Log In to Dayforce

https://www.dayforcehcm.com
Log In Information

**Company Name:** marshallhealth (all lower case, no spaces)

**User Name:** your five digit employee number

**Password:** MHyyyy (yyyy=your birth year, 19xx)

**Email Alerts through your Outlook**
Marshall New Hire

New information needed:
• Marital Status
• Citizenship
• Birth Date
• Address- PO Box not acceptable
• County
• Email address

Will not be paid until they receive a SSN
*cannot process PAR(New Hire Form)*
Marshall Rehire

- If resident may be former employee, please search by SSN in Marshall Rehire Form

- If employee cannot be found by SSN, they have not been paid in new Dayforce system, so you must enter as a New Hire
Position & Compensation Change

- Promotions
- Salary Changes
- Transfers
Marshall Bonus

- Match Bonus
- Student Awards
- Chief Resident

**Make sure you include comment**
Terminate an Employee

- Status: Terminated (resigned)
- Reason: Resignation
Once PAR has been submitted...

• PAR is sent for approval
  – Department Administrator
  – Cindy Dailey
  – Matt Straub
  – Megan Gorby

• If the PAR is incorrect, it may not be approved and you will receive a notification stating that a PAR you have submitted has been denied
  – You cannot change the denied PAR, a new one will need to be submitted

• If the PAR has gone through all approvals, a new PAR will have to be done to correct error.
• If PAR has not been approved, notify Megan ASAP to correct/deny.
Deadlines for PARs

• All PARs (Forms) must be submitted and approved by Wednesday, June 11th
  – Please allow time for approval

• If for any reason a PAR may need to be resubmitted or a last minute change occurs, a PAR will have to be submitted and approved by Friday, June 20 in order to be included on June 27 paycheck
First/Last Paycheck

• New Residents will receive their first paycheck 6/27/14 for 64 hours
  – Benefits will start July and premiums will start being deducted 7/11/14 pay

• Residents completing program (resigning) 6/30/14 will receive last pay for 8 hours (one day) on 7/11/14
  – Benefits will end June 30
Needed for Orientation

1. Health Insurance
   • Copies of Birth Certificate(s) (children)
   • Copy of Marriage Certificate
   • SSN for all dependents

2. Life Insurance
   • SSN and address for beneficiaries
Resident Benefits

**Employer Paid**
- PEIA Health Insurance
  - 80% employee only
  - 75% employee & children
  - 50% family

- PEIA Life Insurance
  - $10,000

- The Standard Life Insurance
  - 1.25 times annual salary
  - Minimum $50,000

- The Guardian
  - Long Term Disability
  - Automatic Enrollment

**Employee Paid (Optional)**
- PEIA Health Insurance

- Mountaineer Flexible Benefits
  - Dental
  - Vision
  - Hearing
  - Short-Term Disability
  - Health Savings Account
  - Flexible Spending Account
  - Legal

- Supplemental Retirement
  - Tax deferred
  - Not matched by employer

- Optional Life Insurance
## PEIA Health Insurance

### PPB Plan A

<table>
<thead>
<tr>
<th>Plan</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$102.00/month</td>
</tr>
<tr>
<td>Employee w/Children</td>
<td>$240.00/month</td>
</tr>
<tr>
<td>Family</td>
<td>$526.00/month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Premium (above)</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Free?</td>
<td>Subtract $25/EE or $50/Fam $</td>
</tr>
<tr>
<td>Submitted Adv Directive/Living Will?</td>
<td>Subtract $4 $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Monthly PEIA PPB Plan A Prem.</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Divide by 2</td>
</tr>
</tbody>
</table>

| Your Premium Amount Per Pay       | $             |
Form I-9

Purpose:
• To document verification of the identity and employment authorization of each new employee

Two Sections:
• Section 1 - Employee Information
• Section 2 - Employer Review and Verification
Section 1
Employee Information

• All new employees must complete and sign Section 1 no later than the first day of employment (6/18/14)

• Name
• Address
• Date of Birth
• Social Security Number
• State citizenship or immigration status
Section 1
(Continued)

Citizenship and Immigration Status

There are four options for the employee:

1. Citizen of the United States
2. Noncitizen national of the US
3. Lawful permanent resident
   a) need either Alien Registration number (A-Number) or USCIS Number is the same as the A-Number without the “A” prefix
   b) If they have not received an A-Number/USCIS Number, use their Admissions Number
4. An Alien authorized to work
   a) need date the employment authorization expires, if any
   b) Alien Registration number (A-Number) or USCIS Number
Section 2
Acceptable Documents

• We cannot specify which document(s) employees may present
• Employees must present one document from List A OR a combination of one document from List B and one document from List C
• Verify that they are unexpired and make a photocopy of all ID’s provided
• The person who examines the documents must be the same person who signs Section 2
• Both the examiner and the employee must be present during the examination of the documents
Section 2
Employer Review & Verification

1. **Employee’s Name** - Write employee’s last name, first name, and middle initial in case forms are separated

2. **Examine** - Physically examine each original document

3. **Record** - Write in document information requested
   a) If employee presents a foreign passport with a Form I-94 they should also provide Form I-20 and the expiration date (please refer to documentation examples)

4. **Certification** - Enter the employee’s first day of work

5. **Employer Information** – Your name, date, your title, print your name, UP&S name and address

Send the completed Form I-9 and copies of the ID’s to Missy Staten.
QUESTIONS?

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wolfe49@marshall.edu

Missy Staten, Benefits Coordinator x11646
hensley36@marshall.edu

Priscilla Midkiff, Dir of P/R & Benefits x11650
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