

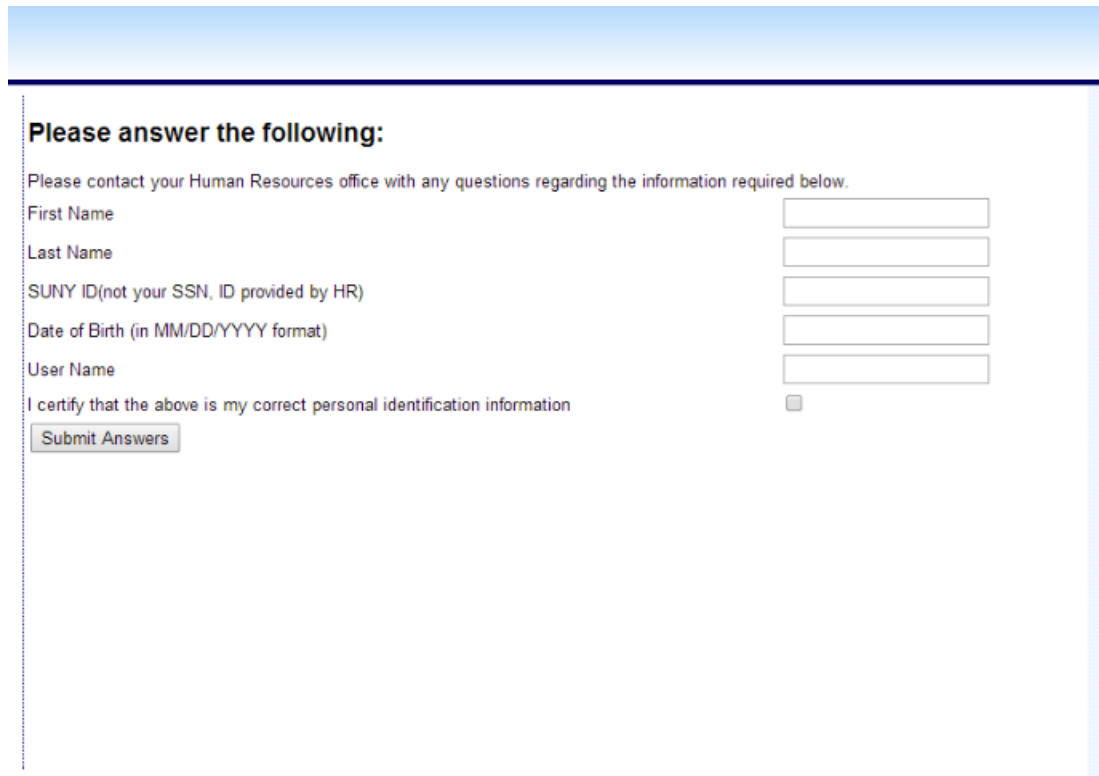


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**Self Service:  
Security  
&  
View and Update  
Personal Information**

# Security:

To enhance the ability to identify individuals, you may receive the questions shown in the screen print below the first time logging into self service.



**Please answer the following:**

Please contact your Human Resources office with any questions regarding the information required below.

First Name

Last Name

SUNY ID(not your SSN, ID provided by HR)

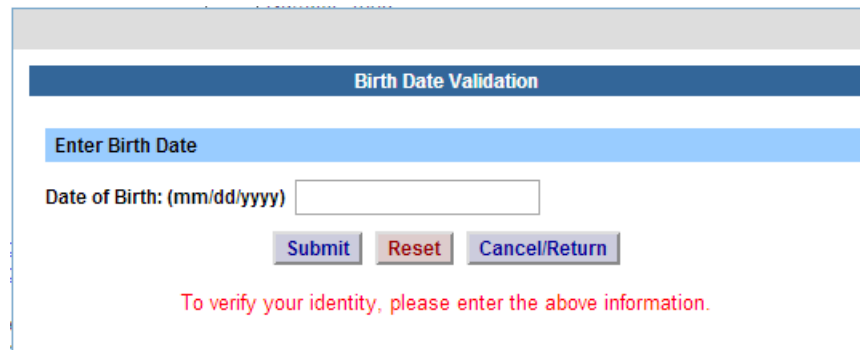
Date of Birth (in MM/DD/YYYY format)

User Name

I certify that the above is my correct personal identification information

# Security continued...

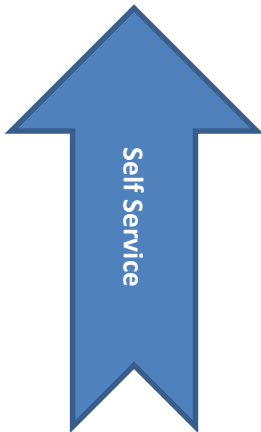
To prevent employees who may be sharing computers from viewing another employees personal information, you will receive the self-service pop-up (below) asking that you verify your date of birth. This will be required each time you requests a self-service action of View Paycheck and Human Resource Self Service from our home page.



The screenshot shows a web form titled "Birth Date Validation". It features a header bar with the title, a sub-header "Enter Birth Date", and a text input field labeled "Date of Birth: (mm/dd/yyyy)". Below the input field are three buttons: "Submit", "Reset", and "Cancel/Return". A red message at the bottom of the form reads: "To verify your identity, please enter the above information."



# Self Service Features:



- Time and Attendance – available to employees that are active in using TAS. For those employees that are not currently active, a message will appear that this feature is not available.
- View Paycheck – available to all employees. Paycheck information will be displayed on the Monday before paychecks are distributed.
- Human Resources Self Service – available to all employees. Includes view capabilities for Name, Demographics, and Education. Employees are also able to update their Address, Phone, and Emergency Contacts information.



# Names:

To verify your name, click on the NAME tab (indicated below).

To update your name, please click on the Personal form below and return a completed copy to your Human Resources Office. Additional verification is required to complete your name change, further information included on the Personal form.

SUNY Human Resources for:	<b>Self Service</b>	SUNY <b>701267</b> NYS ID
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<a href="#">Names</a>	<a href="#">Demographics</a>	<a href="#">Address</a>	<a href="#">Phone</a>	<a href="#">Emergency Contacts</a>	<a href="#">Education</a>
<b>Legal Name</b>					
First Name:	Self				
Middle Name:					
Last Name:	Service				
Salutation:					
Suffix:					
Certification:					
Change Name Reason:					
<b>Alias / A.K.A. Name</b>					
First Name:					
Middle Name:					
Last Name:					
Salutation:					
Suffix:					
Certification:					
Change Name Reason:					

**Please note:** If information is incomplete or invalid, please click on link below to access the form to be submitted to the Human Resources Office.  
[Personal Information Form](#)



# Demographics:

To verify your Demographic information, click on the Demographic tab (indicated below). To update any of your Demographic information, please click on the Personal form (along with the Disability and/or Veteran form, if applicable) below and return a completed copy to your Human Resources Office.

SUNY Human Resources for:

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[Names](#)
➔
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[Education](#)

Demographics Details

Date of Birth:	01/01/1980
Birth Year:	1980
Date of Death:	
U.S.Citizen?:	Yes
Non-Citizenship Type:	
Country of Citizenship:	United States of America
Perm.Res.Expiration Date:	
Gender:	Male
Hispanic?:	No
Race:	American Indian or Alaska Native
Ethnicity Source:	Declared by Employee
Highest Education Level:	High School Graduate or GED
Disability Indicator:	No,I don't have a Disability
Veteran?:	No
Military Separation Date:	
Military Service Status:	None
Protected Veteran Status:	Not a Protected Veteran



**Please note:** If information is incomplete or invalid, please click on link below to access the forms to be submitted to the Human Resources Office.  
[Personal Information Form](#) [Disability Form](#) [Vets Form](#)



# Address:

To verify your address information, click on the Address tab (indicated below).  
To update your Address, please click on the radio button next to the address you need to change, and select Update.

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**Address**

Select	Type	Address	EffectiveDate	Valid Address
➔ <input type="radio"/>	Legal	14 Test Way Albany NY 12242	07/16/2014	Yes

**Address Details**

Address Type:  
Address, Line 1:  
Address, Line 2:  
Address, Line 3:  
Address, Line 4:  
City:  
State/Province:  
Country:  
Postal/Zip Code:  
US County:  
Campus Report Information:

# Update Address:

- Your current address information will populate in the fields below for updating.
- Please enter the effective date of the address change and new address.
- When complete, Click Submit. **PLEASE TAKE NOTE OF OTHER CARRIERS THAT MAY NEED TO BE CONTACTED REGARDING YOUR ADDRESS CHANGE.** A PDF checklist is available on the next screen.

Self Service - Legal Address Update

Please update your legal Address information

* Effective Date:	<input type="text" value="04/23/2013"/>
* Address Line 1:	<input type="text" value="353 Broadway"/>
Address Line 2:	<input type="text"/>
Address Line 3:	<input type="text"/>
Address Line 4:	<input type="text"/>
* City:	<input type="text" value="Albany"/>
Zip:	<input type="text" value="12246"/> - Zip + 4: <input type="text"/>
County:	<input type="text" value="Albany"/> ▼
State:	<input type="text" value="New York"/> ▼
* Country:	<input type="text" value="United States"/> ▼
Address Validation:	<input type="text" value="Validate Address"/> ▼
Validation Status:	<input type="text" value="Validated"/> <input type="text" value="Tue Apr 23 07:41:57 EDT"/>

\* Required Fields

*\* After submitting an address change, please print the Address Change Checklist (available on the next screen) with regards to other carriers you may need to contact regarding your address change.*







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# Address Validation (QAS):

- Upon submit, QAS will validate the address. If the address passes through the QAS process, the validation status will show as verified. With the following messages displayed at the top of the page:

*The address change has been submitted successfully for approval. Please contact your Human Resource Department if you have any questions.*

**&**

***Please note, your address will also need to be updated with your retirement carrier, any Union sponsored or Long Term Care Insurance and the Registrar's Office for student employees only. It is also important to note that a change in address either from a New York City or Yonkers address to a local address, or from a local address to New York City or Yonkers will impact local taxes. An IT-2104 tax form should be completed at the same time as the address change is requested, indicating residency in New York City or Yonkers. Questions regarding taxes should be directed to your Payroll office.***

- See screen print below.

A large, light blue watermark of the SUNY logo is visible in the bottom right corner of the slide.



# Update Address continued:

If address change is complete, simply select the Home Page button to go back to the home page, or Logoff.

**\*\* Please click and print the Address Change Checklist for your reference.\*\***

**Self Service - Legal Address Update**

- The address change has been submitted successfully for approval. Please contact your Human Resource Department if you have any questions.
- **Please note**, your address will also need to be updated with your retirement carrier, any Union sponsored or Long Term Care Insurance and the Registrar's Office for student employees only. It is also important to note that a change in address either from a New York City or Yonkers address to a local address, or from a local address to New York City or Yonkers will impact local taxes. An IT-2104 tax form should be completed at the same time as the address change is requested, indicating residency in New York City or Yonkers. Questions regarding taxes should be directed to your Payroll office.

[Address Change Checklist](#)

Effective Date: 04/23/2013

Address Line 1: 353 Broadway

Address Line 2:

Address Line 3:

Address Line 4:

City: Albany

Zip: 122462915

County: Albany

State: New York

Country: United States

Validation Status: Verified

Validation Date: 04/23/2013

[Home Page](#)   [Logoff](#)



Address Checklist - PDF



Home Page or Logoff



# QAS Validation:

**Address Validation**

Address Validation did not match exactly.  
This address may require a street number to be validated or  
may require premises (example: apartment/floor #)  
information to be validated in addition to proposed addresses.

Please choose from the following if appropriate.

select..

Select Address Keep Address

- If the address entered is unable to be validated by QAS, a pop up box will appear with a drop down of valid addresses for the employee to choose from (shown).
- If an employee chooses to select an address from the drop down selection and click SELECT ADDRESS, QAS will then validate the address and show the validation status as verified.
- If the employee selects KEEP ADDRESS, QAS is unable to validate the address and consequently the validation field will change to Skip Validation, which will allow the employee to accept address as entered.
- If an employee enters an address that QAS is not able to validate, the following message will be received:

*The address entered could not be validated. Please confirm that you have given a valid street address*

### **RETURN**

- Once the employee clicks return, the validation status will appear as declined and the address will be saved as entered.



# Phone:

To verify your Phone Numbers, click on the PHONE tab (indicated below).

To add/ update or delete your phone number(s) simply select the radio button next to the number you wish to take action on and choose the appropriate function (Add, Update, Delete).

**SUNY Human Resources for:** **Self Service** SUNY **704921**  
NYS ID

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**Phone Numbers**

Select	Type	Phone Number	International Phone Number	Effective Date
<input type="radio"/>	Home Phone			
<input type="radio"/>	Work Phone			
<input type="radio"/>	Work Phone 2			
<input type="radio"/>	Cell Phone			
<input type="radio"/>	Other Phone			

**Phone Details**

Phone Type:

\* Effective Date:

\* Phone Number:

Or International Phone Number:

Also consider this my

Home Phone:

Work Phone:

Cell Phone:

Work Phone 2:

Other Phone:

*\*After submitting a phone number change, please print the Phone Change Checklist (available below) with regards to other carriers you may need to contact regarding your phone change. [Phone Change Checklist](#)*



# Phone – Add

The phone details of the Phone Type you chose to take action on will be displayed below to allow you to enter the effective date and new phone number. This information is required.

Upon adding a phone number you are also able to link it to another phone type. For example, your home and your cell number is the same. Simply select another type of phone under, “Also consider this my...”

Once complete, click on Add Phone.

### Phone Numbers

Select	Type	Phone Number	International Phone Number	Effective Date
<input type="radio"/>	Home Phone			
<input type="radio"/>	Work Phone			
<input type="radio"/>	Work Phone 2			
<input type="radio"/>	Cell Phone			
<input type="radio"/>	Other Phone			

[View Details](#) [Add](#) [Update](#) [Delete](#)

### Phone Details

Phone Type: Home Phone

\* Effective Date:

\* Phone Number:    Ext:

Or International Phone Number:

**Also consider this my**

Home Phone:

Work Phone:

Cell Phone:

Work Phone 2:

Other Phone:

[Add Phone](#) | [Cancel/Return](#)

*\*After submitting a phone number change, please print the Phone Change Checklist (available below) with regards to other carriers you may need to contact regarding your phone change. [Phone Change Checklist](#)*

# Phone – Update

To update a phone number, select the radio button next to the type of number you need to change and select UPDATE.

Your current phone information will populate in the fields below for updating. Enter the effective date and number. Once complete, click “Submit Update to Phone”.

SUNY Human Resources for: **Self Service** SUNY 704921 NYS ID

Names Demographics Address **Phone** Emergency Contacts Education

**Phone Numbers**

Select	Type	Phone Number	International Phone Number	Effective Date
<input checked="" type="radio"/>	Cell Phone	(555) 121-1212		10/21/2014
<input type="radio"/>	Home Phone	(555) 121-1212		10/21/2014
<input type="radio"/>	Work Phone			
<input type="radio"/>	Work Phone 2			
<input type="radio"/>	Other Phone			

View Details Add Update Delete

**Phone Details**

Phone Type: Cell Phone

\* Effective Date: 10/21/2014

\* Phone Number: 555 222 3333 Ext:

Or International Phone Number:

Submit Update to Phone | Cancel/Return

*\*After submitting a phone number change, please print the Phone Change Checklist (available below) with regards to other carriers you may need to contact regarding your phone change. [Phone Change Checklist](#)*

# Phone – Delete

To delete a phone number, simply select the radio button next to the type of phone number you wish to remove.  
Click “Delete Phone”.

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**Phone Numbers**

Select	Type	Phone Number	International Phone Number	Effective Date
<input type="radio"/>	Home Phone	(555) 121-1212		10/21/2014
➔ <input checked="" type="radio"/>	Cell Phone	(555) 222-3333		10/21/2014
<input type="radio"/>	Work Phone			
<input type="radio"/>	Work Phone 2			
<input type="radio"/>	Other Phone			

View Details | Add | Update | Delete

**Phone Details**

Phone Type: Cell Phone

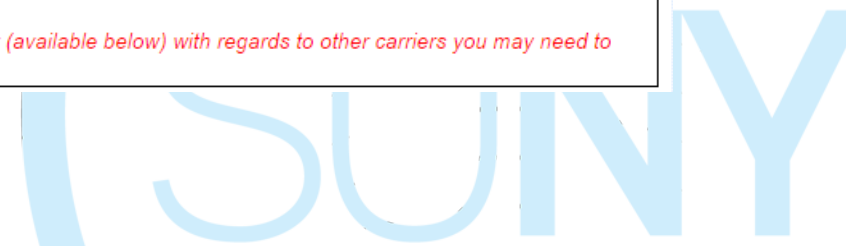
\* Effective Date: 10/21/2014

\* Phone Number: (555) 222-3333

Or International Phone Number:

➔ Delete Phone | Cancel/Return

\*After submitting a phone number change, please print the Phone Change Checklist (available below) with regards to other carriers you may need to contact regarding your phone change. [Phone Change Checklist](#)



# Emergency Contacts – Add

To verify your Emergency Contacts, click on the Emergency Contact tab (indicated below).

To add emergency contact information – select ADD then enter the information in the required fields indicated by the asterisk (\*) below. At least one phone number is required.

Once complete, click on Add Contact.

Employees are limited to add up to 3 Emergency Contacts. Once 3 contacts have been added, the ADD button will be grayed out.

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SUNY **701099**  
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**Emergency Contacts**

Select	Name	Relationship	Primary	Home Phone	Work Phone	Cell Phone
<input type="radio"/>	Test Service	Spouse	Yes			(718) 121-2121

➔ [View Details](#)
[Add](#)
[Update](#)
[Delete](#)

**Emergency Contact Details**

\* First Name:

\* Last Name:

Address, Line 1:

Address, Line 2:

City:

State/Province:

Country:

Postal/Zip Code:

Work Phone:    Ext.

Home Phone:

Cellular Phone:

International Phone Number:

Email Address:

\* Relationship:

[Add Contact](#) .:?:

[Submit Update](#) | [Cancel/Return](#)



# Emergency Contact – Update

To update an existing Emergency Contact, select the radio button next to the contact you wish to change and click UPDATE.

The existing information will automatically populate in the fields below to allow you to make the necessary changes.

Once changes are complete, please select Submit Update.

**SUNY Human Resources for:** **Self Service** SUNY **701099**  
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Names	Demographics	Address	Phone	Emergency Contacts	Education
<b>Emergency Contacts</b>					
<input type="radio"/>	Test Service	Spouse	Yes	Home Phone	Work Phone
Cell Phone (718) 121-2121					
<input type="button" value="View Details"/> <input type="button" value="Add"/> <input type="button" value="Update"/> <input type="button" value="Delete"/>					
<b>Emergency Contact Details</b>					
* First Name:		<input type="text" value="Test"/>			
* Last Name:		<input type="text" value="Service"/>			
Address, Line 1:		<input type="text"/>			
Address, Line 2:		<input type="text"/>			
City:		<input type="text"/>			
State/Province:		<input type="text" value="New York"/>			
Country:		<input type="text" value="United States"/>			
Postal/Zip Code:		<input type="text" value="12246"/>			
Work Phone:		<input type="text"/> <input type="text"/> <input type="text"/> Ext. <input type="text"/>			
Home Phone:		<input type="text"/> <input type="text"/> <input type="text"/>			
Cellular Phone:		<input type="text" value="555"/> <input type="text" value="111"/> <input type="text" value="2222"/>			
International Phone Number:		<input type="text"/>			
Email Address:		<input type="text"/>			
* Relationship:		<input type="text" value="Spouse"/>			
* Primary Contact?:		<input type="text" value="Yes"/>			
<input type="button" value="Submit Update"/>   <input type="button" value="Cancel/Return"/>					



# Emergency Contact – Delete

To delete an Emergency Contact, select the radio button next to the contact you wish to remove and click DELETE.

The existing information will automatically populate in the fields, please select the Delete Contact.

**SUNY Human Resources for:** **Self Service** SUNY **701099**  
NYS ID

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**Emergency Contacts**

Select	Name	Relationship	Primary	Home Phone	Work Phone	Cell Phone
<input checked="" type="radio"/>	Test Service	Spouse	Yes			(718) 121-2121

**Emergency Contact Details**

\* First Name: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

Address, Line 1: \_\_\_\_\_

Address, Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

International Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\* Relationship: \_\_\_\_\_

\* Primary Contact?: \_\_\_\_\_

|



# Education:

To verify your Education information, click on the Education tab (indicated below). Select the radio button next to the Degree Date and click View Details.

To change or correct any of your Education information, please click on the Personal form below and return a completed copy to your Human Resources Office. Verification is required to complete your change, additional information is included on the Personal form.

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**Education**

Select	Degree Date	Degree Type	Degree School and Program	Highest Degree?	Pending Degree?	Terminal Degree?	Verified Degree
<input type="radio"/>	2001	Bachelor of Science	University Of New Hampshire-Main Campus Bachelor of Science	Yes	No	No	No

View Details

**Education Details**

Degree Awarded In Year:

Degree Awarded In Month:

Degree Type:

Degree Program Group:

Program Sub-Group:

Degree Program:

Degree Country:

University State:

University City:

University/College:

Highest Degree:

Pending Degree:

Terminal Degree:

Verified Degree:

Personal Form

**Please note:** If information is incomplete or invalid, please click on link below to access the form to be submitted to the Human Resources Office.  
[Personal Information Form](#)

