

Welcome new City employee! This is a job aide to introduce you to PeopleSoft, the City's Human Resources, Benefits and Payroll system. Please read the instructions carefully to ensure you enroll in the benefits that best fit your needs through Employee Self Service (ESS).

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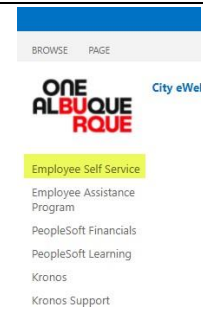
How to Login to ESS

Step 1.

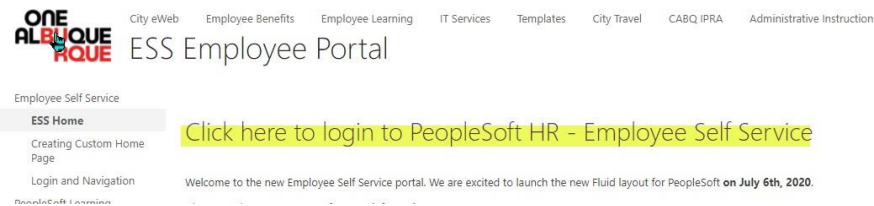
- Open an Internet browser.
- Navigate to eweb.cabq.gov

Step 2.

- Select Employee Self Service from the column on the left

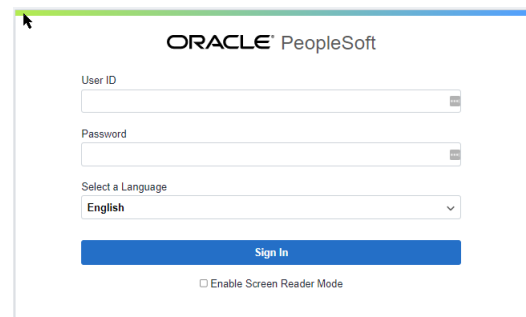


Step 3.



Step 4.

- Enter User ID (Your employee ID with an “E” in front of it)
- Enter Password
- Select Sign In
- You will be taken to the home page of Employee Self Service (ESS)



How to Login to ESS

Step 5

- Your default login is your employee ID as your User ID
example: E12345

Your default password is:

FL2345C0@bq#nm!



Shift + 2 = @, Shift + 3 = #, Shift + 1 = !

The '2345' is the last 4 of your Employee ID #

The 'FL' is the first letter of your first and last names capitalized

Step 6.

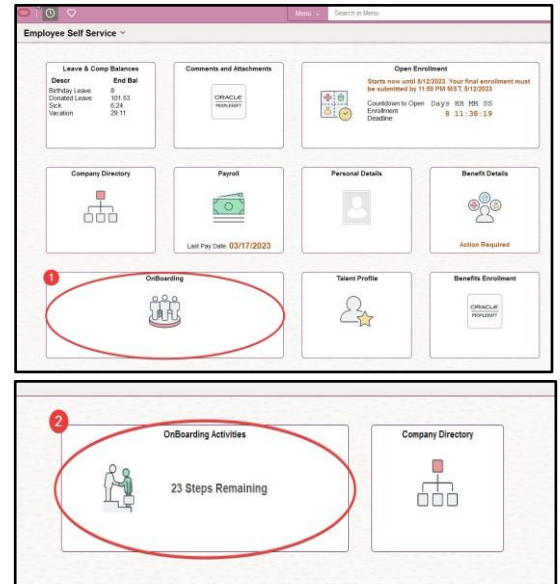
- Your User name is:

E _____

- Your password is: _____ **C0@bq#nm!**

Step 1. Beginning the New Hire Event

- Begin by logging into Employee Self Service:
<https://employee.cabq.gov/psp/hrmprod/?cmd=login>
- From the Employee Self Service page, click the OnBoarding tile to start your life event.
- Choose the OnBoarding Activities tile to begin your new hire event.



Step 2. Acknowledgement

- Review the Acknowledgement.
- Place a checkmark in the box next to "I Agree".
- Click the Save button.

A password is required to proceed. Once confirmation is generated, click Next.

Mark Complete **3** Next >

Acknowledgement

Welcome aboard.

On behalf of leadership, we would like to extend our warmest welcome to you in your new role in public service for the City of Albuquerque! We are looking forward to the many contributions you will make in assisting the team fulfill our mission:

We the employees of the City of Albuquerque, pledge to provide our citizens with courteous, efficient, and timely professional service.

Your on-boarding journey will be filled with a lot of information including introductions to coworkers who will be available to assist you. Please take the time to become thoroughly informed about the organization, department, and position you are now a part of by reading provided materials and asking questions when you need more information. Know that we are here to help support your success.

During this process, you will be required to download, read, and acknowledge important information. By clicking an "Acknowledge" button, you attest that you:

- Have read and fully understand the information provided, and
- Agree to comply with requirements of the information.

By clicking "I agree" and save below, you understand how the system will work and your acknowledgement on subsequent pages is capturing your electronic signature.

Again, welcome to the Team!

☒ I Agree **1**

2 Save

Step 3. I9

- Review Instructions of completing the I9 form prior to filling out the form.
- Once you have filled out the I9 form select "Submit".
- Select "Next".

Step 4. EEO Self Identification

- Review Instructions.
- Answer Ethnicity question.
- Select Race.
- Select Save
- Select Submit

Step 5. Documents

- Step 1. Click on each of the Download buttons to review the information for:
 1. ACA Exchange Notice
 2. HIPAA Privacy Notice
 3. Medicare Part D Notice
 4. Women's Health and Cancer Rights Act

Documents

Step 1 - Download Documents

Please download the following listed documents. Those documents requiring updates can be uploaded in the Required Documents to Acknowledge / Upload table.

| Document / Description | File Name | Action |
|--|------------------------------|--------------------------|
| ACA Exchange Notice Information about the new Health Insurance Marketplace, open enrollment for the Health Insurance Marketplace, and let you know that you may qualify to save money on health insurance premiums in the Marketplace. | employer-notice-on-aca.pdf | Download |
| HIPAA Privacy Notice This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. | coa-hipaa-privacy-notice.pdf | Download |
| Medicare Part D Notice Information about your current prescription drug coverage with the City of Albuquerque and about your options under Medicare's prescription drug coverage. | medicare-d-notice-2018.pdf | Download |
| Women's Health and Cancer Rights Act If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the WHCRA of 1998. | whcra.pdf | Download |

- Step 2. Acknowledge / Upload Required Documents.

Step 2 - Acknowledge / Upload Required Documents

You must acknowledge or upload the listed documents.

| Document / Description | File Name / Attached On | Action |
|---|--|-----------------------------|
| Employee Benefits Acknowledgement Employee Benefits Acknowledgement - By clicking acknowledge, you attest that you have read and fully understand the information provided, and agree to comply with requirements of the information. | Employee_Benefits_Acknowledgement.pdf | Acknowledge |
| City of Albuquerque Policy Acknowledgement COA Policy Acknowledgement - By clicking acknowledge, you attest that you have read and fully understand the information provided, and agree to comply with requirements of the information. | City_of_Albuquerque_Policy_Acknowledgement.pdf | Acknowledge |

- Select "Next".

Step 6. Personal Details

This page that will show all of your personal information. If there are any errors, please contact Human Resources, Employment Division at 768-3700.

- **Home and Mailing addresses details** - Review and click **Next**, at the top right, if correct. If not correct, click on the address to open a box where you can make changes.
- **Marital Status Information** - Provide your marital status. Click the **Next** button.
- **Additional Information** - Review and click **Next**.
- **Verify Contact Details** - Review and click **Next**.
- **Verify Name** - Click **Next**.



- **Emergency Contacts** - To add Emergency Contact Information, click on the add box. Click **Save** when finished.
- Click the **Next** button to continue.

Step 7. Please Stop and Read

- This will be the last step until your New Employee Orientation.

PLEASE STOP AND READ

The remaining pages will be reviewed and discussed during New Employee Orientation on your start by Human Resources staff.

If you choose to move forward, *please skip the Benefits Enrollment Section** (Navigation on the left-hand side). Human Resources Staff will assist you with this portion of OnBoarding. You are welcome to view the [Benefits video](#) prior to attending New Employee Orientation.

Please DO NOT click Complete. OnBoarding will be reviewed with you prior to completing.

Step 8. Benefits

Dependent/Beneficiary Info

- Step 1. Click on Add Individual.
- Step 2. Select Add Name.
- Step 3. Enter the name of the dependent/beneficiary and select Done.
- Step 4. Enter dependent/beneficiary personal information.
- Step 5. Select Save on top right of page.
- Select Next.

The image shows three sequential screenshots of a web form titled "Benefits - Dependent/Beneficiary Info".

- Step 1:** The top of the form with a yellow button labeled "Add Individual" circled in red with a "1".
- Step 2:** The "Name" section with a yellow button labeled "Add Name" circled in red with a "2". Below it is the "Personal Information" section with fields for Date of Birth, Gender, Relationship to Employee, and a "Dependent" checkbox.
- Step 3:** A detailed "Name" form with fields for Name Format, Name Prefix, First Name, Middle Name, Last Name, Name Suffix, Display Name, Formal Name, and Name. A red circle with a "3" is next to the "Done" button in the top right corner.

Step 9. Benefits Enrollment

- Your benefit events will show a table with all your information.
- Choose each individual tile to enter your benefit selections.

Benefits - Benefits Enrollment

* Indicates required field

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the event. You must click on 'Submit Enrollment' for the elections to be sent to the Benefits Office.

▼ **Enrollment Summary**

Your Pay Period Cost

Status **Pending Review**

[Enrollment Preview Statement](#)

Submit Enrollment

Full Cost Employer Cost

STD
VL...
Medical

Benefit Plans

Medical

Current Presbyterian Active with Gym
New Presbyterian Active with Gym
Status **Pending Review**
0 Dependents

Dental

Current Delta Dental
New Delta Dental
Status **Pending Review**
0 Dependents

Vision

Current Vision
New Vision
Status **Pending Review**
0 Dependents

- To make your selection, click on the Select button next to the benefit of your choice. Place a checkmark next to the name of all dependents to be covered.
- Click the Done button to return to the main benefits menu.

Medical

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

| Dependents | Relationship |
|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Domestic Partner Adult |

[Add/Update Dependent](#)

▼ **Enroll in Your Plan**

The Employee Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

| Plan Name | Before Tax Cost | After Tax Cost | Employer Cost | Pay Period Cost |
|--|-----------------|----------------|---------------|-----------------|
| Select Presbyterian Plan - Active | \$54.66 | | \$218.66 | \$54.66 |
| Select Presbyterian Plan - Family | \$54.66 | | \$218.66 | \$54.66 |
| Select Presbyterian Plan-Independent | \$54.66 | | \$218.66 | \$54.66 |
| <input checked="" type="checkbox"/> Presbyterian Active with Gym | \$54.66 | | \$218.66 | \$54.66 |
| Select Presbyterian Family with Gym | \$54.66 | | \$218.66 | \$54.66 |
| Select Presbyterian Indep with Gym | \$54.66 | | \$218.66 | \$54.66 |
| Select Waive | | | | \$0.00 |

Contact Information

Phone: 505/768-3758
Email: employeebenefits@cabq.gov
Address: PO Box 1293, Albuquerque, NM 87103

Resources

Medical Provider: [City of ABQ Presbyterian Page](#)

- **You MUST enter a beneficiary for your Life and AD and D insurance.**

- Select the Life and AD and D box.

Life and AD and D

Current Basic Life/AD&D Active EE's X Salary
New Basic Life/AD&D Active EE's \$50,000
Status Visited
 0 Beneficiaries

Pay Period Cost \$0.00

Review

- Your dependents/beneficiaries that you entered will be shown. You must enter a New Primary Percentage or New Secondary Percentage for your Life and AD and D insurance.
- Select Done.

Cancel

Life and AD and D

2 Done

Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away. In addition, this benefit includes Accidental Death & Dismemberment (AD&D) insurance that provides your beneficiaries with additional financial security if you die or lose a limb or sight due to an accident.

Enroll in Your Plan

Plan Name

☒ Basic Life/AD&D Active EE's (\$50,000)

Designate Your Beneficiaries

You may designate the individuals as primary or secondary beneficiaries by allocating a percent or a specific dollar amount. Secondary beneficiaries receive benefits only if all primary beneficiaries are deceased. If you select flat dollar amount, then one beneficiary must be designated to receive remaining money from the policy. If you select percents, all percents for primary beneficiaries must total 100. All percents for secondary beneficiaries must total 100. Select the Add/Update Beneficiary button to view, update or add a new beneficiary.

*Primary Allocation

Percent

*Secondary Allocation

Percent

| Beneficiary | Relationship | Current Primary Percentage | Current Secondary Percentage | New Primary Percentage | New Secondary Percentage |
|-------------|------------------------|----------------------------|------------------------------|------------------------|--------------------------|
| | Parent | 100 | | 100 | 0 |
| | Parent | | | 0 | 0 |
| | Domestic Partner Adult | | | 0 | 0 |
| Total | | | | 100 | 0 |

Add/Update Beneficiary

Contact Information

Phone

505/768-3758

Email

employeebenefits@cabq.gov

Address

PO Box 1293
Albuquerque, NM 87103

Resources

COA_LIFE_INSURANCE

- Select the Submit Enrollment button when you have completed the benefits election.

Benefits - Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the event. You must click on 'Submit Enrollment' to be sent to the Benefits Office.

Enrollment Summary

Your Pay Period Cost

Status Pending Review

Enrollment Preview Statement

Submit Enrollment

Full Cost Employer Cost

STD VI...

Medical

Step 10. PERA Forms

NOTE: A condition of employment with the City of Albuquerque, in most instances, is to participate in the Public Retirement Association, also known as PERA. As a Seasonal or 2-year temp, you will complete an Exclusion Form.

- Complete "Information About You".
- Answer PERA Retiree question.
- Answer whether or not you are contributing to ERB.
- Enter your dependent's information if applicable.
- Certify your document by dating it.
- Acknowledge the information is correct.

Select Save and Submit.

Step 11. ACA 1095-Consent

- To receive your 1095-C electronically, put a checkmark in the box and click on the Submit button.
- You will be required to enter your password for verification, then click the Continue button.
- The next page will show your consent to receive the Form 1095-C electronically, has been submitted and an email will be sent to the email address on file for you.

You currently receive Form 1095-C paper statements by mail

You must complete this Consent Form to receive an electronic copy of Form 1095-C. If you do not submit a Consent Form, the Benefits Department will process your Form 1095-C based on the most recent information you have provided. Once you submit the Consent Form, it will remain valid until you submit a Withdrawal of Consent Form, unless your employment is terminated or your employer stops providing electronic access to forms. If you have any questions, please contact your Benefits Administrator.

☒ I consent to receive Form 1095-C electronically

Submit

Step 12. Tax Withholding

- We encourage you to fill out a W-4 form before entering your information in ESS. You can find a form at www.irs.gov.
- Review the Name and SSN at the top of the page for errors.
- Review the Personal Information section for any errors.
- Complete Step 2 through Step 4, for federal withholding
- Complete the New Mexico W-4 Data section for state withholding
- When finished completing all applicable sections, click the Submit box.

You will then be asked to enter your password. Click Continue and the OK button on the next page.

Step 13. Direct Deposits

- To enter account information, click on the Add Account button.
- Enter your bank's Routing Number.
- Enter your Account Number.
- Re-Enter your Account Number.
- Using the drop-down menu, enter the Account Type.
- Use the Deposit Type drop down menu to choose: **Remaining Balance**
- DO NOT** enter anything in the Amount or Percent field.
- When you have finished entering your Direct Deposit information click on the Save button.
- You will then be asked to enter your password. Click Continue and then the OK button on the next page.
- You will then be taken back to the Direct Deposit page that will provide the information you entered, for review.
- If everything is correct, click the Next button at the top, right corner of the page.
- Click the Next button at the top, right corner of the page to continue.

The screenshot shows the 'Add Account' form with the following fields and callouts:

- 1: Routing Number (yellow highlight)
- 2: Account Number (yellow highlight)
- 3: Retype Account Number (yellow highlight)
- 4: *Account Type (yellow highlight)
- 5: *Deposit Type (yellow highlight)
- 6: Save button (red circle)

Other fields include Nickname, *Payment Method (Direct Deposit), and Amount or Percent.

NOTE: If there are any errors, a waiting period of 24 hours is required before changes can be made. To make changes, click on the Edit option. You will be taken back to the Direct Deposit page where changes can be made.

Step 14. W-2/W-2C Consent

- To receive your W-2/W-2C electronically, put a checkmark in the box and click on the Submit button.
- You will be required to enter your password. An email will be sent to the email address on file, confirming your submission.
- Click the Next, button, at the top right to continue.

The screenshot shows the 'W-2/W-2c Consent Form' with the following elements:

- Header: W-2/W-2c Consent Form
- Text: You currently receive W-2 or W-2c paper forms by mail
- Text: You must complete this consent form to receive electronic W-2 or W-2c forms. If you do not submit a consent form or a withdrawal of consent form, the Payroll Department will process your year-end forms based on the information currently on file. After you submit your consent form, it will remain valid until you submit a withdrawal of consent form. The exception is when your employment is terminated or electronic access to forms is discontinued.
- Form: ☒ I consent to receive W-2 or W-2c forms electronically
- Button: Submit (circled in red)

Step 15. Talent Profile

This section will be discussed by the Employee Learning Center.

Step 16. Summary

- This page will provide a summary of the steps you have completed for the New Hire event.
- You have the option to complete each step by clicking on the Mark Complete button. **All steps must be marked as complete.**
- You can return to a step, to make corrections, by clicking on the Go to Step button.
- Click the Complete button, when finished.

Summary

Complete

To finish the OnBoarding process, please select the **Complete** button.

Steps

22 rows

| Step | Status | Date Completed | Required | Mark Complete | Go to Step |
|----------------------------|------------|----------------|----------|--------------------------|-----------------------|
| Acknowledgement | ✔ Complete | 05/04/2023 | Yes | Completed | <div>Go to Step</div> |
| Documents | ● Visited | | No | <div>Mark Complete</div> | <div>Go to Step</div> |
| Dependent/Beneficiary Info | ● Visited | | No | <div>Mark Complete</div> | <div>Go to Step</div> |
| Attachments | ● Visited | | No | <div>Mark Complete</div> | <div>Go to Step</div> |