

WELCOME TO DAYFORCE



About Dayforce

Dayforce is a self- service portal where you can check your leave balances and earnings, request time off as well as update personal, banking, benefits and tax information online.

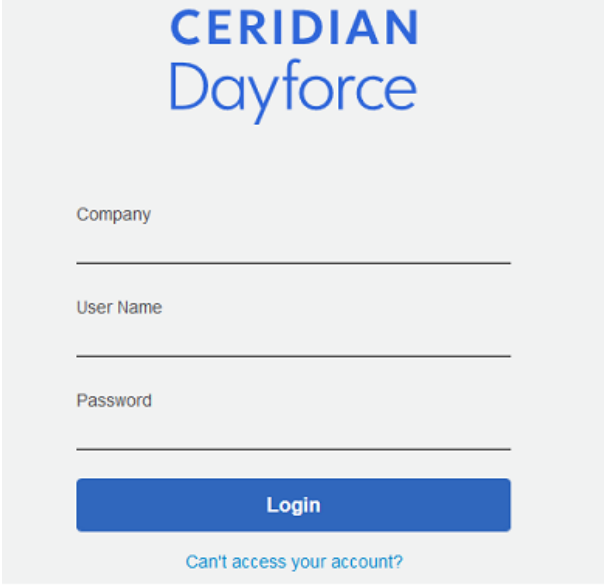
Please review and confirm that your personal details are correct in your Profile. Also, make sure you verify an email and set it to receive alerts so you can automatically reset your password.

Let's get started. Go to your web browser and enter this address:

Dayforcehcm.com

Logging into Dayforce:

You will need to enter the Company, User Name and password to log in.

The image shows a login form for CERIDIAN Dayforce. At the top, the logo "CERIDIAN Dayforce" is displayed in blue. Below the logo, there are three input fields: "Company", "User Name", and "Password", each with a horizontal line for text entry. Below these fields is a blue rectangular button with the word "Login" in white. At the bottom of the form, there is a link that says "Can't access your account?" in blue text.

Company: cityofcolumbus

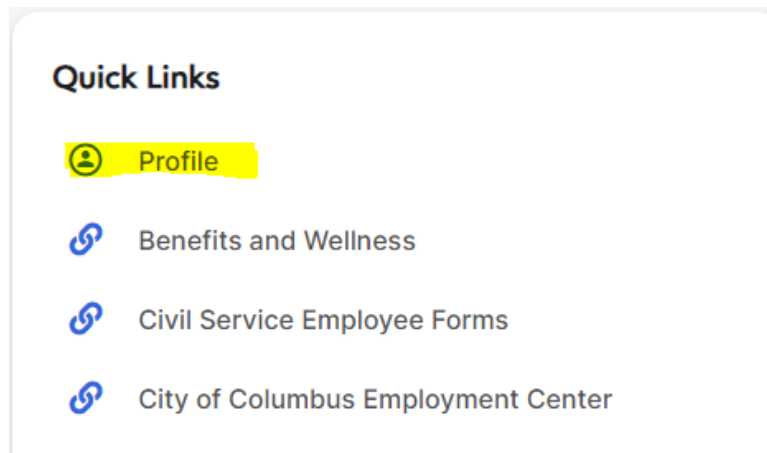
User Name: Your 6 digit employee id number (123456)

Password: Your initial password is your year of birth and the last four digits of your social security number.

You will be asked to change your password after logging in for the first time.

Setting up Security Questions

Please set up your security questions so you can reset your password. From the HUB page, click on the Profile icon inside the Quick Link box.



Then click Settings and scroll down to Security and click on it.

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Security Settings

Update Password

Enter your current password and type your new password twice (once to confirm)

Current Password*

New Password

Repeat New Password to confirm

Update Security Questions

Select your security questions and enter the corresponding answers. Your Current Password is required to complete this process. These questions will be used to help verify your identity. Answers are case sensitive.

Security Question #1*

What city did you grow up in?

Answer #1*

Security Question #2*

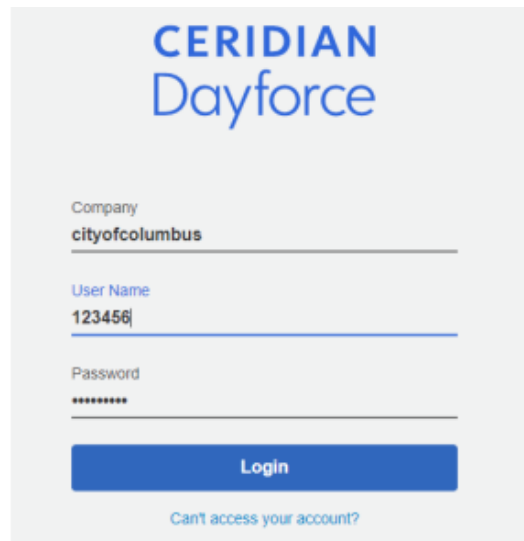
What was your childhood nickname?

Answer #2*

Click the blue save button.

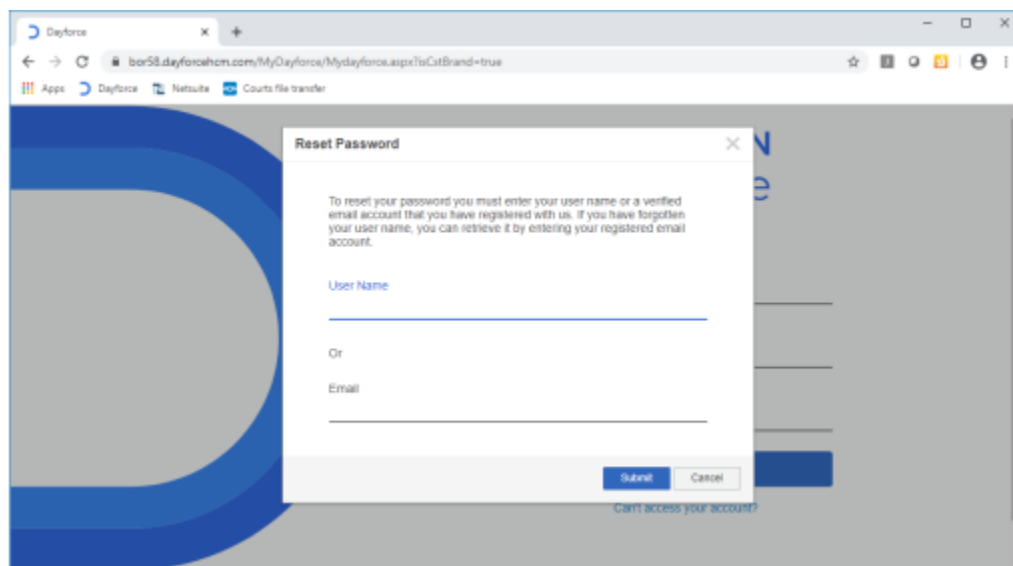
Resetting your password:

If you happen to forget your password, you can reset it by clicking the “Can’t access your account? Beneath the Login button.



The image shows the CERIDIAN Dayforce login interface. At the top, the logo "CERIDIAN Dayforce" is displayed in blue. Below the logo, there are three input fields: "Company" with the value "cityofcolumbus", "User Name" with the value "123456", and "Password" with masked characters "*****". A blue "Login" button is positioned below these fields. At the bottom of the form, there is a link that says "Can't access your account?" in blue text.

The application prompts you to enter your user name or E-mail address. Click submit. The application sends you and email with a URL. Click the link inside your email and you be prompted to reset your password.



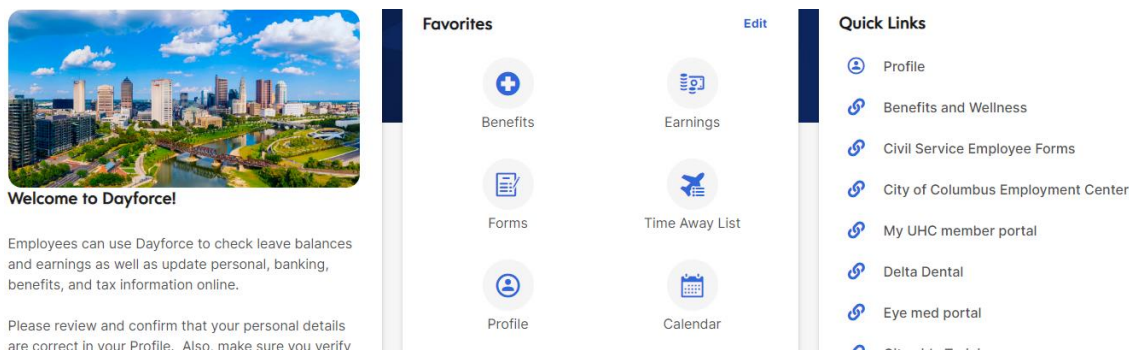
The image shows a "Reset Password" dialog box overlaid on a web browser window. The dialog box has a title bar with "Reset Password" and a close button. The main text inside the dialog box reads: "To reset your password you must enter your user name or a verified email account that you have registered with us. If you have forgotten your user name, you can retrieve it by entering your registered email account." Below this text, there are two input fields: "User Name" and "Email", separated by the word "Or". At the bottom right of the dialog box, there are two buttons: "Submit" and "Cancel". The background of the browser window shows the Dayforce login page with the "Can't access your account?" link visible.

If you are still unable to log in, please contact payroll either Neisha Collins at 5-7537 or Kori DeFelice at 5-7570. They will be able to reset your password.

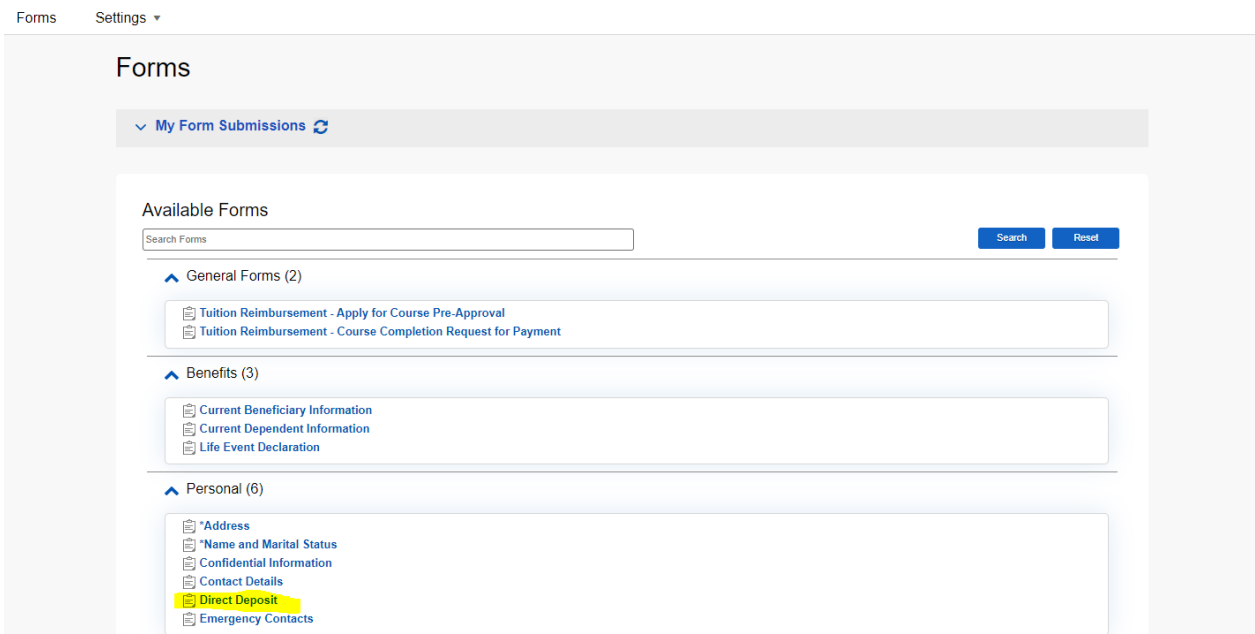
Change or add bank accounts:

To change the account where your pay is deposited, follow the steps below.

Once logged in, from the front page (HUB) From the Favorites section or the Quick Links section on the hub page click on Profile.



Then click on forms at the top of the page. Open up the direct deposit form.



Note: If your direct deposit is not set up before your first pay, Central Payroll will assign you a US Bank card and your pay will be placed on this card until you change your banking information.

The screenshot shows the 'Direct Deposit' window with a blue header. Below the header, there's a status bar with 'Status:' and 'Employee Number:'. The main section is titled 'Direct Deposit Information' and contains explanatory text about how pay is deposited based on priority and the requirement for a remainder account. It also notes that payroll card pay methods do not require routing or account numbers. Below this text are controls to '+ Add', 'X Remove', 'Move Up', and 'Move Down'. A table lists the current direct deposit setup with one entry at Priority 1. Below the table, there are input fields for 'Priority' (set to 1), 'Routing Number*', 'Account Number*', 'Deposit Type*' (with radio buttons for 'Remainder / Full Amount', 'Monetary Amount', and 'Percentage'), 'Pay Method*' (a dropdown menu currently showing 'Checking'), and 'Financial Institution'. There is also a 'Reenter Account Number' field and a 'Sample check image' link. At the bottom, there is a 'Comment' section with a checkbox to 'Add comment to the employee's file.' and a text area. The footer contains four buttons: 'Save Draft', 'Submit', 'Cancel', and 'Print'.

Direct Deposit

Status: Employee Number:

Direct Deposit Information

This is your current direct deposit information. Adding or modifying accounts will change where your pay will be deposited.

Pay will be added to your accounts based on the priority you set. Any pay remaining will be deposited into your remainder account. An amount is required for all accounts except your remainder account.

If you select a payroll card pay method, do not specify a routing transit number or account number. These fields will be automatically assigned by the system.

+ Add X Remove Move Up Move Down

Priority	Routing Number*	Financial Institution	Account Number*	Deposit Type*	Allocation
1					

Priority: 1

Routing Number*:

Account Number*:

Deposit Type*: ☐ Remainder / Full Amount ☐ Monetary Amount ☐ Percentage

Pay Method*:

Financial Institution:

Reenter Account Number:

[Sample check image](#)

Comment

☐ Add comment to the employee's file.

Save Draft Submit Cancel Print

Go to **+Add** to bring up the New Direct Deposit box. Enter the Routing and Account numbers and select “**remainder**.” Click submit. If a US Bank card has already been set-up by Central Payroll, you can click **X Remove** and add the new account information.

YOUR NAME
123 ANY STREET
ANY TOWN, PROVINCE
A1A 1A1

PAY TO THE
ORDER OF

\$

100 DOLLARS

1

⑆ 234567 ⑆ 012

2

⑆ 2345678 ⑆

3

00 ⑆

1 Routing Number

2 Account Number

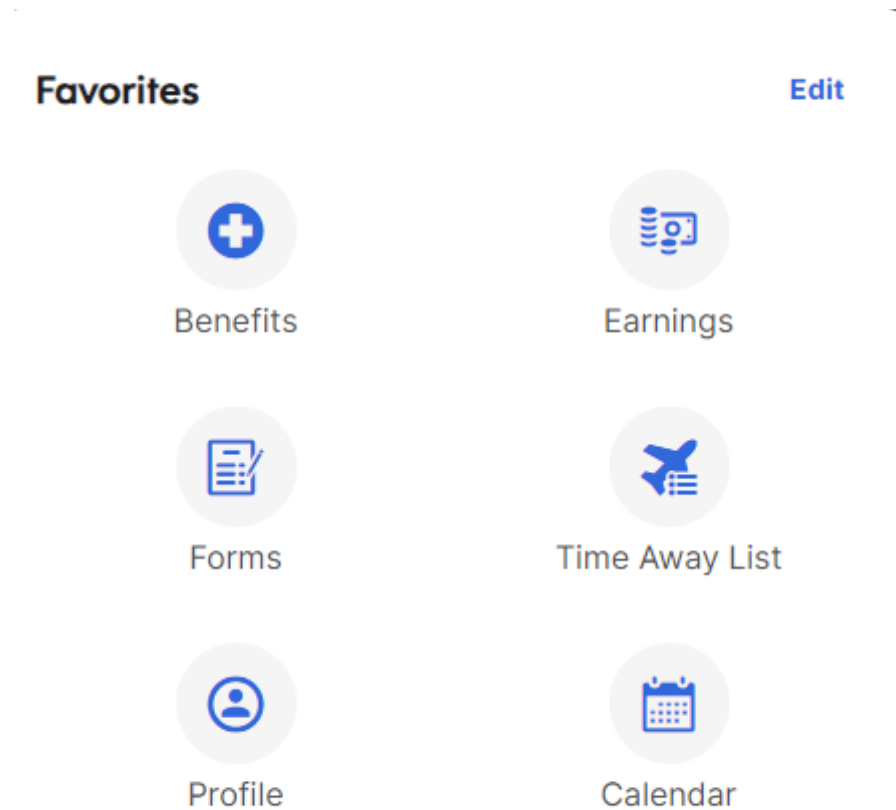
3 Check Number

DAYFORCE

THE CITY OF
COLUMBUS
OFFICE OF THE CITY AUDITOR

Viewing Your Earning Statement:

Once you are logged in, the first page is called the HUB page. From this page you will be able to look at your earnings statement. In the Favorites box, click on the Earnings icon.



The most recent earning statement is highlighted blue. Click on the City of Columbus Deposit Advice# you will be able to see your statement and print it.

Earning Statements

Year End Forms

From: 6/2/2022

To: 7/2/2023

Filter

Print

Earning Statement


<input type="checkbox"/>	June 2023
<input type="checkbox"/>	City of Columbus - #622434764
<input type="checkbox"/>	May 2023
<input type="checkbox"/>	April 2023
<input type="checkbox"/>	March 2023
<input type="checkbox"/>	February 2023
<input type="checkbox"/>	January 2023
<input type="checkbox"/>	December 2022
<input type="checkbox"/>	November 2022
<input type="checkbox"/>	October 2022
<input type="checkbox"/>	September 2022
<input type="checkbox"/>	August 2022
<input type="checkbox"/>	July 2022
<input type="checkbox"/>	June 2022

To view your W-2 use the same steps as before but this time click on Year End Forms. Click on the current year highlighted in blue. To look at a previous year click on the arrow to the left of the year and the W-2 for that year will drop down.

Earning Statements

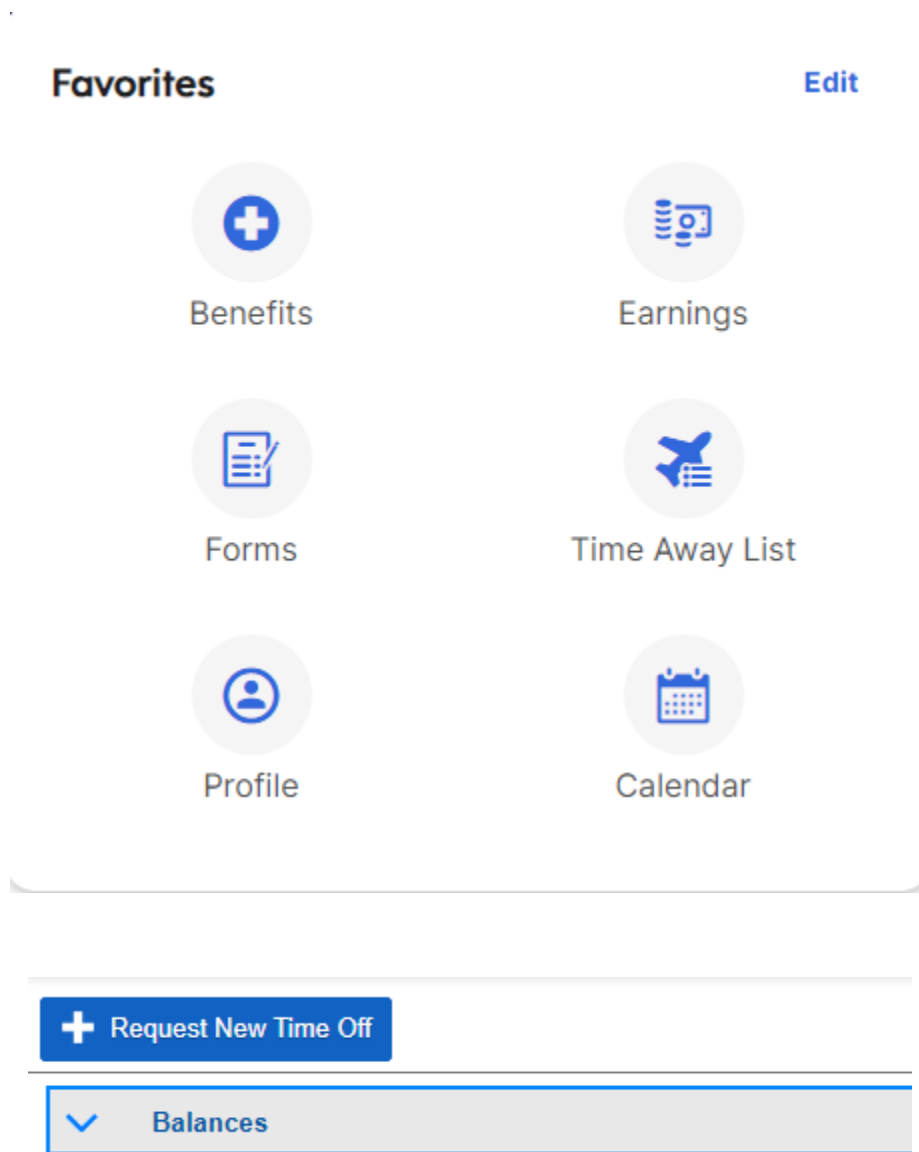
Year End Forms

Year End Forms (2020 to 2022, total of 7 items)

▼	2022
	2022 W-2 - City of Columbus
	2022 1095-C - City of Columbus
▶	2021
▶	2020

View Balances and Request Time Off

From the Hub page click on the Time Away List icon.



Click on the blue arrow next to Balances. This will show you all your sick, vacation, comp leave balances that you have used and what is available for you to use.

Next, click the blue +Request New Time off icon, this will allow you to create a Time Off Request.

Time Requested: 8.0000 Hours

Status: ⊕ Pending

Reason

Select a Reason... ▼!

Start Date

7/12/2023

End Date

7/12/2023

Type of Request

All Day

Partial Day

Type	Remaining	Unit
Birthday Holiday		Hours
Comp	25.2	Hours
Personal Day		Hours
Service Credit	\$0.00000	Dollars
Vacation	186.359	Hours
Service credit Payout	\$0.00000	Dollars
Sick Carryover - Hours	13.3768	Hours
Sick	42	Hours

Employee Comments

Balances

▼

Submit

Close

Click on the drop down box under Reason, you will select the type of leave you want to use. Next for the Start Date choose the day you want to start your leave, if only taking 1 day or 8 hours, skip down to Type of Request and select All Day. If a Partial Day, you will choose a start time and end time. If you are using vacation, your vacation balance will go down by the amount of time you are requesting. Click Submit.

To verify if the leave has been approved by your supervisor, click on the calendar in Favorites on the HUB page.

Favorites

[Edit](#)

Benefits



Earnings



Forms



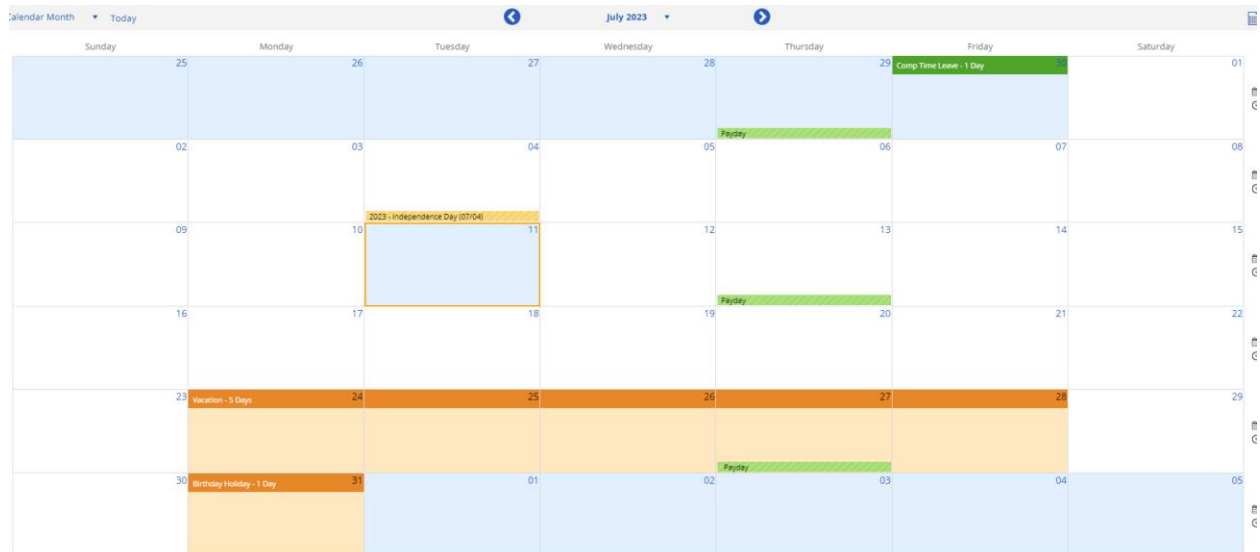
Time Away List



Profile



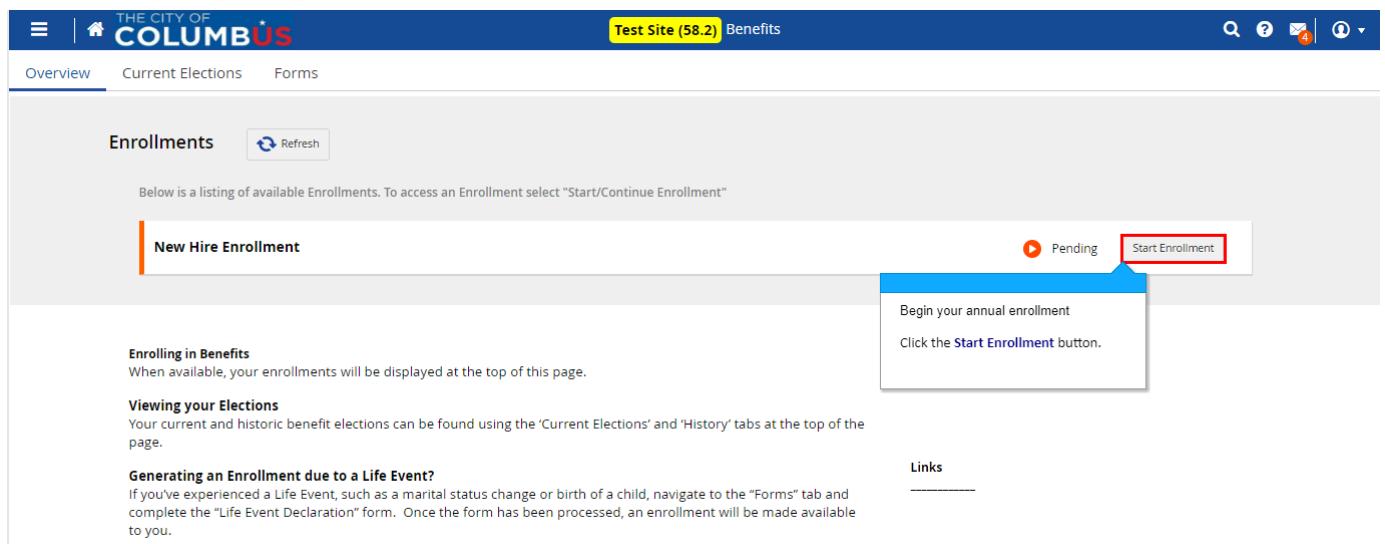
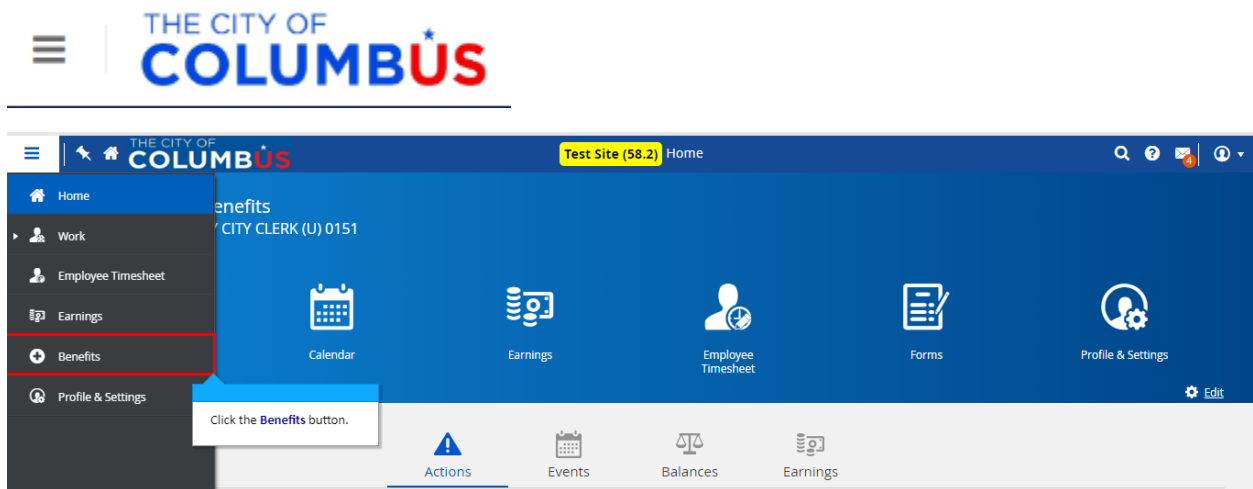
Calendar



Your time off request when pending will be orange. Once your supervisor approves the leave it will be highlighted in green.

Selecting your Benefits

When it is time to enroll for benefits, you will most likely receive a notification in your Messages inbox. Click the Menu Button then click the Benefits button



THE CITY OF
COLUMBUS

Test Site (58.2)Benefits

Q?

New Hire Enrollment

Your Current Elections

\$0.00

X

Introduction

Profile

Elections

Confirmation

Summary

New Hire Enrollment

Close

Welcome message

Review the welcome message and click Next to review and update your profile.

Click to continue

Next

Select One Bundle

Tobacco Surcharge

Tobacco Surcharge

Employee Assistance Program (EAP)

Employee Assistance Program (EAP)

Life Insurance

Life Insurance

Disability Benefits

Short-Term Disability

THE CITY OF
COLUMBUS

Test Site (58.2)Benefits

Q?

New Hire Enrollment

Your Current Elections

\$0.00

X

Introduction

Profile

Elections

Confirmation

Summary

Profile Forms

Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close

Save Draft

Back

Next

Current Dependent Information

Current Dependent

Below is the list of your current dependents.

Currently, you do not have any dependents.

+

Add

Profile

You have an opportunity to review and update your dependent and beneficiary information before selecting your elections.

It is important to make sure your dependent and beneficiary information is accurate. This can impact the packages you have access to.

Click to continue

Current Beneficiary Information

Close

Save Draft

Back

Next

New Hire Enrollment

Your Current Elections

\$0.00

Introduction

Profile

Elections

Confirmation

Summary

Profile Forms

Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close

Save Draft

Back

Next

Current Dependent Information

Current Dependent Information

Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).

Currently, you do not have any dependents.

+ Add

Current Beneficiary Information

Close

Save Draft

Back

Next

Add a new dependent

Click the **Add** section.

Add New Dependent

Personal Information

* Required Field

First Name*

Middle Name

Last Name*

Gender*

Select an Option...

Relationship*

Select an Option...

Birth Date*

SSN

Tobacco/Smoker

No

Date last used Tobacco/Smoked

Student

Select an Option...

Disabled

Select an Option...

Marital Status

Select an Option...

Primary Address

+ Add

Your address will be used as the dependent's primary address, unless a new address is entered.

Other Address

+ Add

Phone Number

+ Add

Currently does not have a phone number.

Add New Dependent

You can enter your dependent's information using this form.

For training purposes, this form will be filled out for you to speed things up.

Click to continue

Continue

Cancel

Add New Dependent

Personal Information

* Required Field

First Name*

Maya

Middle Name

Last Name*

Boyd

Gender*

Female

Relationship*

Child

Birth Date*

1/1/2010

SSN

Tobacco/Smoker

No

Date last used Tobacco/Smoked

Student

Select an Option...

Disabled

Select an Option...

Marital Status

Select an Option...

Primary Address

+ Add

Your address will be used as the dependent's primary address, unless a new address is entered.

Other Address

+ Add

Phone Number

+ Add

Currently does not have a phone number.

Click the Continue button.

Continue

Cancel

New Hire Enrollment

Your Current Elections

\$0.00

Introduction

Profile

Elections

Confirmation

Summary

Profile Forms

Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close

Save Draft

Back

Next

Current Dependent Information

Current Dependent Information

Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).

+ Add

Add a beneficiary

Click the Expand button.

Relationship

Child

Birth Date

1/1/2010

View/Edit

Remove

Current Beneficiary Information

Close

Save Draft

Back

Next

New Hire Enrollment

Your Current Elections

\$0.00

Introduction

Profile

Elections

Confirmation

Summary

Profile Forms

Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close

Save Draft

Back

Next

Current Dependent Information

Current Beneficiary Information

Current Beneficiary(s)

Below is the list of your current beneficiary(s). You have the ability to Add or Remove a beneficiary. Limited editing is also available.

+ Add

✕ Remove

	Relationship	Birth Date	View/Edit

Click the Add button.

Close

Save Draft

Back

Next

New Hire Enrollment

Your Current Elections

\$0.00

Introduction

Profile

Elections

Confirmation

Summary

Profile Forms

Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close

Save Draft

Back

Next

Current Dependent Information

Current Beneficiary Information

Current Beneficiary(s)

Below is the list of your current beneficiary(s). You have the ability to Add or Remove a beneficiary. Limited editing is also available.

+ Add

✕ Remove

	Relationship	Birth Date	View/Edit

Select from the list below or choose to add a new beneficiary.

+ Maya Boyd

Child

Add a new beneficiary

Click the Add a new beneficiary button.

Close

Save Draft

Back

Next

New Hire Enrollment

Your Current Elections

\$0.00

Introduction

Profile

Elections

Confirmation

Summary

Profile Forms

Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

Close

Save Draft

Back

Next

Current Dependent Information

Current Beneficiary Information

Current Beneficiary(s)

Below is the list of your current beneficiary(s). You have the ability to Add or Remove a beneficiary. Limited editing is also available.

+ Add

✕ Remove

Beneficiary	Relationship	Birth Date	View/Edit
Erika Boyd	Wife		<div>View/Edit</div>

Close

Save Draft

Back

Next

Click the Next button.

New Hire Enrollment

Your Current Elections

\$0.00

Introduction

Profile

Elections

Confirmation

Summary

Benefit Elections

Select your benefit options below. Upon completion, please proceed by selecting "Next".

Close

Save Draft

Back

Next

Health

You may add text into this section.

Select One Bundle

You can add information into this section.

You must elect 1 option(s) in the election set.

Click to continue

Elections

You will select your benefit elections in this part of the enrollment.

First, select a Health bundle. This includes your Medical, Dental, and Vision coverage.

You can review the details of each option on the left side of the screen. The cost is provided next to the option in blue text.

Option Name Ascending

Compare Selected

Option		
<input type="checkbox"/> 1. Medical/Rx AFSCME - FT 1632 Single Pre-Tax Start Date: 6/1/2020	\$102.43	
Dental AFSCME - FT 1632 Single Pre-Tax Start Date: 6/1/2020	\$0.00	
Vision AFSCME - FT 1632 Single Pre-Tax	\$0.00	

Scroll Down, in this example you are selecting the Medical/RX AFSCME-FT 1632 Family Pre-Tax option.

New Hire Enrollment

Your Current Elections \$0.00

Introduction

Profile

Elections

Confirmation

Summary

<div><div><input type="checkbox"/></div><div><div>1. Medical/Rx AFSCME - FT 1632 Single Pre-Tax</div><div>Start Date: 6/1/2020</div><div>Dental AFSCME - FT 1632 Single Pre-Tax</div><div>Start Date: 6/1/2020</div><div>Vision AFSCME - FT 1632 Single Pre-Tax</div><div>Start Date: 6/1/2020</div></div><div>\$102.43</div><div>\$0.00</div><div>\$0.00</div></div>		<input type="checkbox"/>
<div><div><input type="checkbox"/></div><div><div>2. Medical/Rx AFSCME - FT 1632 Single Post-Tax</div><div>Start Date: 6/1/2020</div><div>Dental AFSCME - FT 1632 Single Post-Tax</div><div>Start Date: 6/1/2020</div><div>Vision AFSCME - FT 1632 Single Post-Tax</div><div>Start Date: 6/1/2020</div></div><div>\$102.43</div><div>\$0.00</div><div>\$0.00</div></div>		<input type="checkbox"/>
<div><div><input checked="" type="checkbox"/></div><div><div>3. Medical/Rx AFSCME - FT 1632 Family Pre-Tax</div><div>Start Date: 6/1/2020</div><div>Family Pre-Tax</div><div>Start Date: 6/1/2020</div><div>• 1 Dependent</div></div><div>\$256.08</div><div></div></div>		<input type="checkbox"/>

Select a Health bundle election

Click the Medical/Rx AFSCME - FT 1632 Family Pre-Tax option.

Show Details

Scroll down. Click the **Save** button and then click the **OK** button. Scroll down

New Hire Enrollment

Your Current Elections

\$256.08

Expand Tobacco Surcharge

You will declare your tobacco usage status in this section of the enrollment.

Click the Tobacco Surcharge section.

roduction

Profile

Elections

Confirmation

Summary

Tobacco Surcharge

Employee Assistance Program (EAP)

Employee Assistance Program (EAP)

Life Insurance

Life Insurance

Disability Benefits

You can add information into this section.

Short-Term Disability

You will select the tobacco usage status in this section of the enrollment.

New Hire Enrollment

Your Current Elections

Introduction

Profile

Elections

Confirmation

Summary

Tobacco Surcharge

You may add text into this section.

Tobacco Surcharge

You can add information into this section.

Option Name Ascending

Compare Selected

Option	
<input checked="" type="checkbox"/> Tobacco Surcharge - No, I am not a tobacco user Start Date: 6/1/2020	
<input type="checkbox"/> Tobacco Surcharge - No, I waived medical Start Date: 6/1/2020	
<input type="checkbox"/> Tobacco Surcharge - Yes, I am a tobacco user Start Date: 6/1/2020	\$25.00

Then scroll down

New Hire Enrollment

Your Current Elections

\$256.08

Introduction

Profile

Elections

Confirmation

Summary

☐ Tobacco Surcharge - Yes, I am a tobacco user

\$25.00

☐

Expand and select the Employee Assistant Program option

Click the **Employee Assistance Program (EAP)** section.

Employee Assistance Program (EAP)

Life Insurance

Life Insurance

Disability Benefits

You can add information into this section.

Short-Term Disability

Close

Save Draft

Back

Next

New Hire Enrollment

Your Current Elections

\$256.08

Introduction

Profile

Elections

Confirmation

Summary

Employee Assistance Program (EAP)

Option Name Ascending

Compare Selected

Option		
<div><input checked="" type="checkbox"/> EAP Plan Option</div> <div>Start Date: 6/1/2020</div> <div>\$0.00</div> <div><input type="checkbox"/></div>		

Select the EAP Plan Option.

Life Insurance

Life Insurance

Disability Benefits

You can add information into this section.

Short-Term Disability

New Hire Enrollment
Your Current Elections
\$256.08

Introduction
Profile
Elections
Confirmation
Summary

Employee Assistance Program (EAP)

Option Name Ascending Compare Selected

Option		
<input checked="" type="checkbox"/> EAP Plan Option Start Date: 6/1/2020	\$0.00	<input type="checkbox"/>

Expand and select a Life Insurance option
Click the **Life Insurance** section.

☒
Life Insurance

Disability Benefits

You can add information into this section.

☒
Short-Term Disability

Scroll down

New Hire Enrollment
Your Current Elections
\$256.08

Introduction
Profile
Elections
Confirmation
Summary

Option Name Ascending Compare Selected

Option		
<input checked="" type="checkbox"/> Basic Life - AFSCME - Full Time 1632 	\$0.00	<input type="checkbox"/>
<input type="checkbox"/> Full Time 1632 Start Date: 6/1/2020 • \$47,000.00 Coverage Show Details	\$5.50	<input type="checkbox"/>
<input type="checkbox"/> Waive Group Life Start Date: 6/1/2020 Show Details	\$0.00	<input type="checkbox"/>

Select the **Basic Life - AFSCME - Full Time 1632** option.

Add a Beneficiary

Option Details

Basic Life - AFSCME - Full Time 1632

Coverage Amount
Your Coverage has been preset to the following amount.
\$47,000.00

Beneficiaries
You must designate at least one Primary beneficiary. You may designate any percentage amount greater than 0.00% to each beneficiary, as long as the total for each beneficiary type equals 100%.

+ Add

Add a beneficiary to this option

Click the **Add** button.

	Type*	Percentage*	Remove

Save

Cancel

After you have added your Beneficiary click the **Save** button. Scroll down to expand Short-term Disability

New Hire Enrollment

Your Current Elections

\$256.08

Introduction

Profile

Elections

Confirmation

Summary

<input checked="" type="checkbox"/> Basic Life - AFSCME - Full Time 1632 Start Date: 6/1/2020 <ul style="list-style-type: none">\$47,000.00 Coverage1 Beneficiary <div>Show Details</div>		<input type="checkbox"/>
<input type="checkbox"/> Group Life - AFSCME - Full Time 1632 Start Date: 6/1/2020 <ul style="list-style-type: none">\$47,000.00 Coverage <div>Show Details</div>		<input type="checkbox"/>
<input type="checkbox"/> Waive Group Life Start Date: 6/1/2020 <div>Show Details</div>		<input type="checkbox"/>

Expand Short-Term Disability

Click the **Short-Term Disability** section.

☒ **Short-Term Disability**

Close

Save Draft

Back

Next

New Hire Enrollment

Your Current Elections

\$256.08

Introduction

Profile

Elections

Confirmation

Summary

Disability Benefits

You can add information into this section.

Short-Term Disability

You can add information into this section.

You have been automatically enrolled in option "STD - A

Automatic enrollments

You will be automatically enrolled for certain options. Automatic enrollments have a grey checkbox next to the option name.

Click to continue

Option Name Ascending

Compare Selected

Option		
<input checked="" type="checkbox"/> STD - AFSCME - Full Time 1632 Start Date: 6/1/2020 <ul style="list-style-type: none">Coverage preset at \$972.00 <div>Show Details</div>		<input type="checkbox"/>

Close

Save Draft

Back

Next

New Hire Enrollment

Your Current Elections

\$256.08

Introduction

Profile

Elections

Confirmation

Summary

Disability Benefits

You can add information into this section.

Short-Term Disability

You can add information into this section.

You have been automatically enrolled in option "STD - AFSCME - Full Time 1632".

Option Name Ascending

Compare Selected

Option	
<div><div>STD - AFSCME - Full Time 1632</div><div>Start Date: 6/1/2020</div><div>Coverage preset at \$972.00</div><div>Show Details</div></div> <div>\$0.00</div>	

Review your elections

Review your elections on the next screen. Once you submit your choices, you'll have to contact the administrator to make changes.

Click the [Next](#) button.

Close

Save Draft

Back

Next

New Hire Enrollment

Your Current Elections

\$256.08

Introduction

Profile

Elections

Confirmation

Summary

Confirmation

Please review the summary of your elections. You are not enrolled until you click the 'Submit Enrollment' button and your choices are approved.

Close

Save Draft

Back

Print

Submit Enrollment

Health

Select One Bundle

3. Medical/Rx AFSCME - FT 1632 Family Pre-Tax Effective From 6/1/2020	Dependents: Boyd, Maya	Your Cost: \$256.08 Pays of Month
Dental AFSCME - FT 1632 Family Pre-Tax Effective From 6/1/2020	Dependents: Boyd, Maya	Your Cost: \$0.00
Vision AFSCME - FT 1632 Family Pre-Tax Effective From 6/1/2020	Dependents: Boyd, Maya	Your Cost: \$0.00

Tobacco Surcharge

Tobacco Surcharge - No, I am not a tobacco user
Effective From 6/1/2020

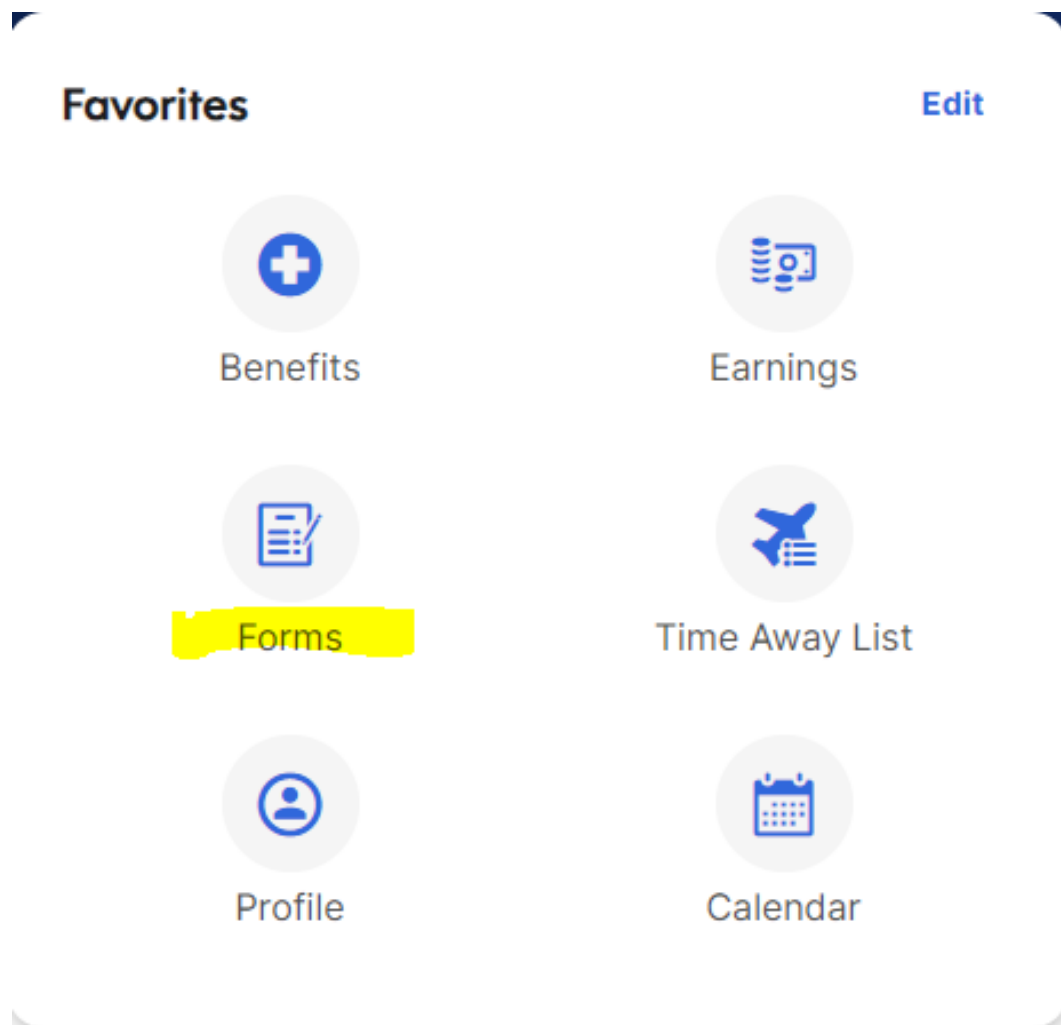
Submit your enrollment

You can use the Confirmation screen to review your selections.

Click the [Submit Enrollment](#) button.

Adding an Emergency Contact

From the Hub page, click on the Forms Icon



On the Forms screen click on Emergency Contact




Available Forms

[Search](#)[Reset](#)







^ General Forms (2)

-  [Tuition Reimbursement - Apply for Course Pre-Approval](#)
-  [Tuition Reimbursement - Course Completion Request for Payment](#)

^ Benefits (3)

-  [Current Beneficiary Information](#)
-  [Current Dependent Information](#)
-  [Life Event Declaration](#)

^ Personal (6)

-  [*Address](#)
-  [*Name and Marital Status](#)
-  [Confidential Information](#)
-  [Contact Details](#)
-  [Direct Deposit](#)
-  [Emergency Contacts](#)

Emergency Contacts

Alfonso Boyd

Status: Active Employee Number: 1848

▼ Primary Emergency Contact

Below is your primary emergency contact. You can add new contact methods or update existing ones. Fields marked with an asterisk are required values.

First Name *

Middle Name

Last Name *

Relationship *

Phone Number

Address

Electronic A

+ Add

Type *

Country Code

Emergency Contacts

You will use this form to enter one or more emergency contacts in Dayforce.

These are people who will be contacted in case of an emergency at work. It's very important these contacts are up to date and accurate.

Click to continue

▶ Secondary Emergency Contact

Comment

☐ Add comment to the employee's file.

Save Draft

Submit

Cancel

Print

Emergency Contacts

Alfonso Boyd

Status: Active Employee Number: 1848

▼ Primary Emergency Contact

Below is your primary emergency contact. You can add new contact methods or update existing ones. Fields marked with an asterisk are required values.

First Name *

Middle Name

Last Name *

Relationship *

Phone Number

Address

Electronic A

+ Add

Type *

Extension

Effective Start *

Effective End

Enter the details of your primary emergency contact

Click in the **First Name** field.

▶ Secondary Emergency Contact

Comment

☐ Add comment to the employee's file.

Save Draft

Submit

Cancel

Print

Once you have the Name and Relationship of your primary contact, click the **Add** button to enter the **Type** of phone, then click the **Country code list** to select the United States and then you will enter the **Phone Number** including the area code.

Next you will click on the **Address** tab, click on the Add button to enter the **Type** of Residence. Click on the address field and enter the Address, City and select the State from the drop down box. Click the drop down box for the Country and select the correct country. Then type in the Zip Code. To submit the form click the submit button.

Learning to Use Dayforce

You can find narrated tutorials and job aids for all key Dayforce tasks by launching MyPath. Here is how:

1. Once logged in, you access MyPath from the Help button in the top right of the screen.
2. It will launch in your default browser. From the Table of Contents on the left, expand the Employee role, select the first lesson, and follow the instructions.