WELCOME TO DAYFORCE

About Dayforce

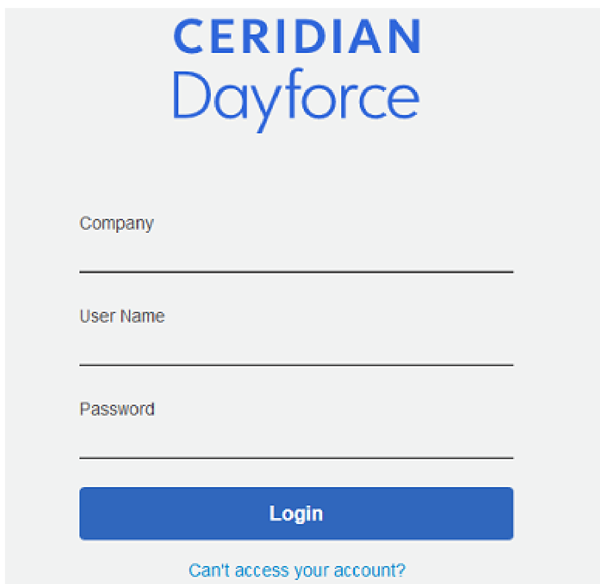
Dayforce is a self- service portal where you can check your leave balances and earnings, request time off as well as update personal, banking, benefits and tax information online.

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 rest 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.



Company: cityofcolumbus

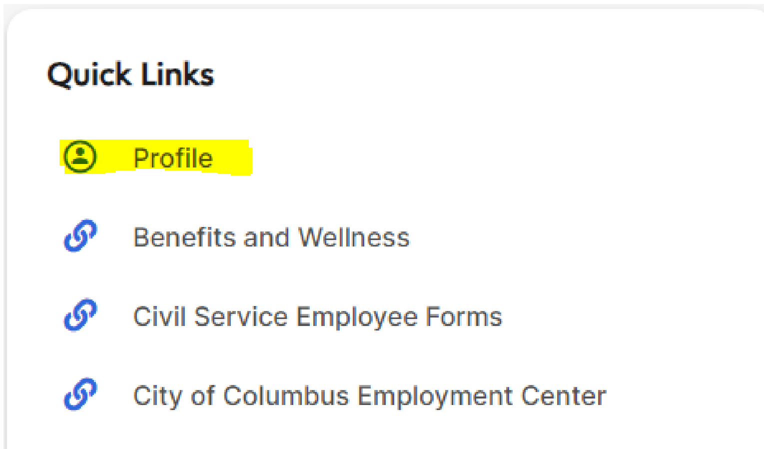
User Name: Your 6 digit employee id number (123456)

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.

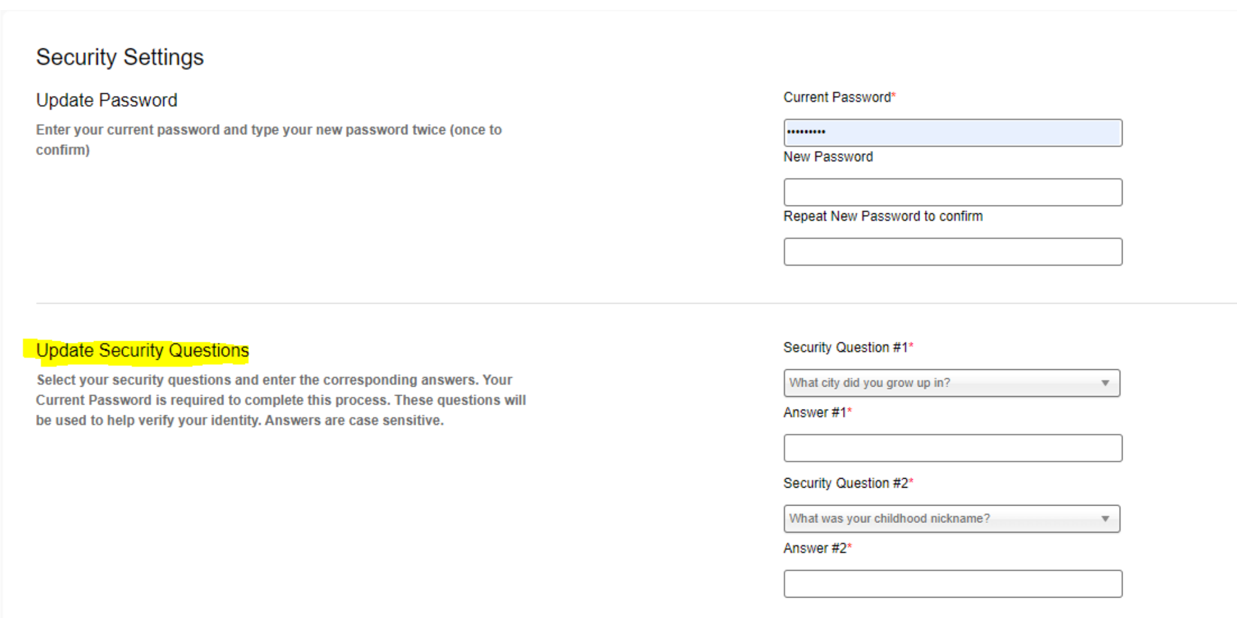
Setting up Security Questions

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.

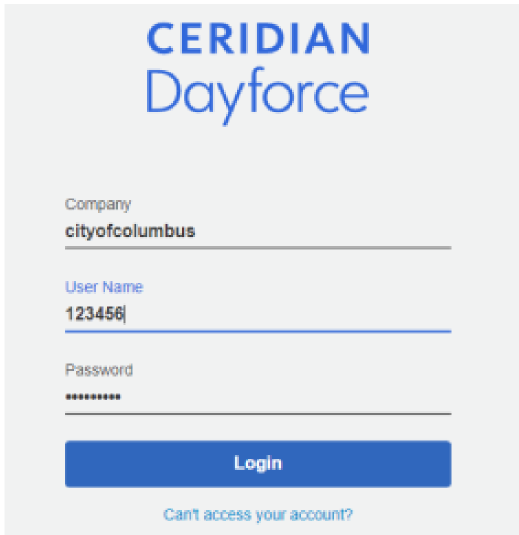
.



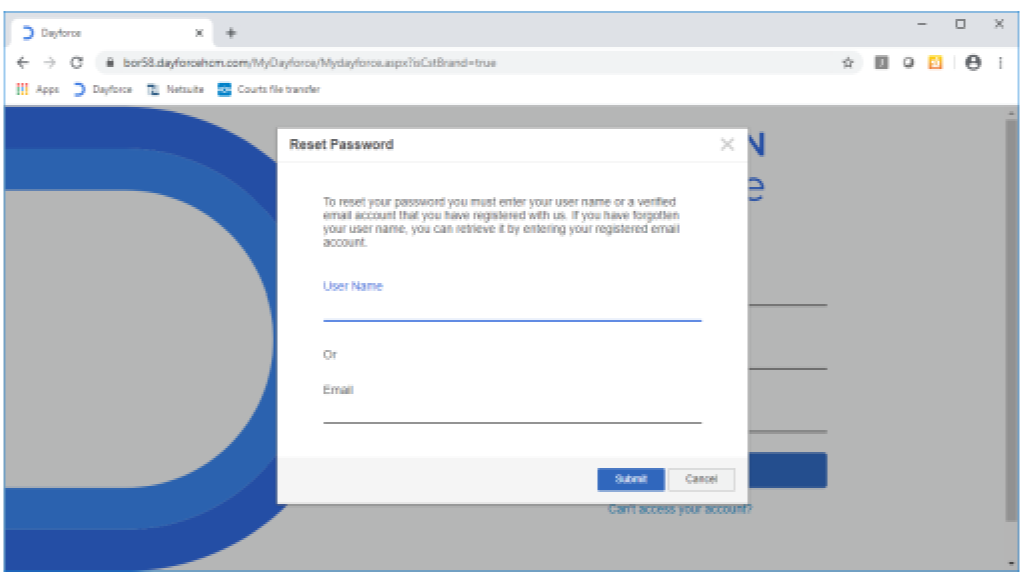
Click the blue save button.

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 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.

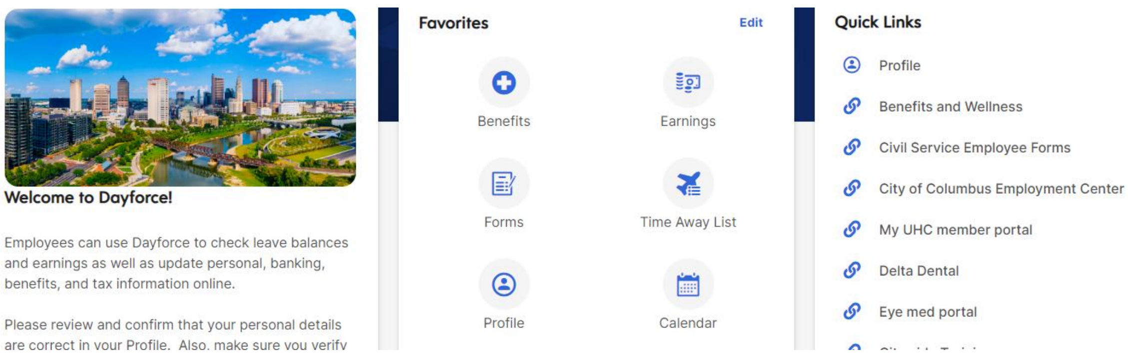


If you are still unable to log in, please contact payroll either Neisha Collins at 5-7537 or Kori DeFelice at 5-7570. They will be able to reset your password.

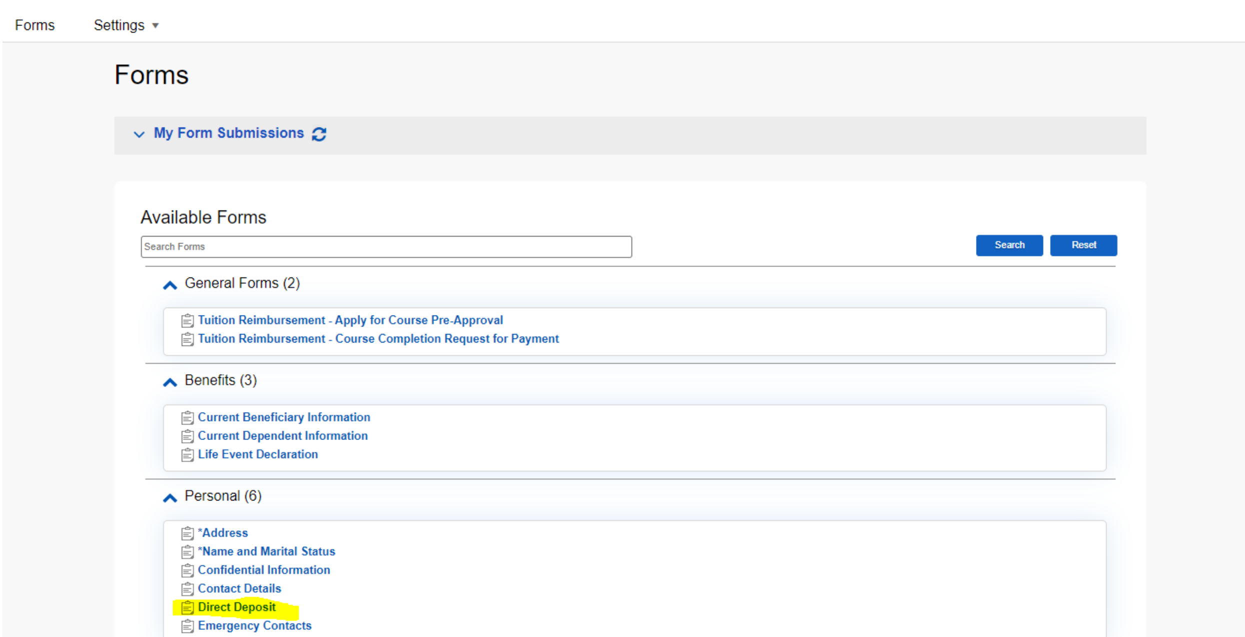
Change or add bank accounts:

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

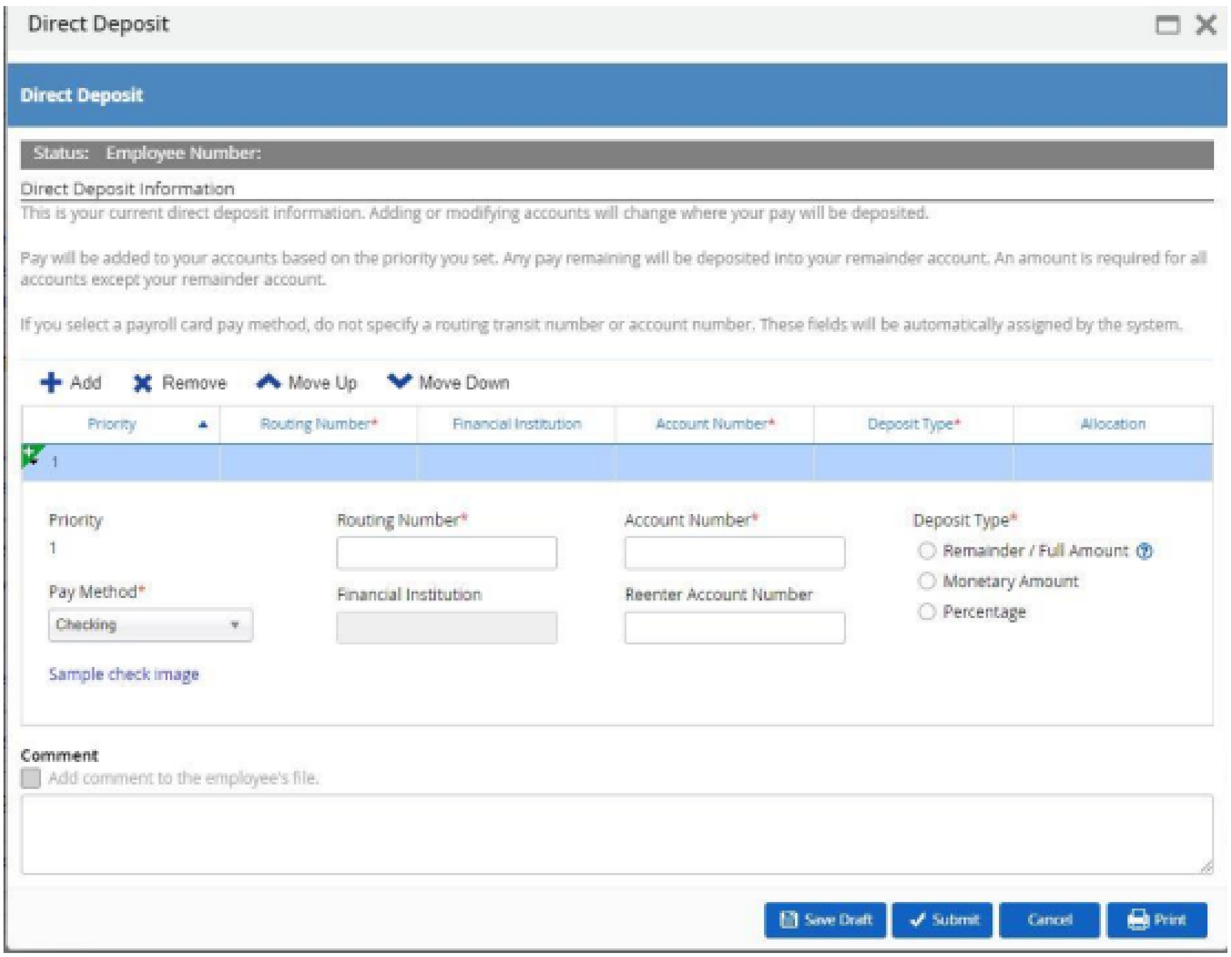
Once logged in, from the front page (HUB) From the Favorites section or the Quick Links section on the hub page click on Profile.



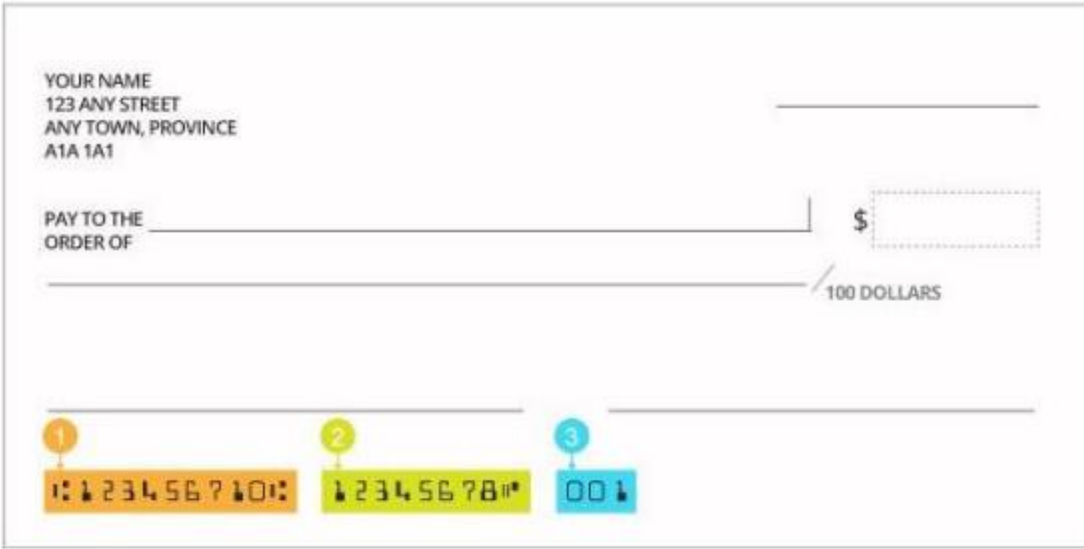
Then click on forms at the top of the page. Open up the direct deposit form.



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.



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.



1 Routing Number

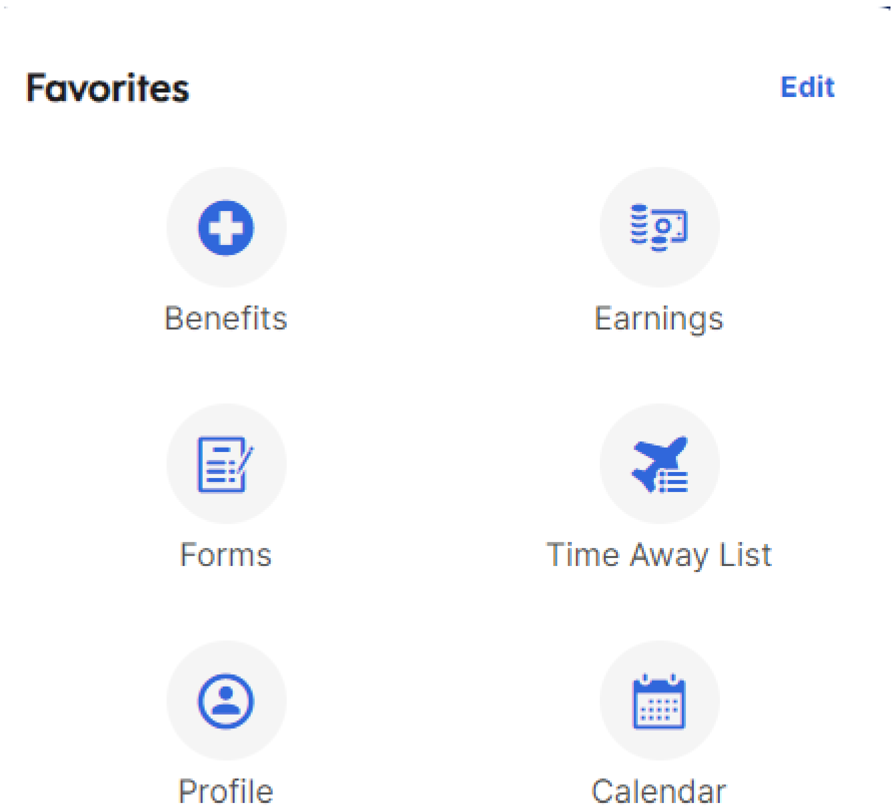
2 Account Number

3 Check Number

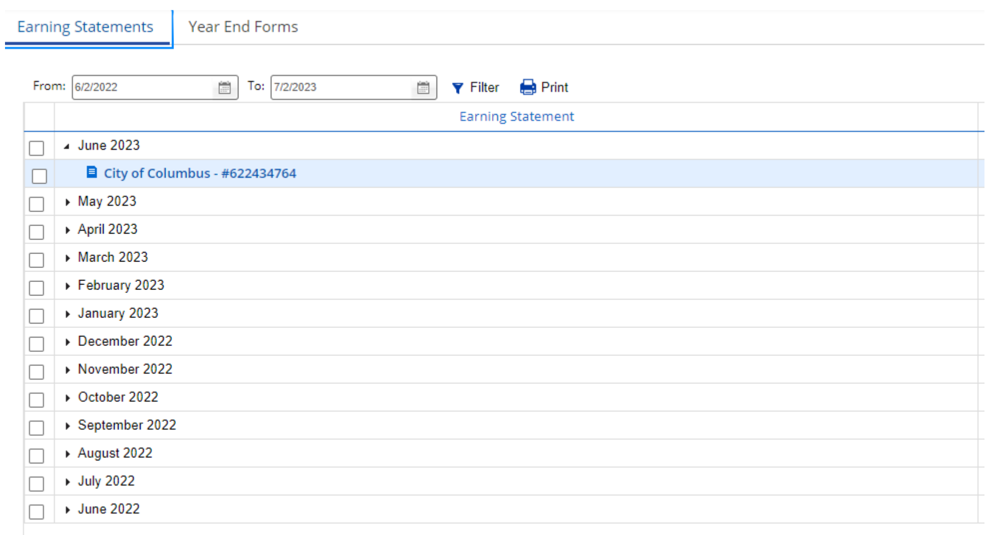
DAYFORCE | THE CITY OF COLUMBUS
OFFICE OF THE CITY AUDITOR

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.



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.

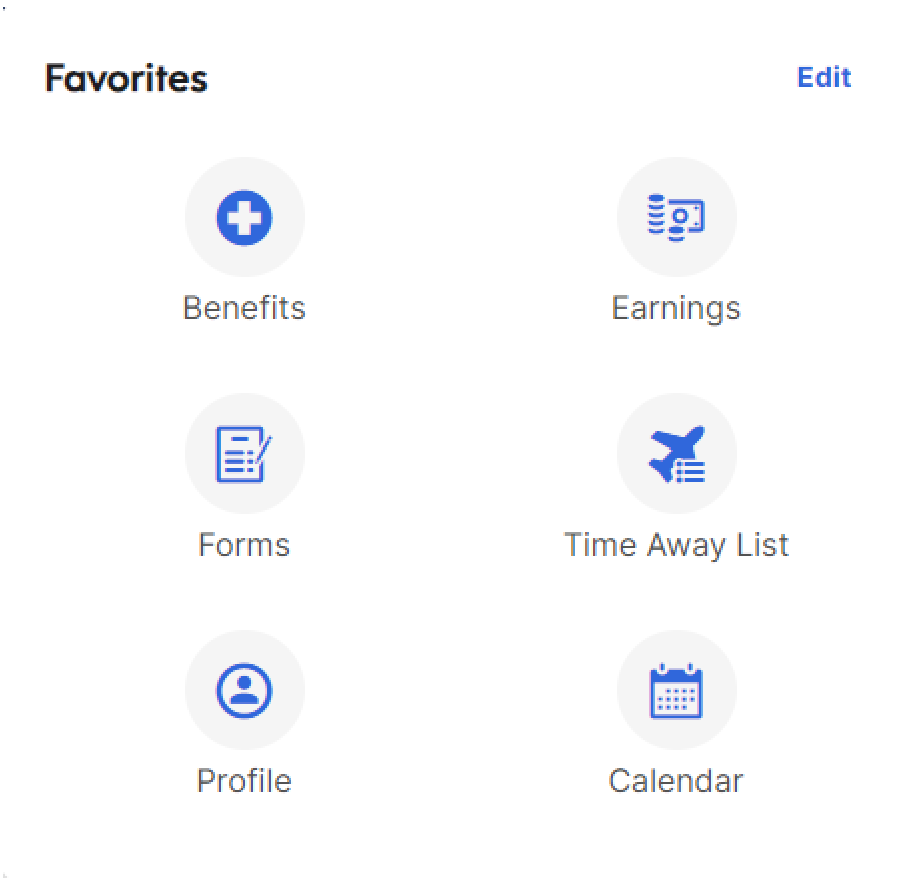
Earning Statements | Year End Forms

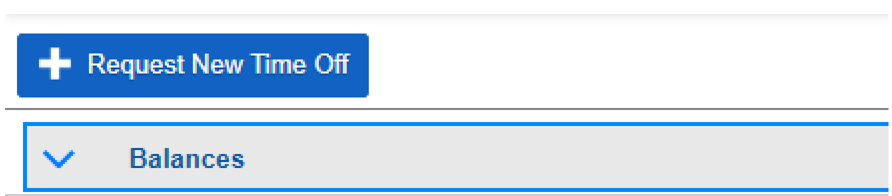
Year End Forms (2020 to 2022, total of 7 items)

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

View Balances and Request Time Off

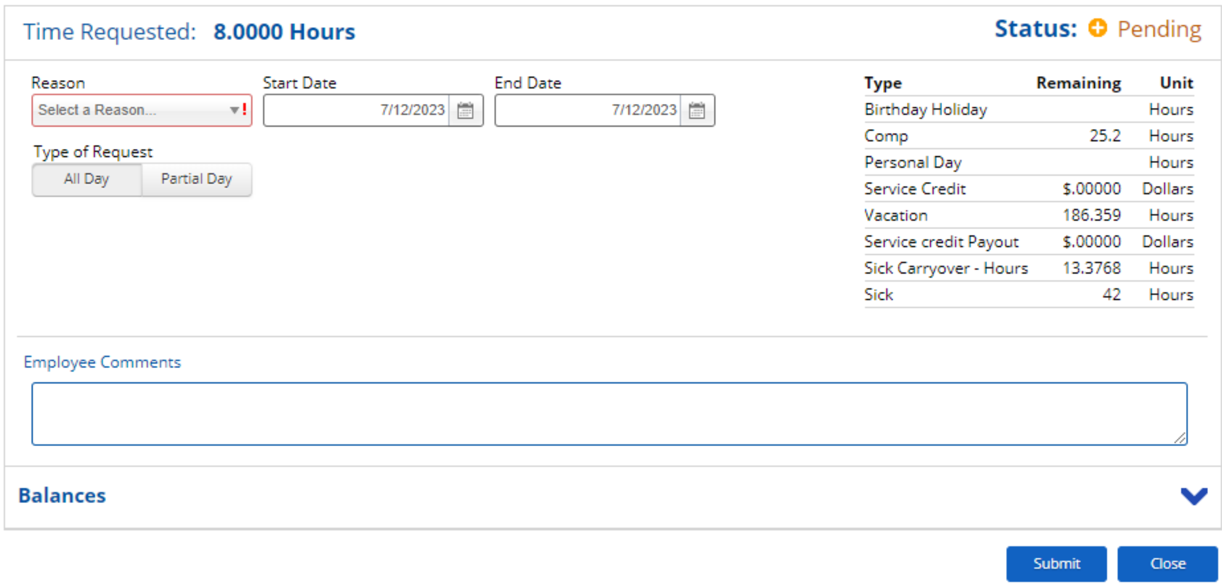
From the Hub page click on the Time Away List icon.





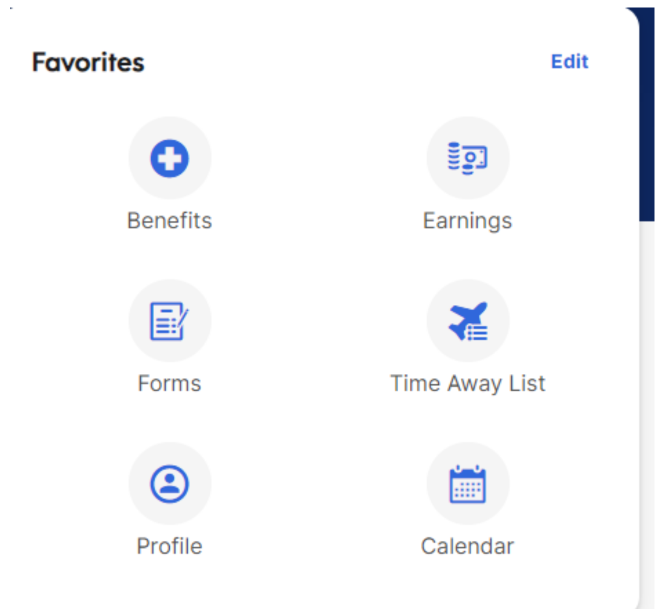
Click on the blue arrow next to Balances. This will show you all your sick, vacation, comp leave balances that you have used and what is available for you to use.

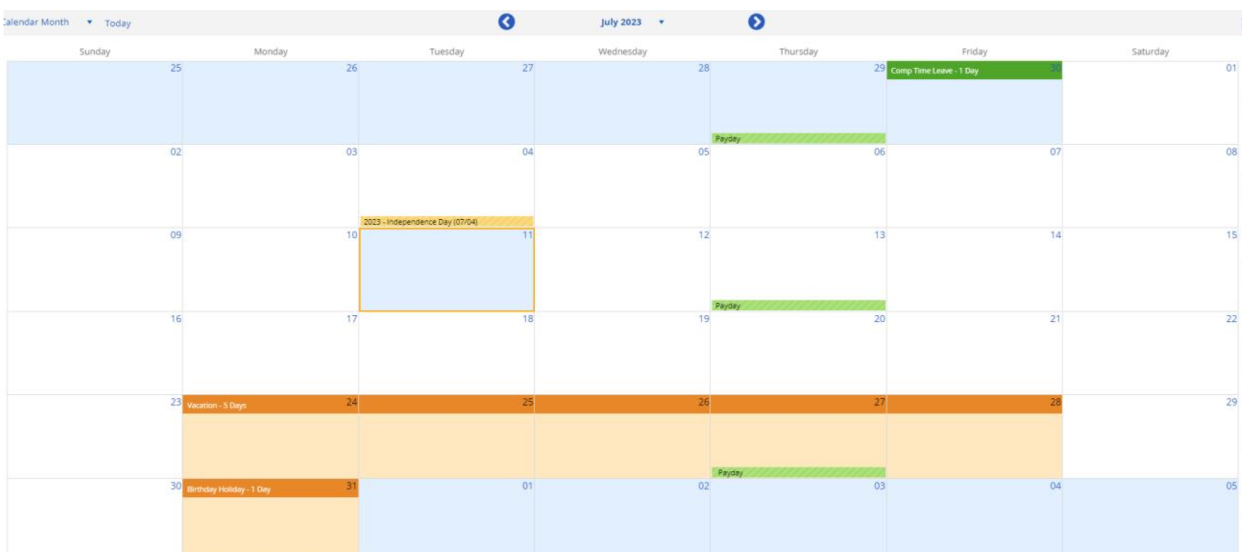
Next, click the blue +Request New Time off icon, this will allow you to create a Time Off Request.



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.

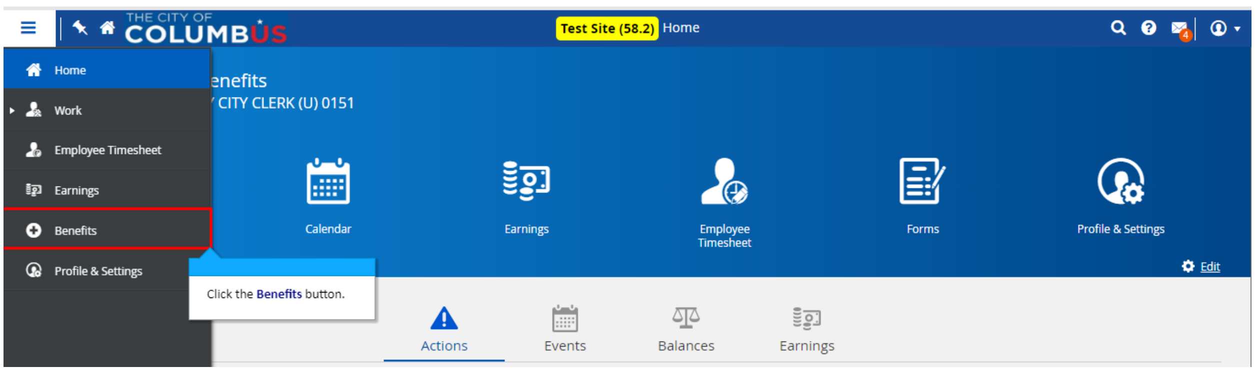


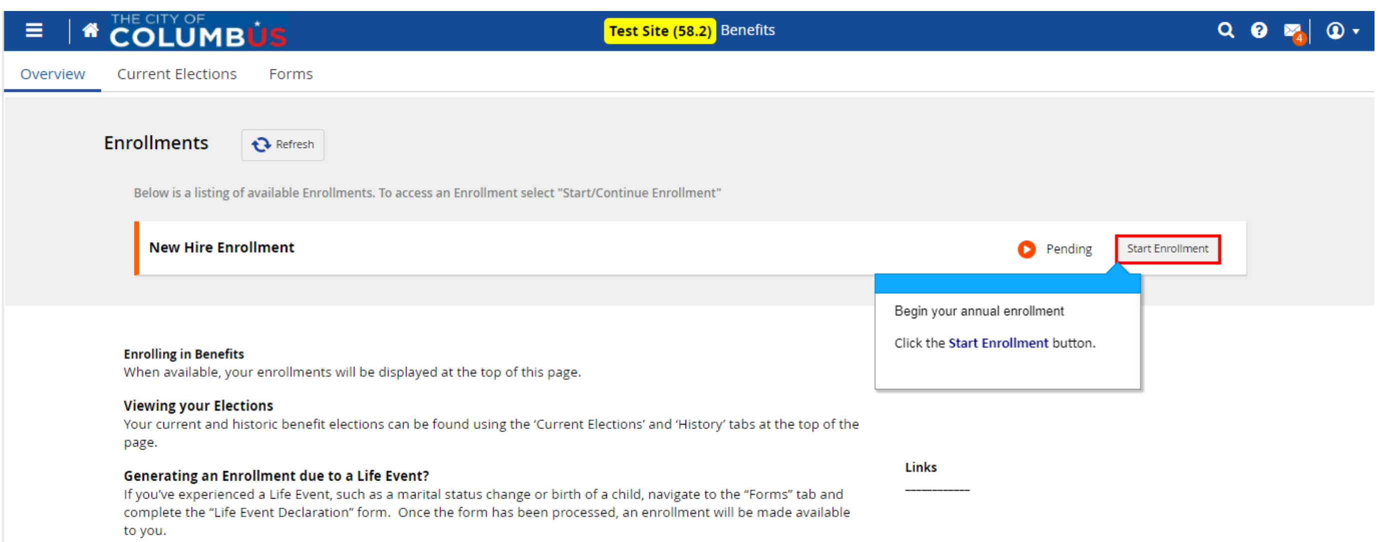


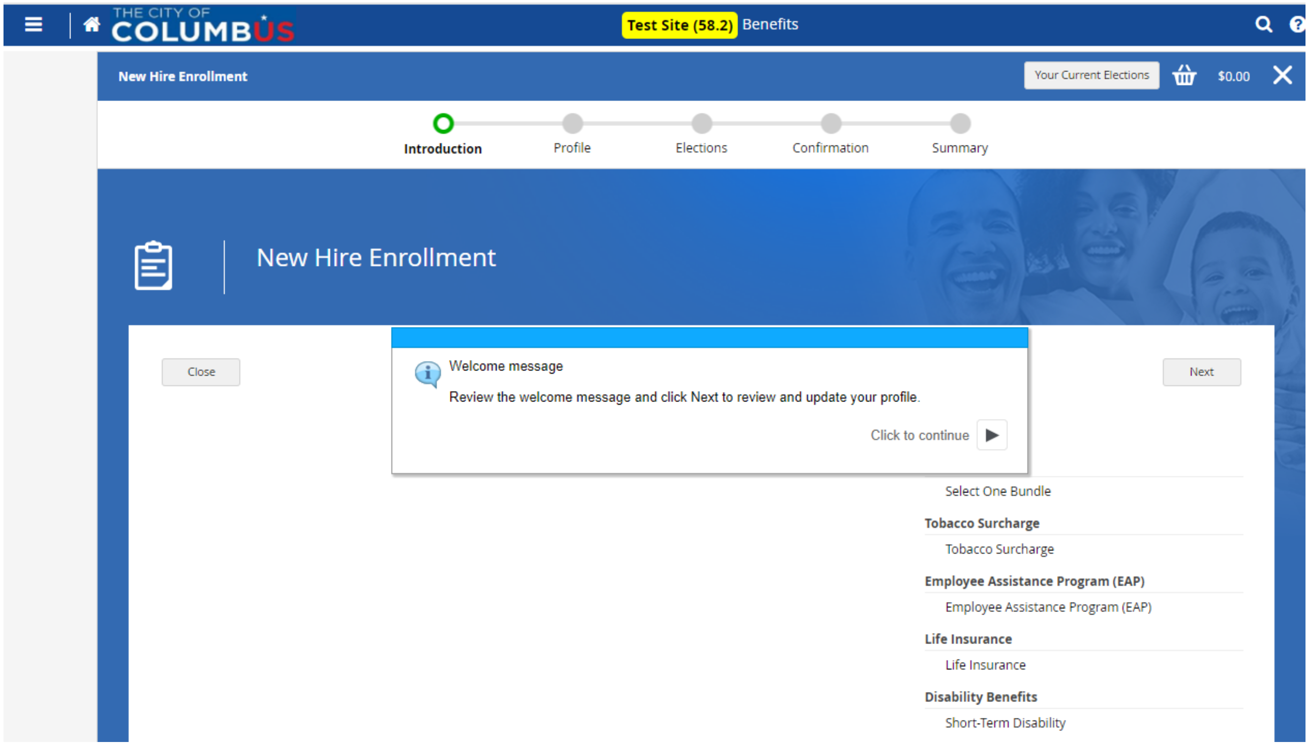
Your time off request when pending will be orange. Once your supervisor approves the leave it will be highlighted in green.

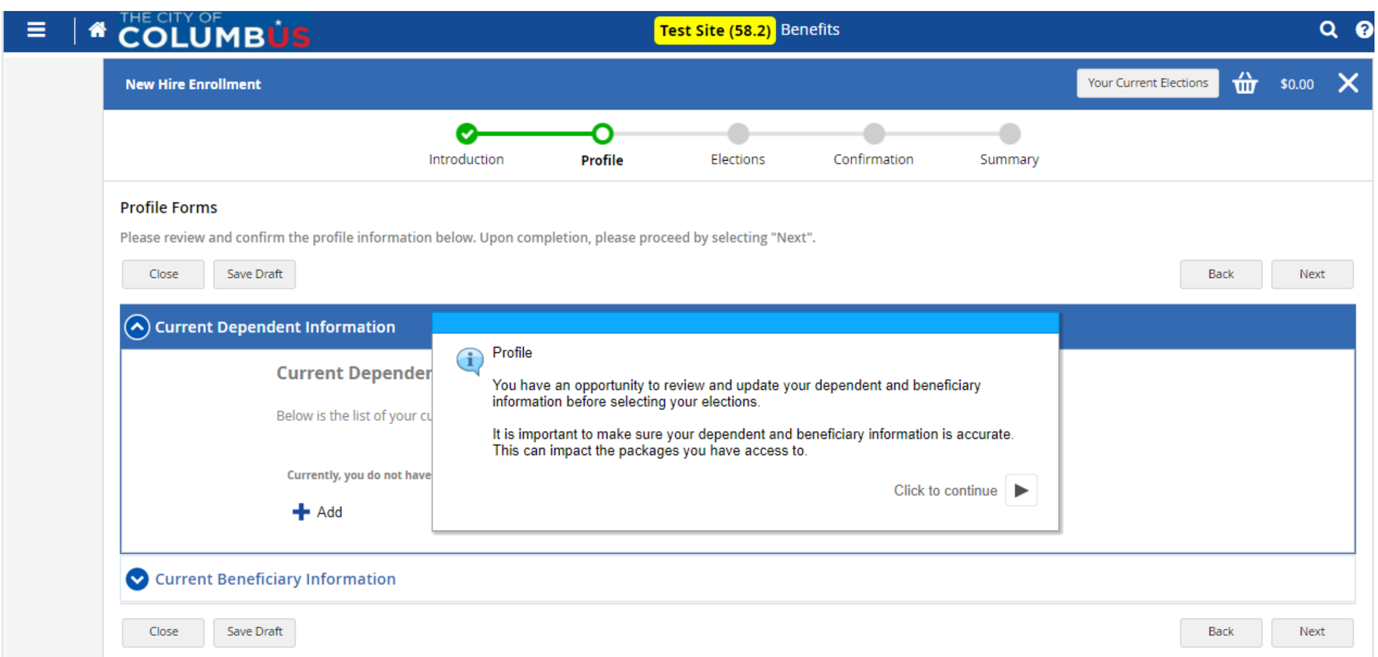
Selecting your Benefits

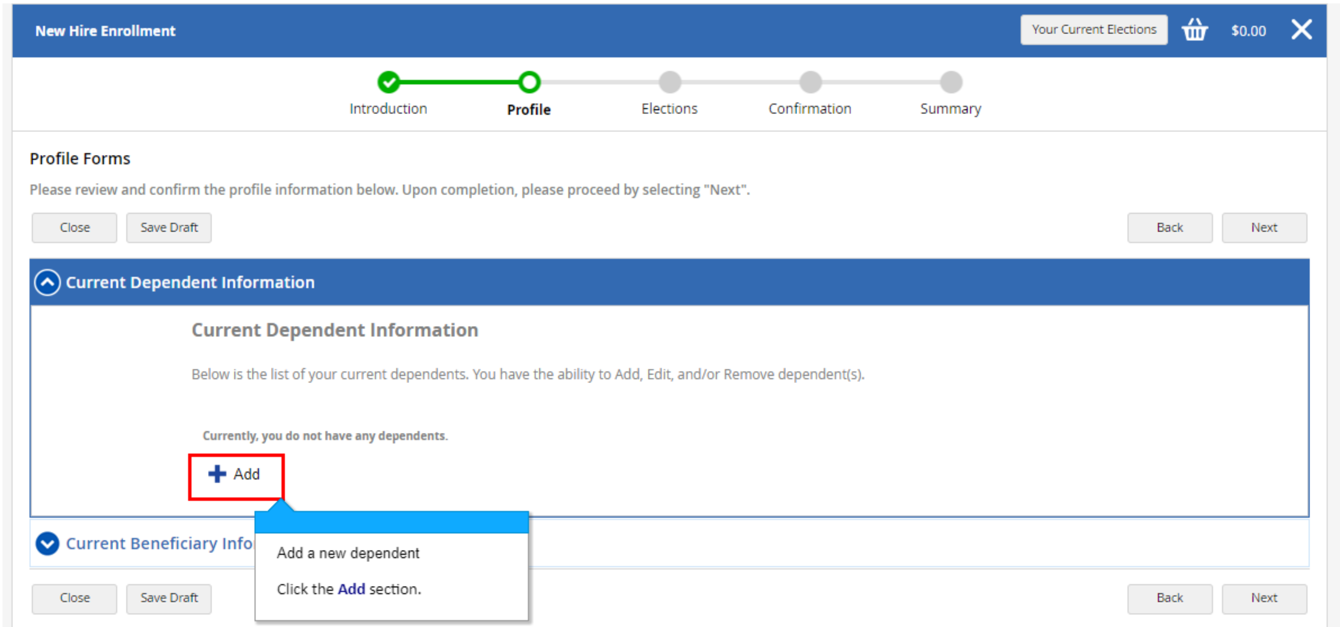
When it is time to enroll for benefits, you will most likely receive a notification in your Messages inbox. Click the Menu Button the click the Benefits button

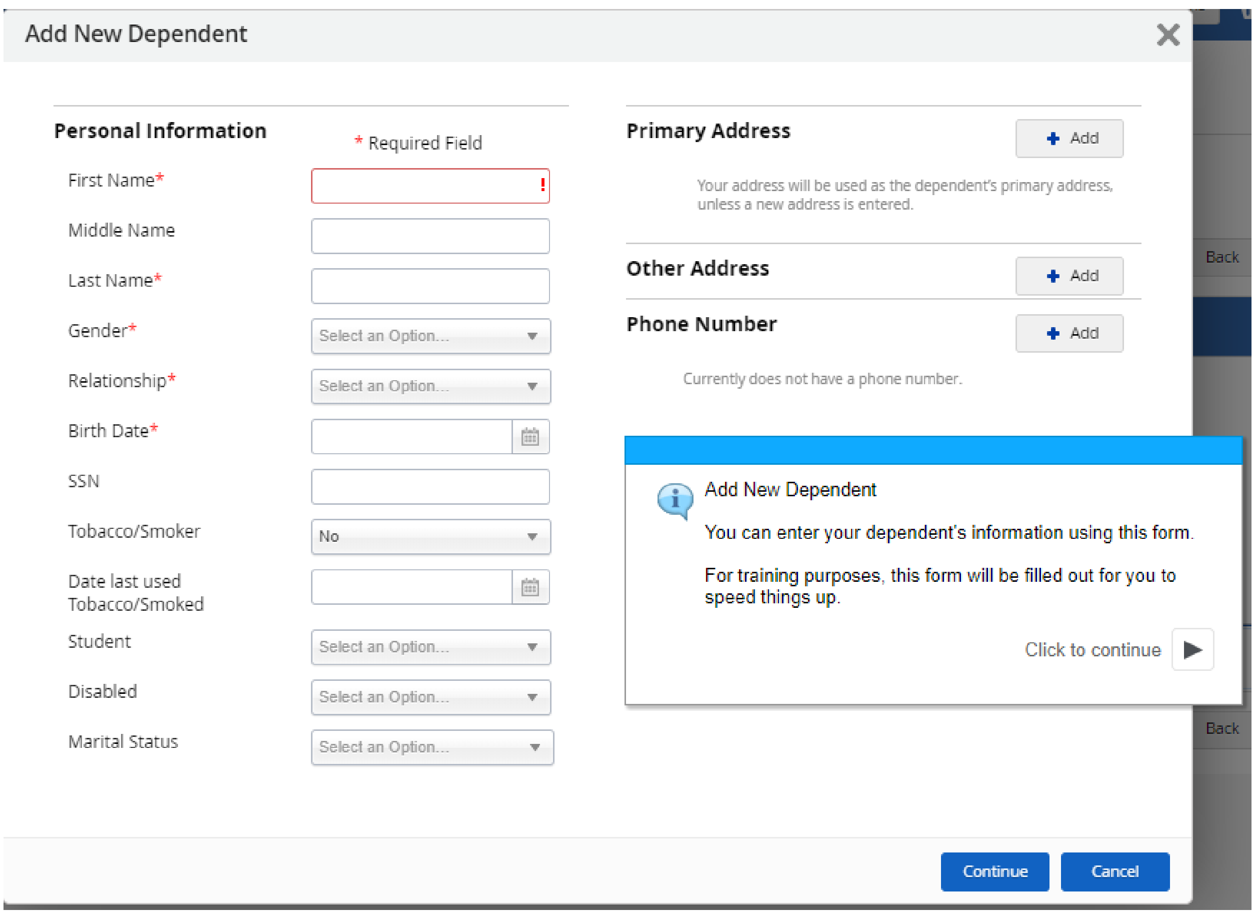


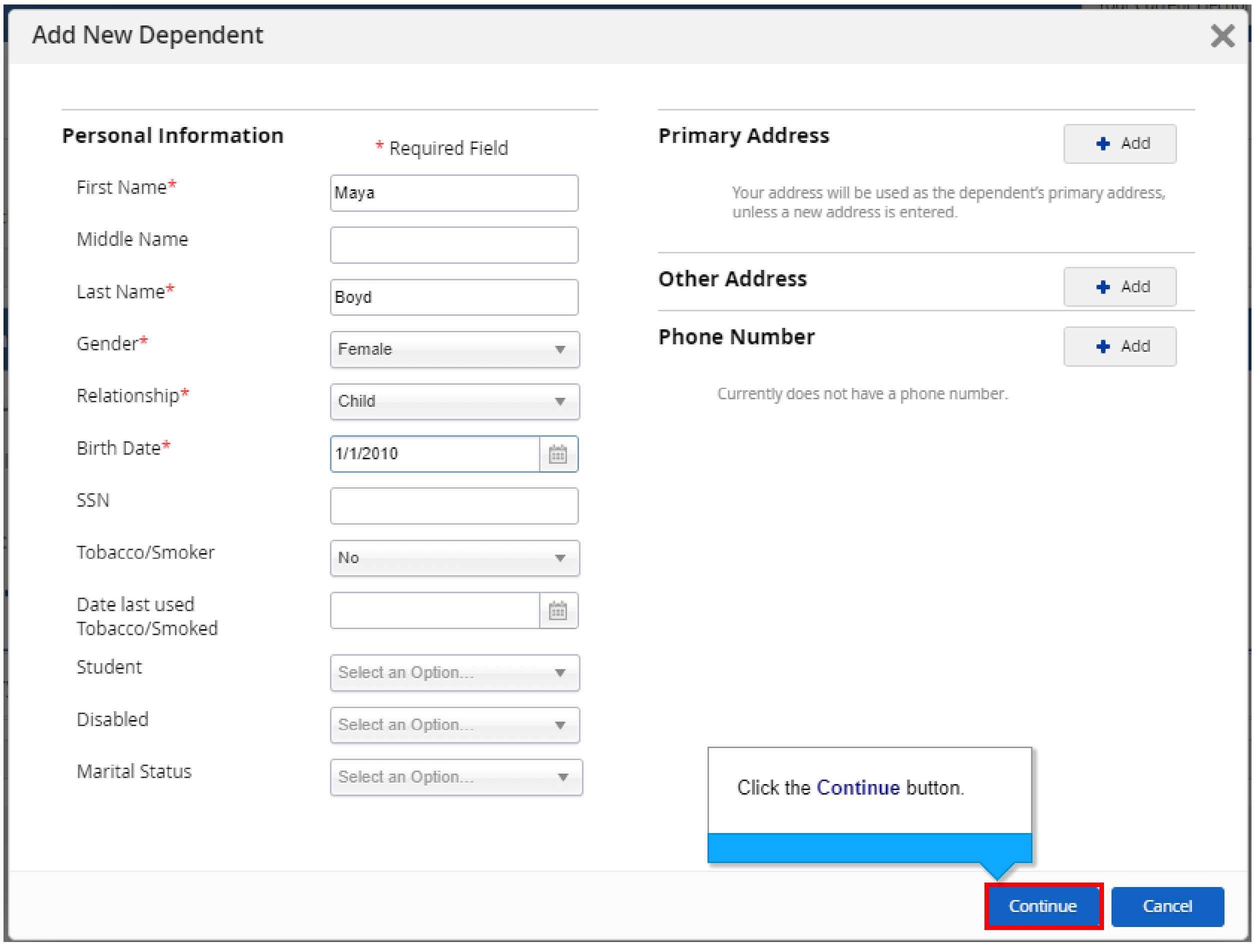


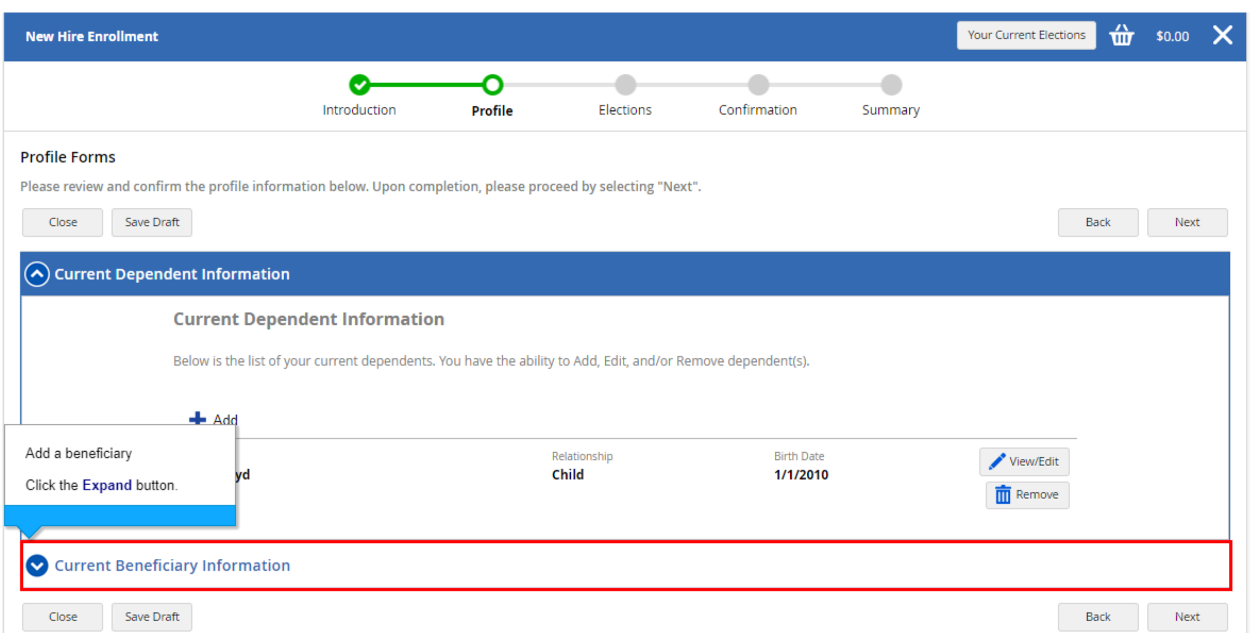

THE CITY OF COLUMBUS
Test Site (58.2) Benefits
New Hire Enrollment
Your Current Elections
$0.00
Introduction
Profile
Elections
Confirmation
Summary
New Hire Enrollment
Close
Next
Welcome message
Review the welcome message and click Next to review and update your profile.
Click to continue
Select One Bundle
Tobacco Surcharge
Tobacco Surcharge
Employee Assistance Program (EAP)
Employee Assistance Program (EAP)
Life Insurance
Life Insurance
Disability Benefits
Short-Term Disability

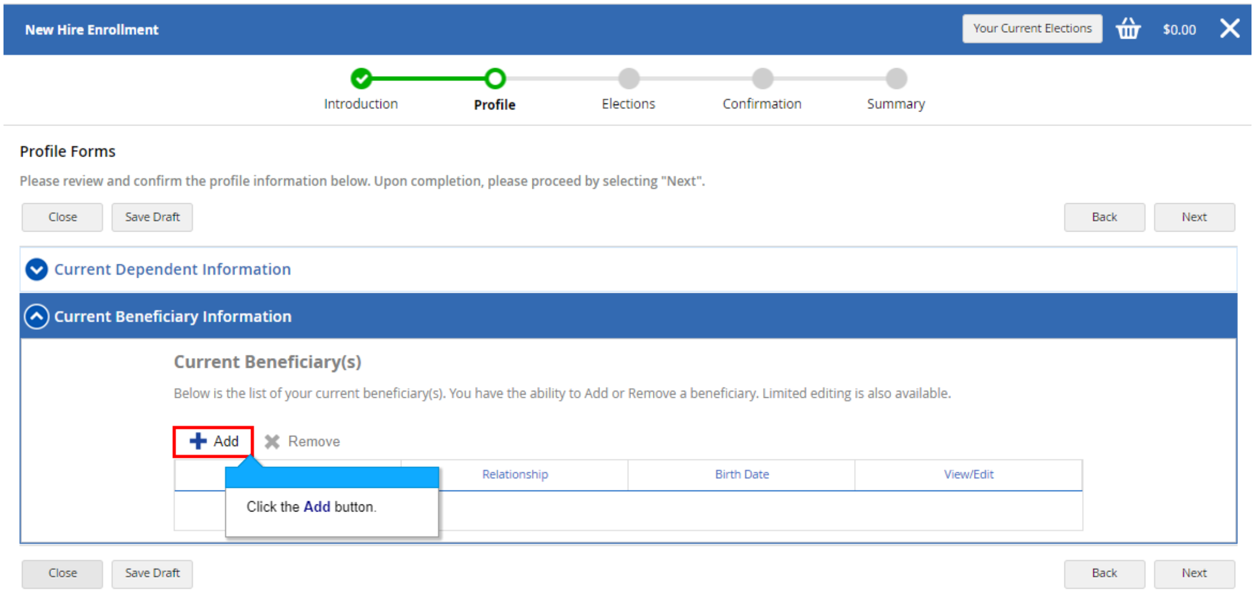

THE CITY OF COLUMBUS
Test Site (58.2) Benefits
New Hire Enrollment
Your Current Elections
$0.00
Introduction
Profile
Elections
Confirmation
Summary
Profile Forms
Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".
Close
Save Draft
Back
Next
Current Dependent Information
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
Add
Current Beneficiary Information
Close
Save Draft
Back
Next

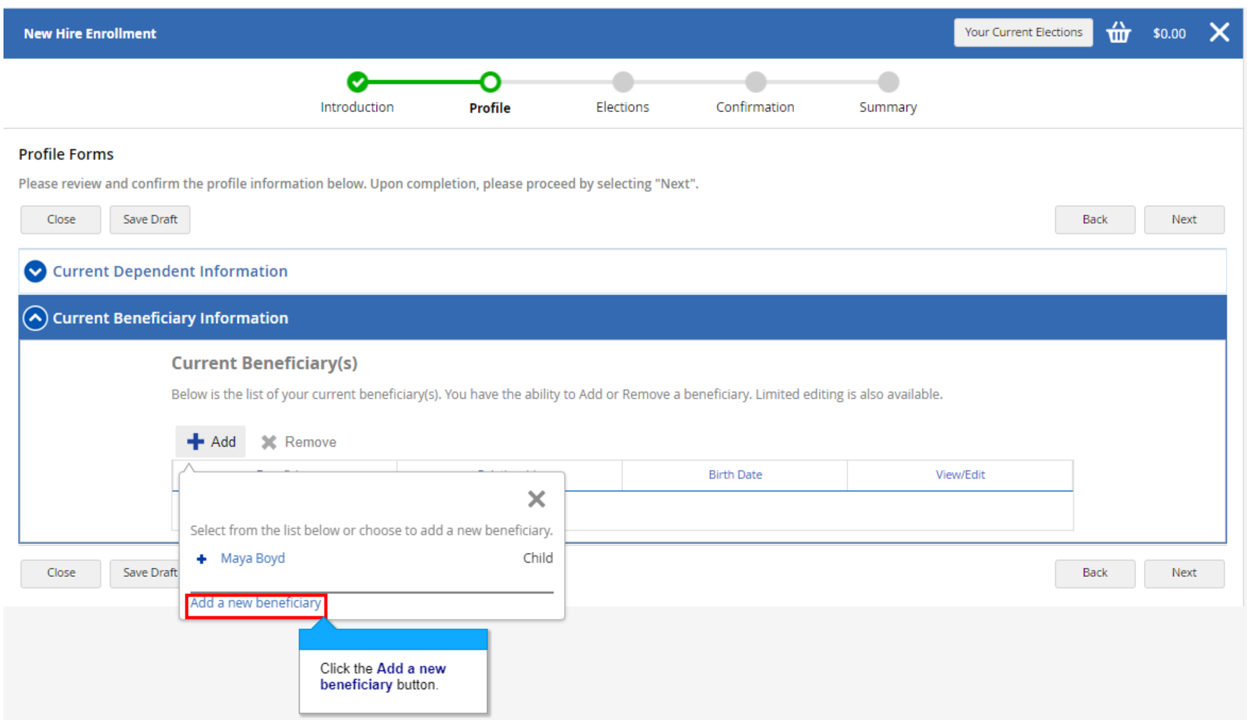

New Hire Enrollment
Your Current Elections
$0.00
Introduction
Profile
Elections
Confirmation
Summary
Profile Forms
Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".
Close
Save Draft
Back
Next
Current Dependent Information
Current Dependent Information
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
Add a new dependent
Click the Add section.
Current Beneficiary Info
Close
Save Draft
Back
Next

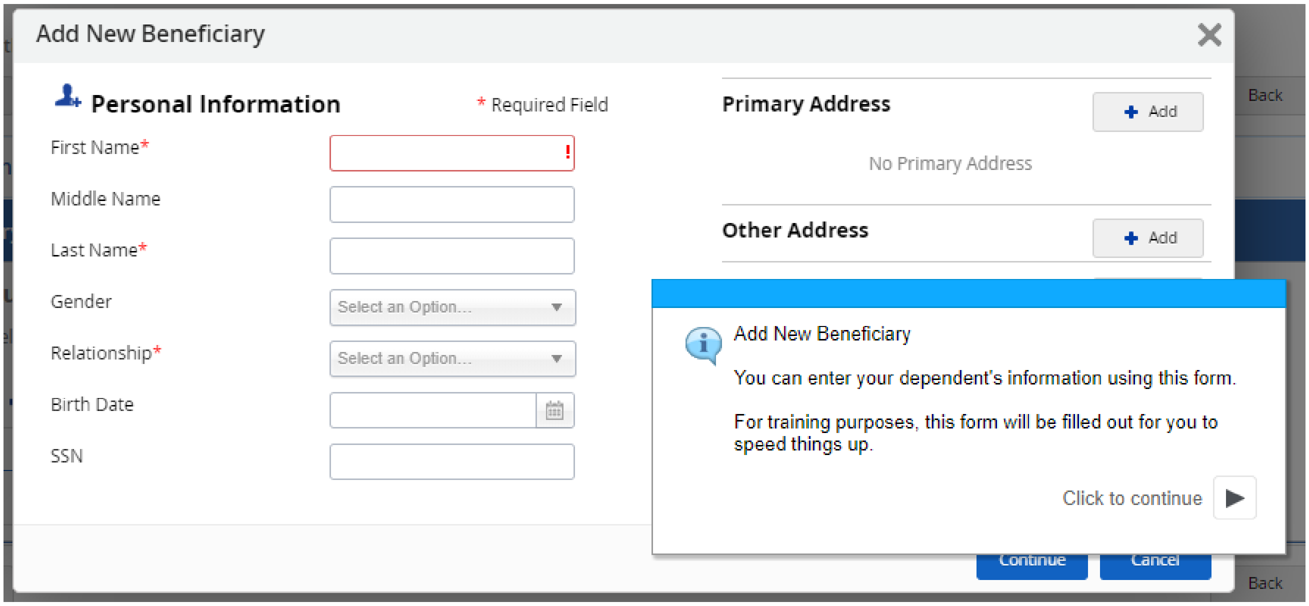

Add New Dependent
Personal Information
* Required Field
First Name*
Middle Name
Last Name*
Gender*
Select an Option...
Relationship*
Select an Option...
Birth Date*
SSN
Tobacco/Smoker
No
Date last used Tobacco/Smoked
Student
Select an Option...
Disabled
Select an Option...
Marital Status
Select an Option...
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
Back
Back
Continue
Cancel

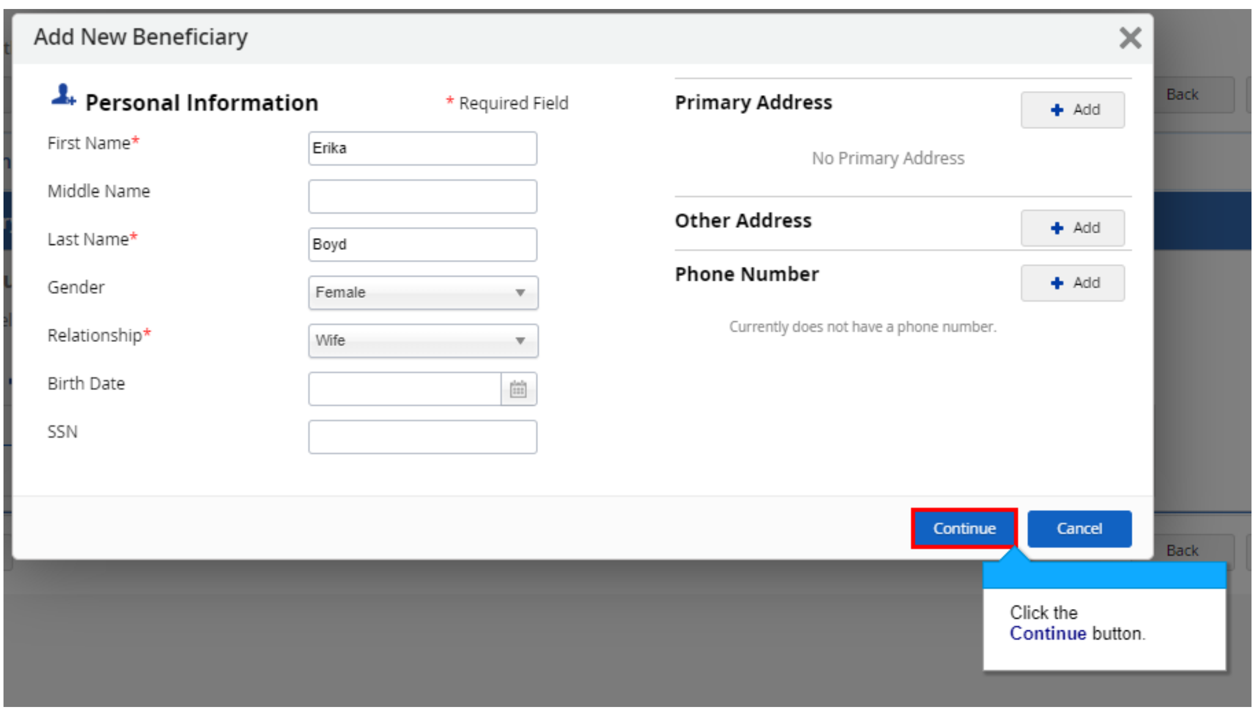

Add New Dependent
Personal Information
* Required Field
First Name*
Maya
Middle Name
Last Name*
Boyd
Gender*
Female
Relationship*
Child
Birth Date*
1/1/2010
SSN
Tobacco/Smoker
No
Date last used Tobacco/Smoked
Student
Select an Option...
Disabled
Select an Option...
Marital Status
Select an Option...
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

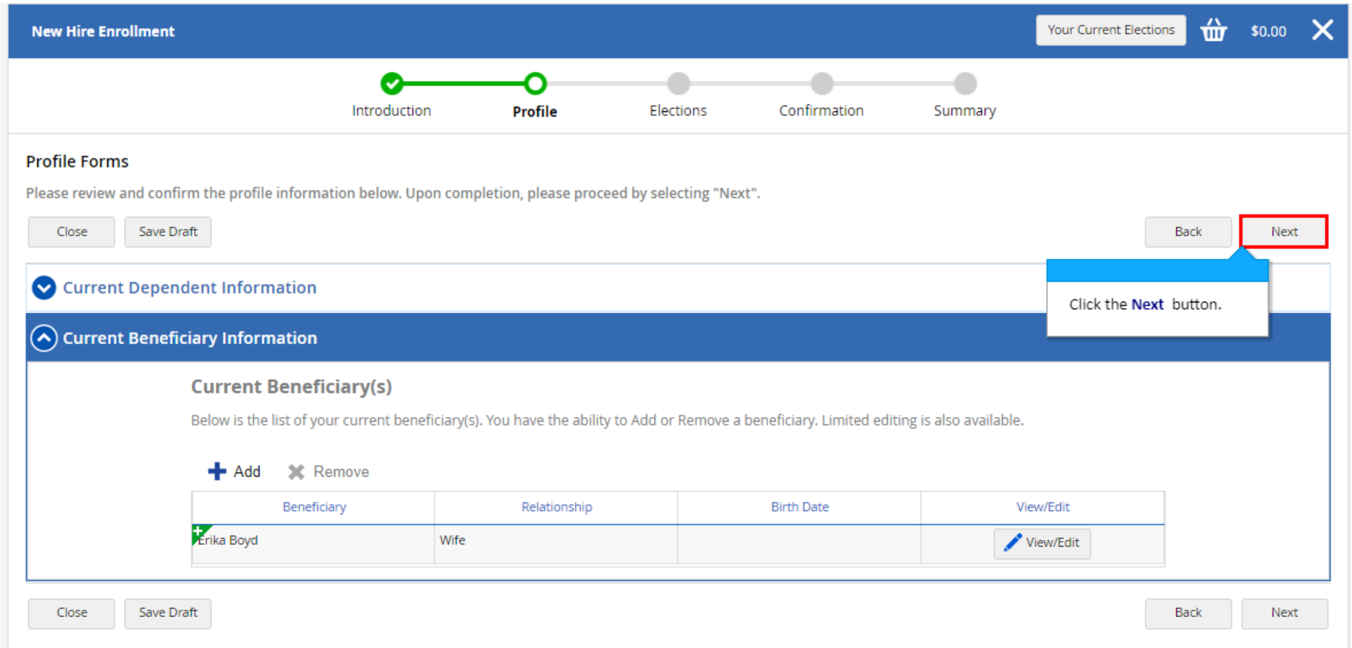

New Hire Enrollment
Your Current Elections
$0.00
Introduction
Profile
Elections
Confirmation
Summary
Profile Forms
Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".
Close
Save Draft
Back
Next
Current Dependent Information
Current Dependent Information
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

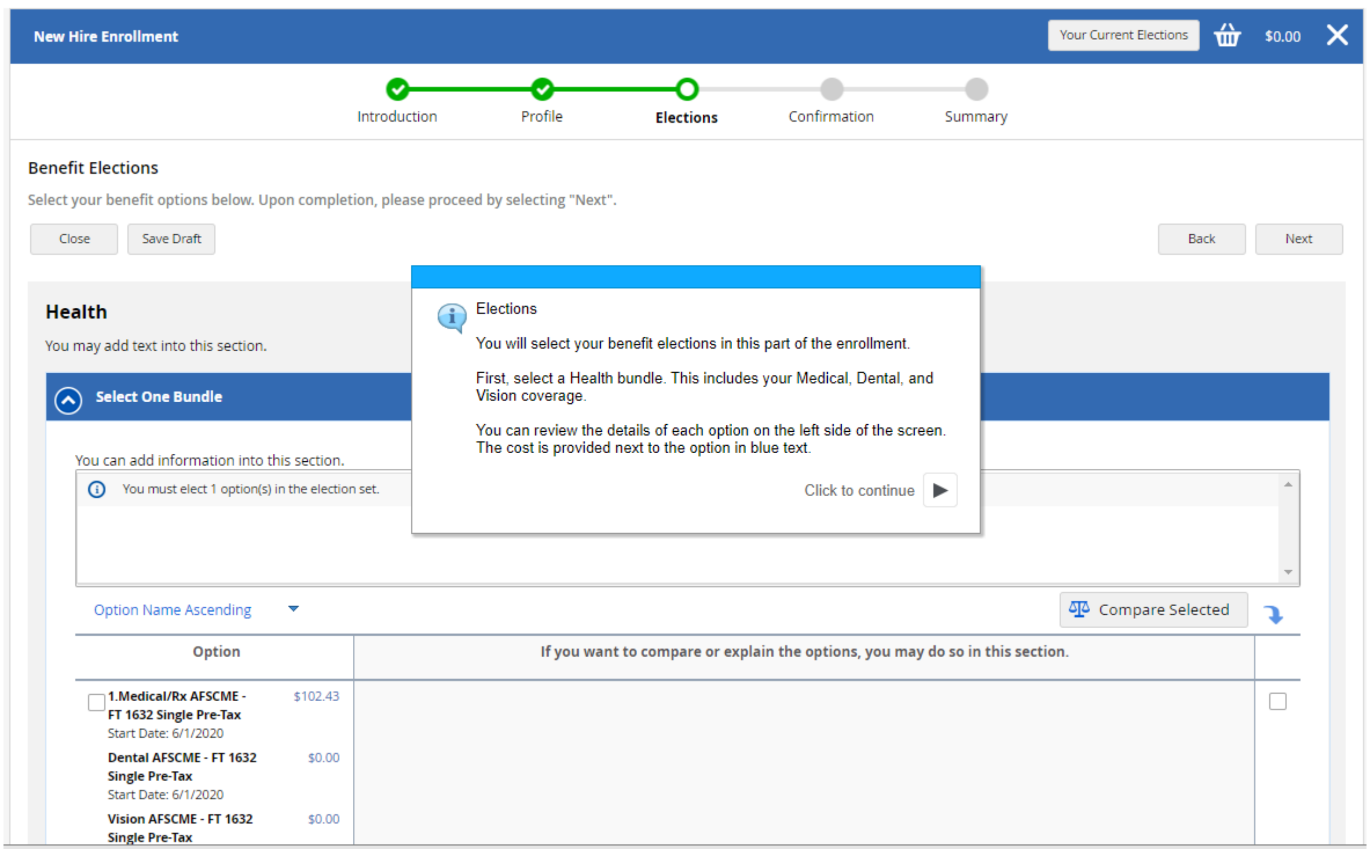

New Hire Enrollment
Your Current Elections
$0.00
Introduction
Profile
Elections
Confirmation
Summary
Profile Forms
Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".
Close
Save Draft
Back
Next
Current Dependent Information
Current Beneficiary 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
Birth Date
View/Edit
Select from the list below or choose to add a new beneficiary.
Maya Boyd
Child
Add a new beneficiary
Close
Save Draft
Back
Next
Click the Add a new beneficiary button.

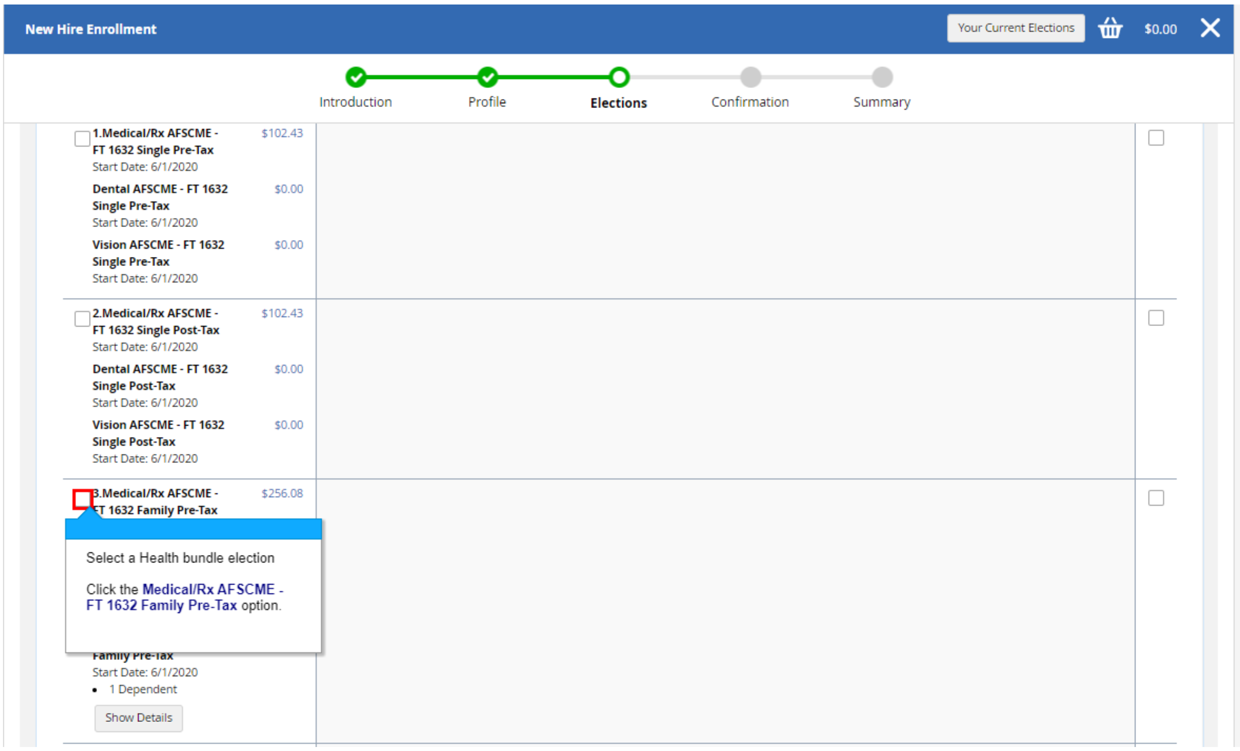

Add New Beneficiary
Personal Information
* Required Field
First Name*
Middle Name
Last Name*
Gender
Select an Option...
Relationship*
Select an Option...
Birth Date
SSN
Primary Address
Add
No Primary Address
Other Address
Add
Add New Beneficiary
You can enter your dependent's information using this form.
For training purposes, this form will be filled out for you to speed things up.
Click to continue
Continue
Cancel
Back
Back


Add New Beneficiary
Personal Information
* Required Field
First Name*
Erika
Middle Name
Last Name*
Boyd
Gender
Female
Relationship*
Wife
Birth Date
SSN
Primary Address
Add
No Primary Address
Other Address
Add
Phone Number
Add
Currently does not have a phone number.
Continue
Cancel
Back
Back
Click the Continue button.

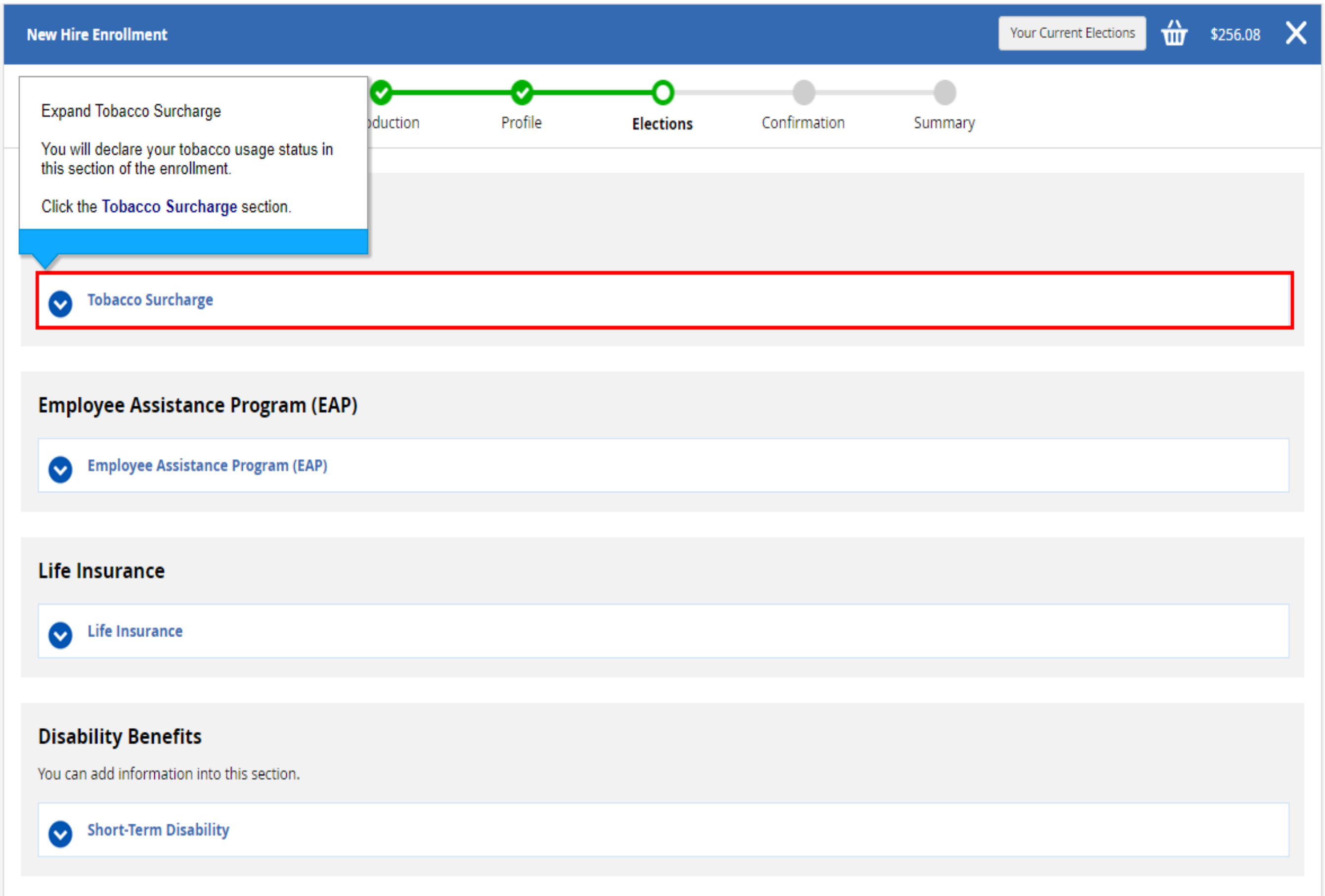

New Hire Enrollment
Your Current Elections
$0.00
Introduction
Profile
Elections
Confirmation
Summary
Profile Forms
Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".
Close
Save Draft
Back
Next
Click the Next button.
Current Dependent Information
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
View/Edit
Close
Save Draft
Back
Next


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
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.
Click to continue
You can add information into this section.
You must elect 1 option(s) in the election set.
Option Name Ascending
Compare Selected
Option
If you want to compare or explain the options, you may do so in this section.
1.Medical/Rx AFSCME - FT 1632 Single Pre-Tax
$102.43
Start Date: 6/1/2020
Dental AFSCME - FT 1632 Single Pre-Tax
$0.00
Start Date: 6/1/2020
Vision AFSCME - FT 1632 Single Pre-Tax
$0.00

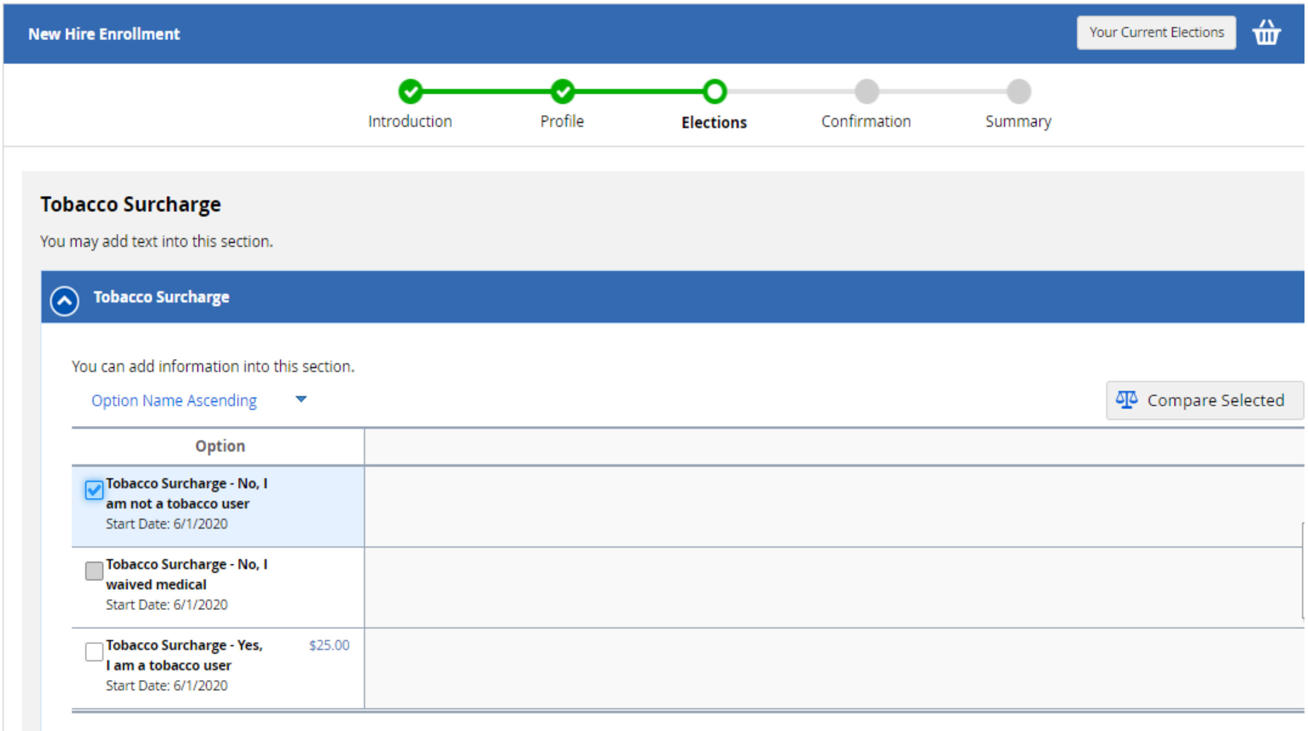
Scroll Down, in this example you are selecting the Medical/RX AFSCME-FT 1632 Family Pre-Tax option.



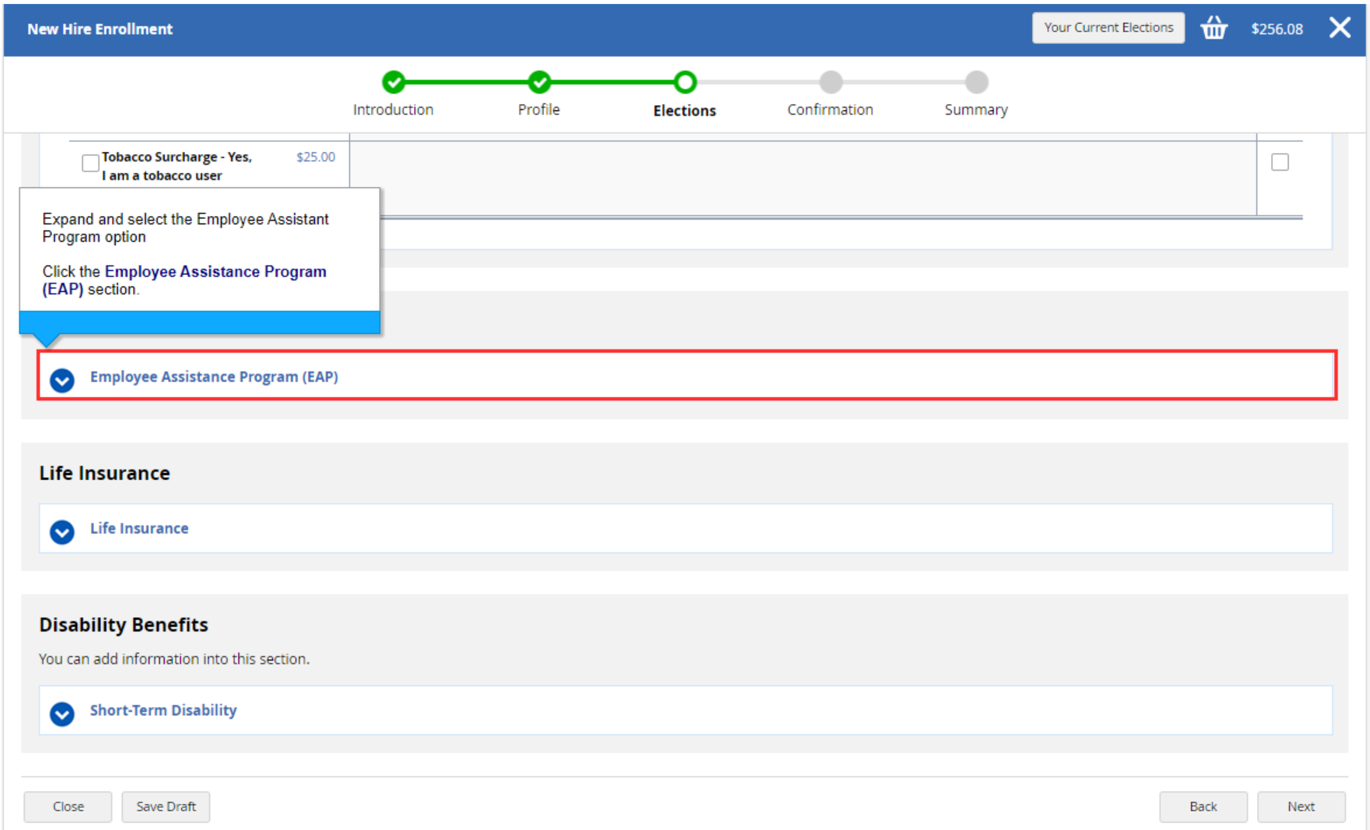
Scroll down. Click the **Save** button and then click the **OK** button. Scroll down

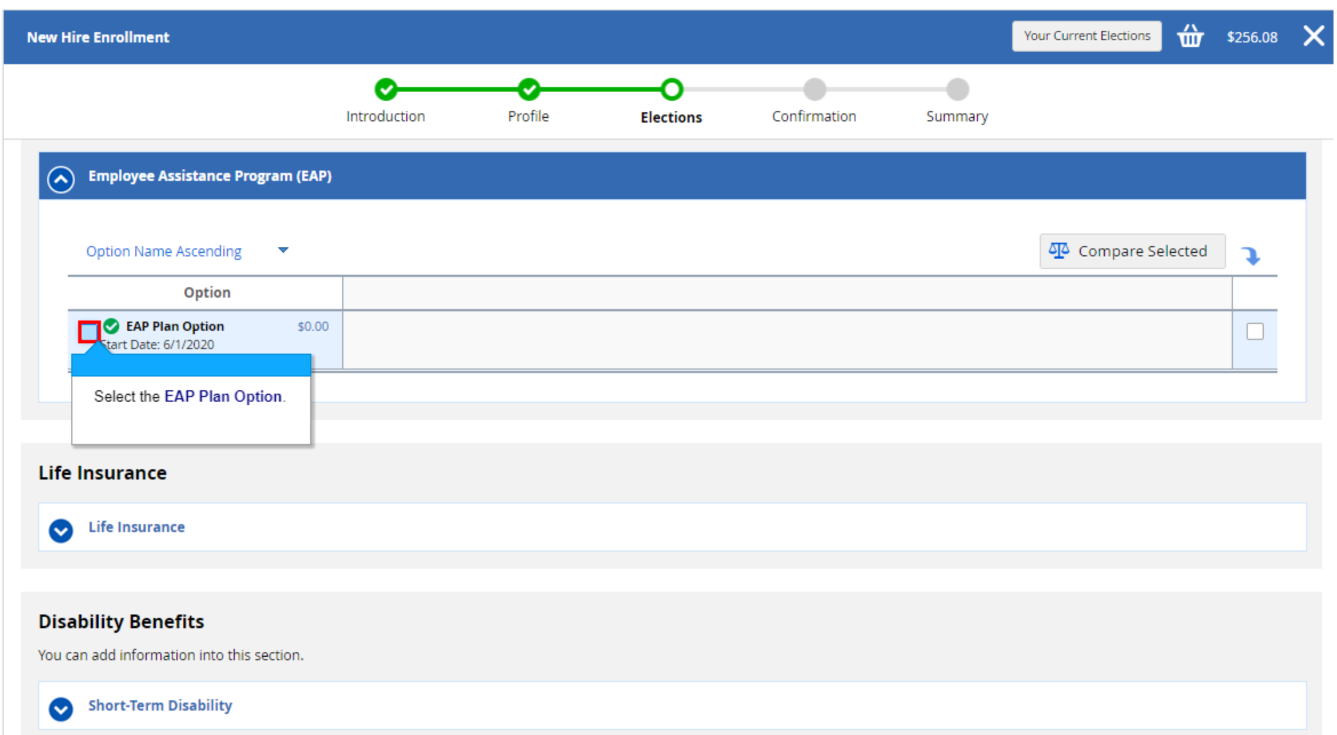


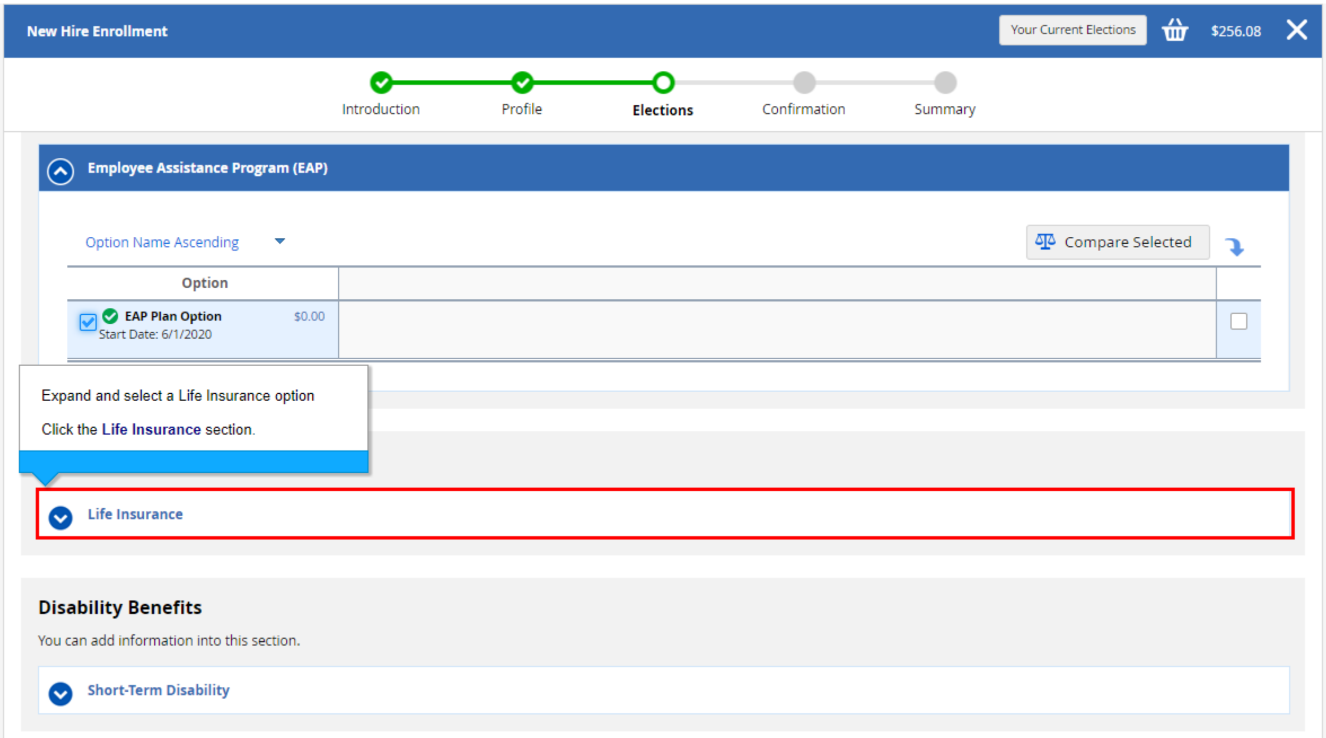
You will select the tobacco usage status in this section of the enrollment.



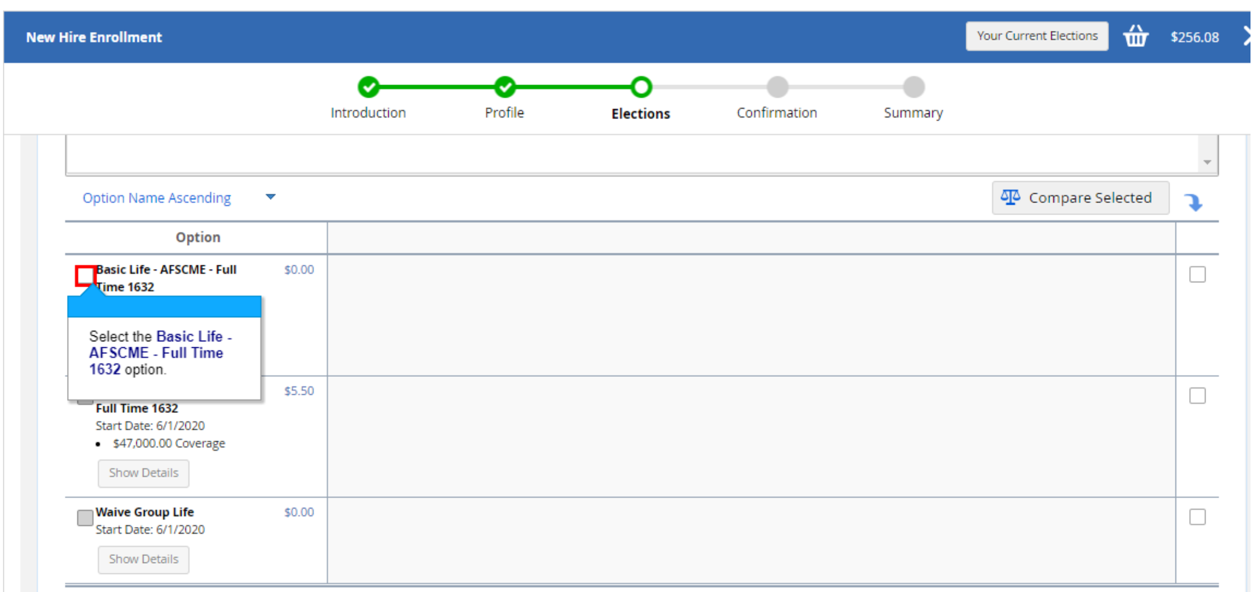
Then scroll down


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

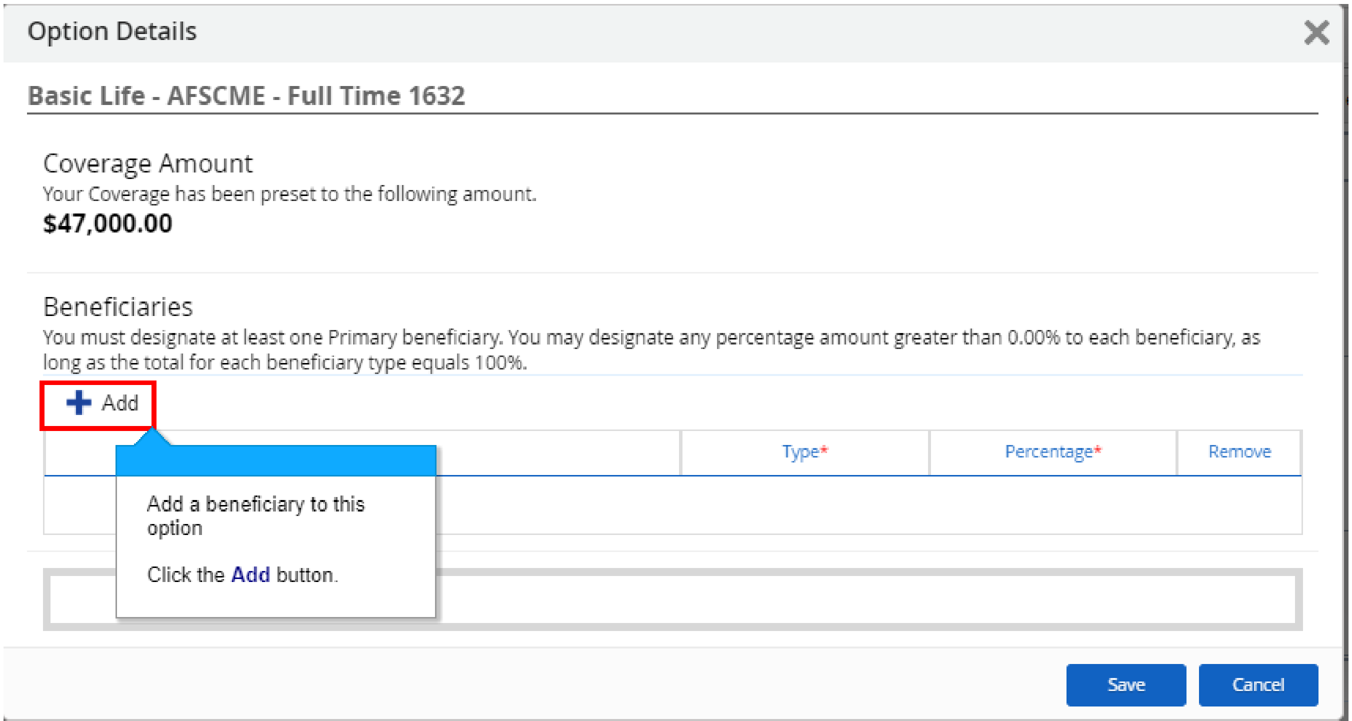

New Hire Enrollment
Your Current Elections
$256.08
Introduction
Profile
Elections
Confirmation
Summary
Employee Assistance Program (EAP)
Option Name Ascending
Compare Selected
Option
EAP Plan Option
$0.00
Start Date: 6/1/2020
Select the EAP Plan Option.
Life Insurance
Life Insurance
Disability Benefits
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
EAP Plan Option
$0.00
Start Date: 6/1/2020
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

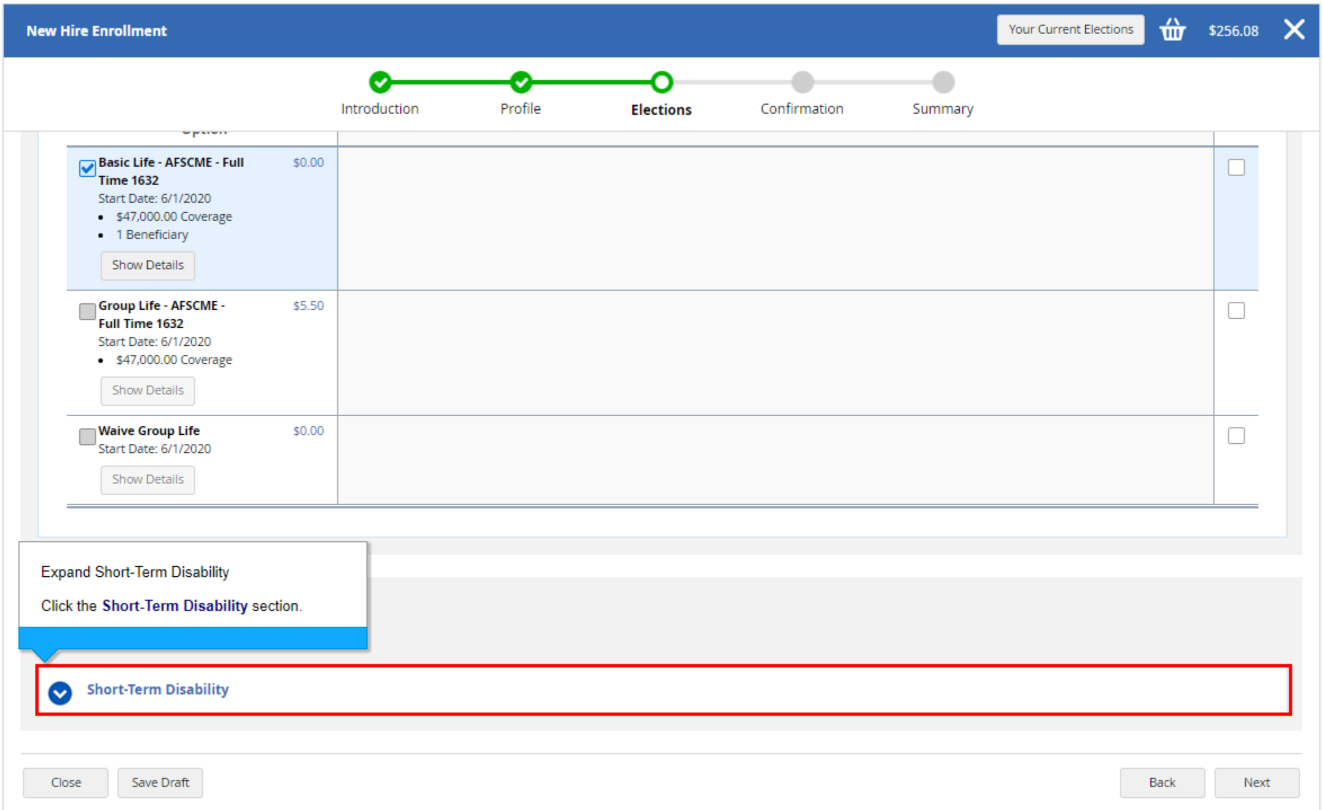
Scroll down

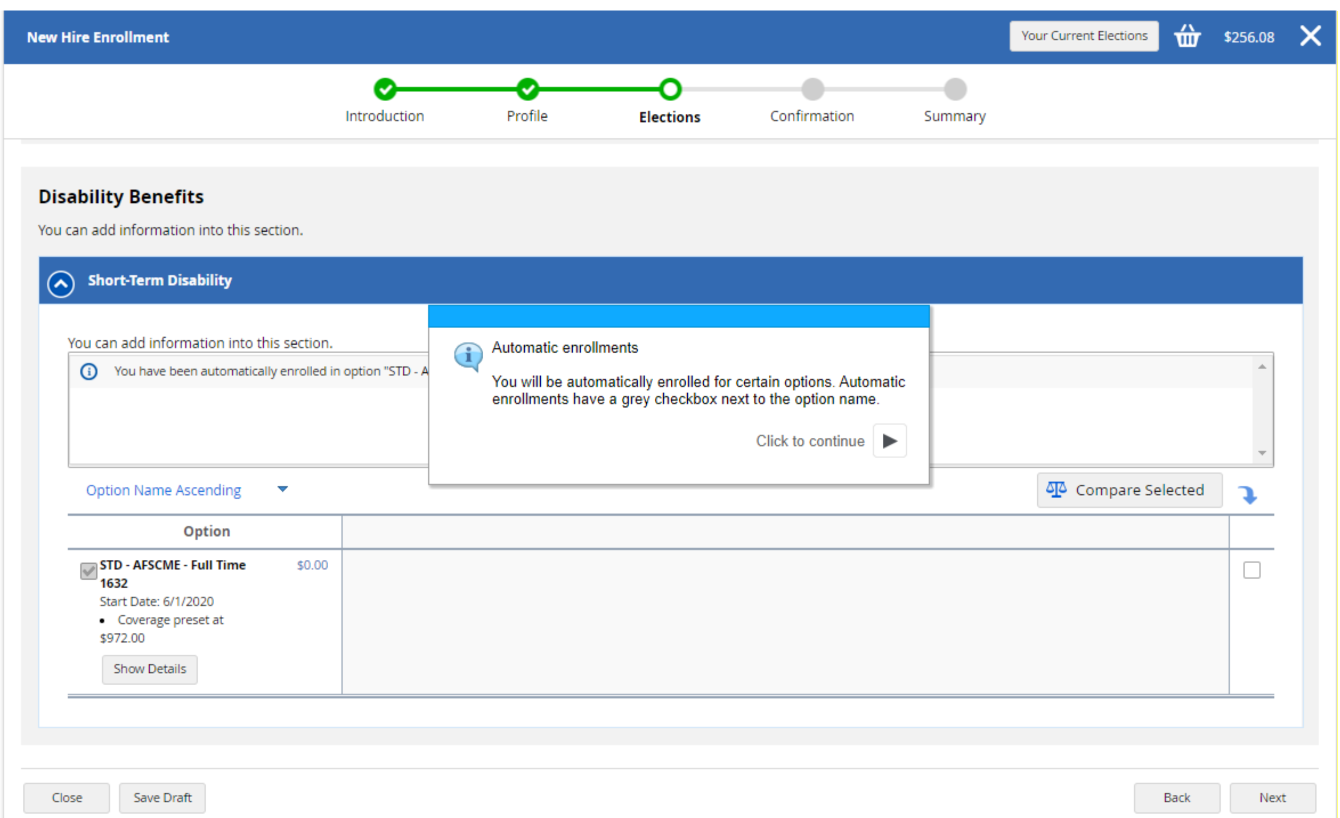

New Hire Enrollment
Your Current Elections
$256.08
Introduction
Profile
Elections
Confirmation
Summary
Option Name Ascending
Compare Selected
Option
Basic Life - AFSCME - Full Time 1632
$0.00
Select the Basic Life - AFSCME - Full Time 1632 option.
$5.50
Full Time 1632
Start Date: 6/1/2020
$47,000.00 Coverage
Show Details
Waive Group Life
$0.00
Start Date: 6/1/2020
Show Details

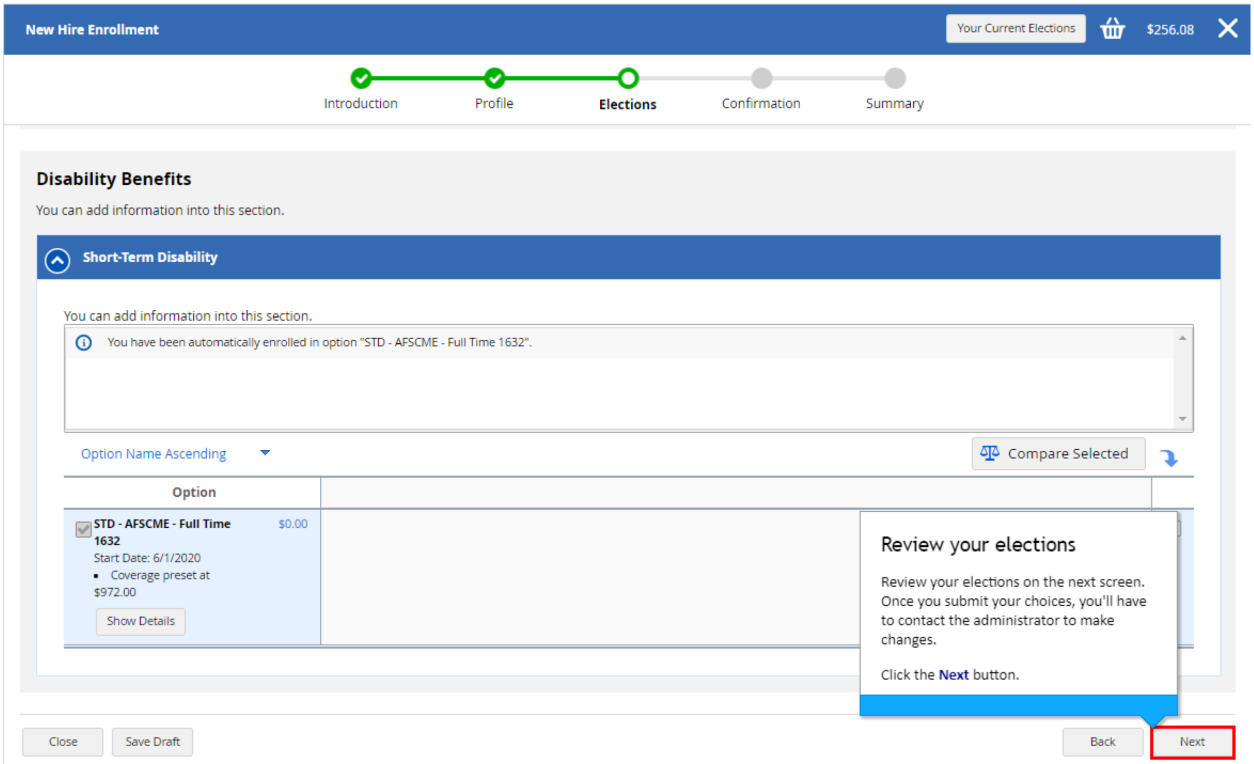
Add a Beneficiary

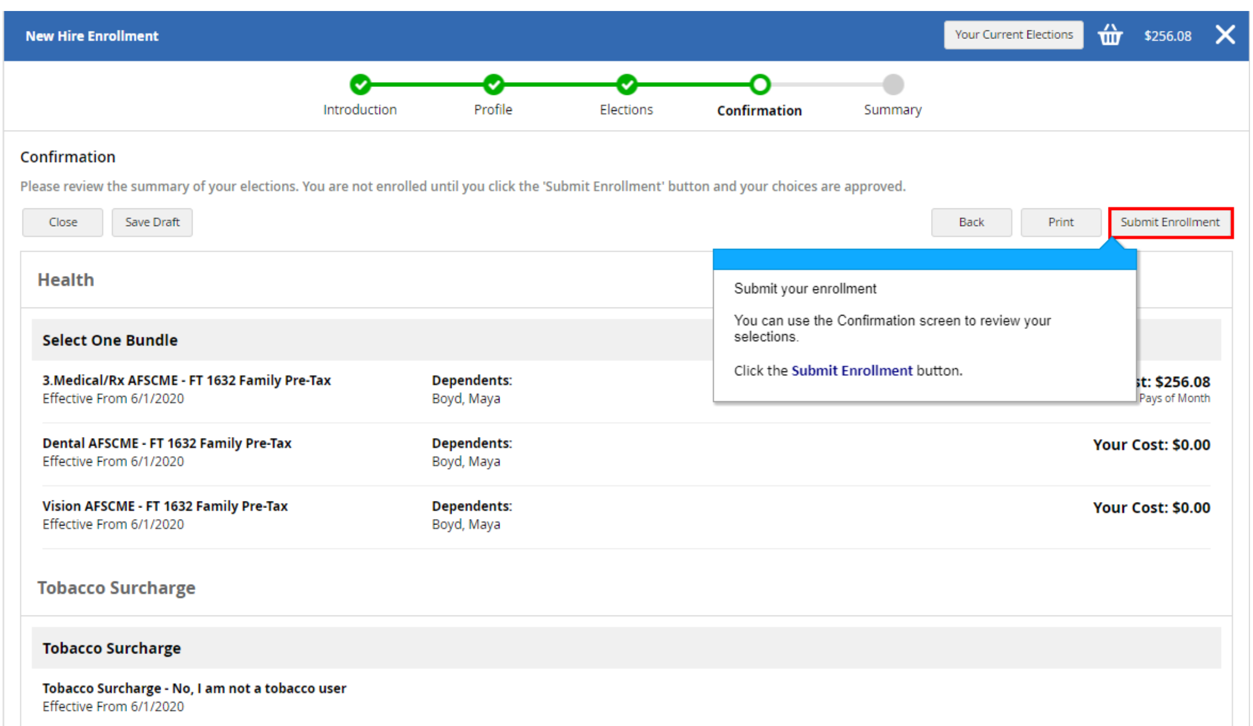


After you have added your Beneficiary click the **Save** button. Scroll down to expand Short-term Disability


New Hire Enrollment
Your Current Elections
$256.08
Introduction
Profile
Elections
Confirmation
Summary
Basic Life - AFSCME - Full Time 1632
$0.00
Start Date: 6/1/2020
$47,000.00 Coverage
1 Beneficiary
Show Details
Group Life - AFSCME - Full Time 1632
$5.50
Start Date: 6/1/2020
$47,000.00 Coverage
Show Details
Waive Group Life
$0.00
Start Date: 6/1/2020
Show Details
Expand Short-Term Disability
Click the Short-Term Disability section.
Short-Term Disability
Close
Save Draft
Back
Next

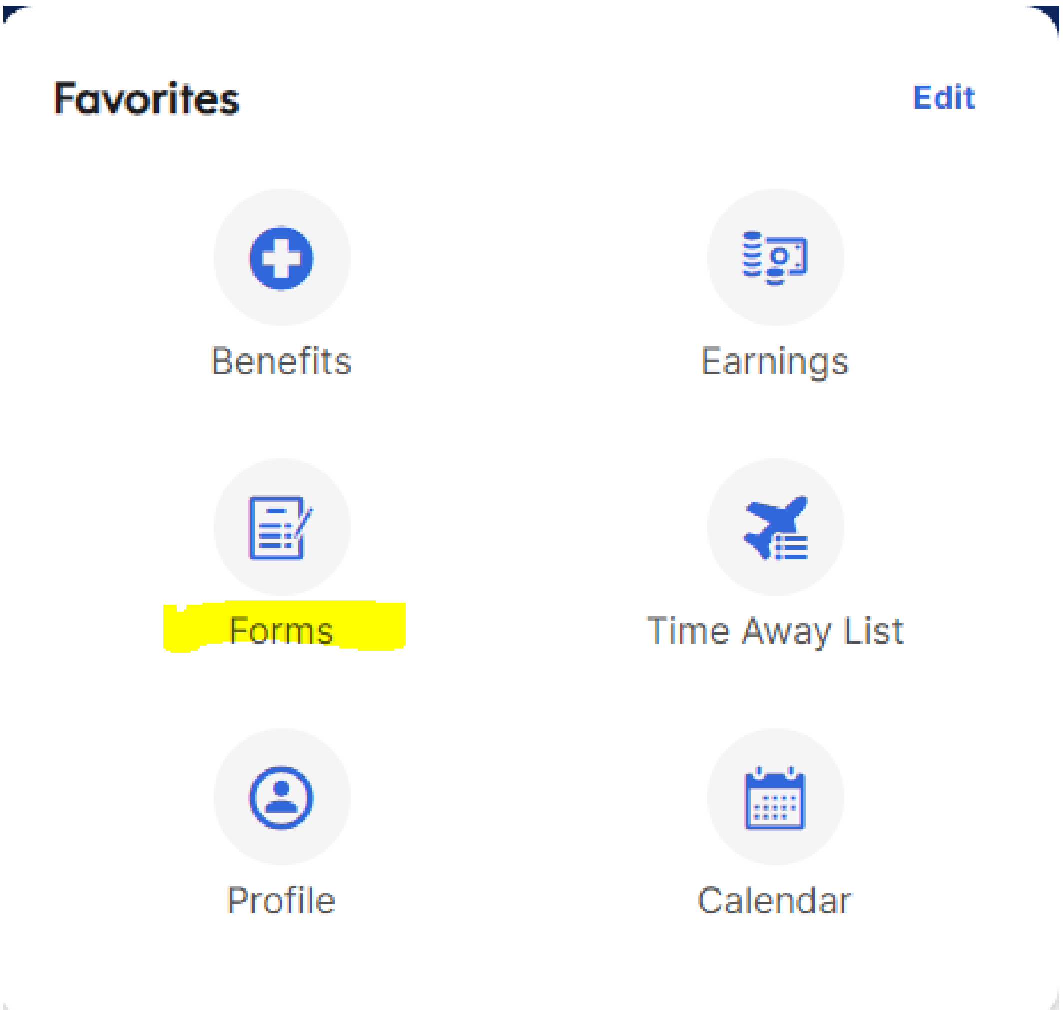

New Hire Enrollment
Your Current Elections
$256.08
Introduction
Profile
Elections
Confirmation
Summary
Disability Benefits
You can add information into this section.
Short-Term Disability
You can add information into this section.
You have been automatically enrolled in option "STD - A
Automatic enrollments
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
STD - AFSCME - Full Time 1632
$0.00
Start Date: 6/1/2020
Coverage preset at $972.00
Show Details
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
STD - AFSCME - Full Time 1632
$0.00
Start Date: 6/1/2020
Coverage preset at $972.00
Show Details
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

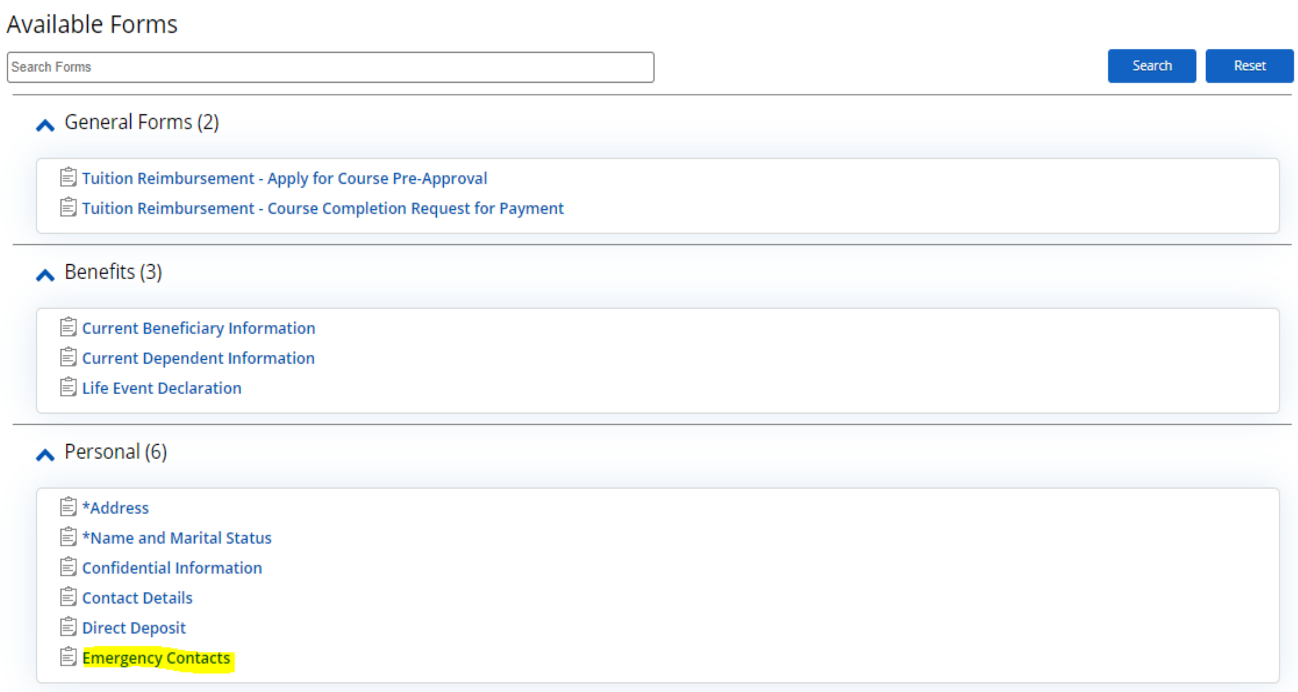

New Hire Enrollment
Your Current Elections
$256.08
Introduction
Profile
Elections
Confirmation
Summary
Confirmation
Please review the summary of your elections. You are not enrolled until you click the 'Submit Enrollment' button and your choices are approved.
Close
Save Draft
Back
Print
Submit Enrollment
Health
Submit your enrollment
You can use the Confirmation screen to review your selections.
Click the Submit Enrollment button.
Select One Bundle
3.Medical/Rx AFSCME - FT 1632 Family Pre-Tax
Effective From 6/1/2020
Dependents:
Boyd, Maya
st: $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
Tobacco Surcharge - No, I am not a tobacco user
Effective From 6/1/2020

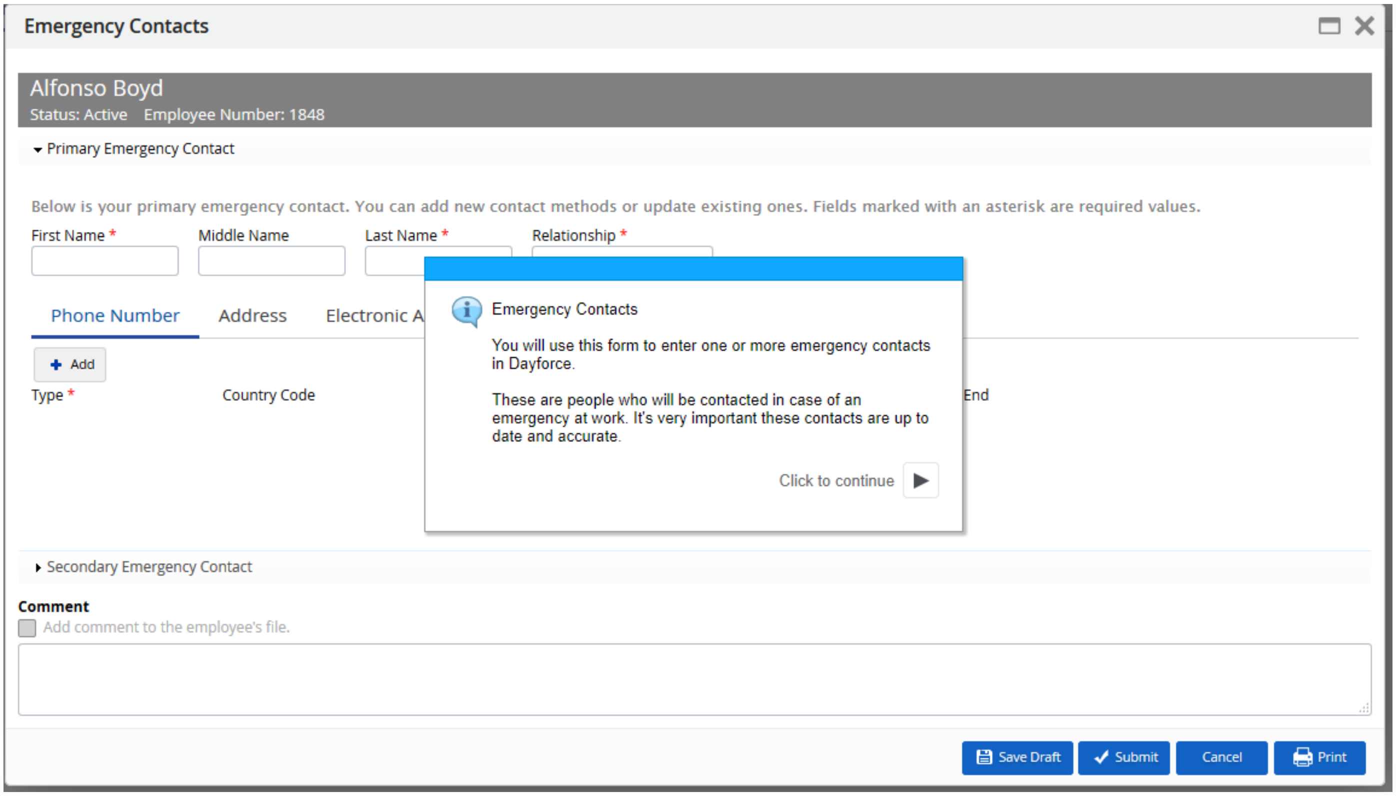
Adding an Emergency Contact

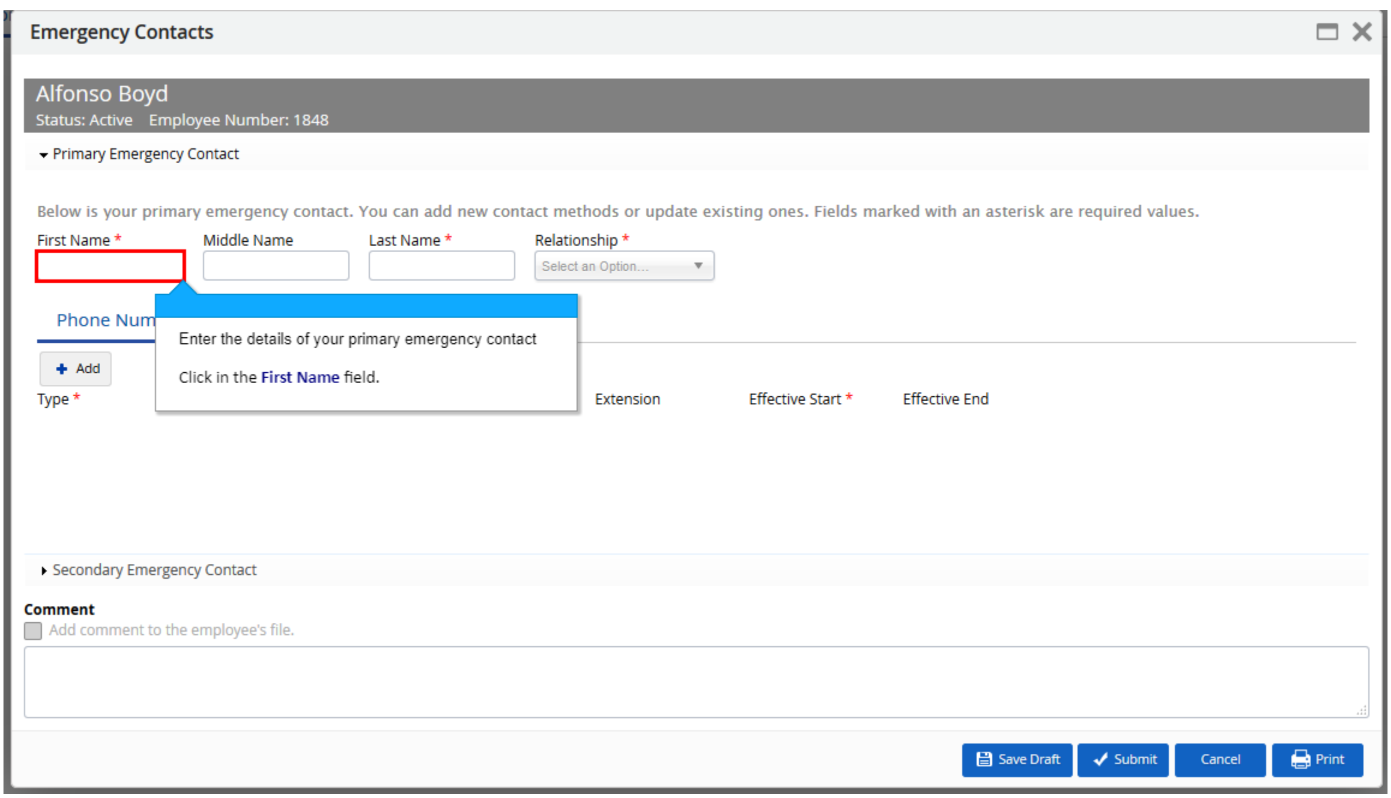
From the Hub page, click on the Forms Icon



On the Forms screen click on Emergency Contact




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
End
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 *
Select an Option...
Phone Num
Enter the details of your primary emergency contact
Click in the First Name field.
Add
Type *
Extension
Effective Start *
Effective End
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.