prefix
First Name *
Middle Name
Last Name *
Suffix
Relationship
Relationship *
Search
Preferred Language
Preferred Language
Search

Primary Address

Address

New Address

Country *

Search

× United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Type *

× Home

Details

Notes

Additional Phone

Phone

(empty)

Phone Device *

Landline

Country Phone Code *

× United States of America (+1)

Phone Number *

Phone Extension

Type *

× Home

Details

Notes

Primary Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Additional Email

Address *

Error: The field Address is required and must have a value.

Type *

× Home

Details

Notes

Primary Instant Messenger

Service *

select one

Error: The field Service is required and must have a value.

User Name *

Type *

× Home

Details

Notes

Primary Web Address

URL Address *

Error: The field URL Address is required and must have a value.

Type *

× Home

Details

Notes

Alternate Emergency Contacts

Alternate Emergency Contacts

Legal Name

(empty)

Country *

Search

× United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Priority *

2

Mark as Primary

Relationship *

Preferred Language

Address

(empty)

Country

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Phone Number

(empty)

Phone Device

select one

Country Phone Code

Phone Number

Phone Extension

Type

× Home

Notes

Primary Email

Type

× Home

Notes

Additional Email

Type

× Home

Notes

Instant Messenger

(empty)

User Name

Instant Messenger Type

select one

Type

× Home

Notes

Web Address

Type

× Home

Notes

enter your comment

Submit Save for Later Cancel