



ctcLink Tutorial

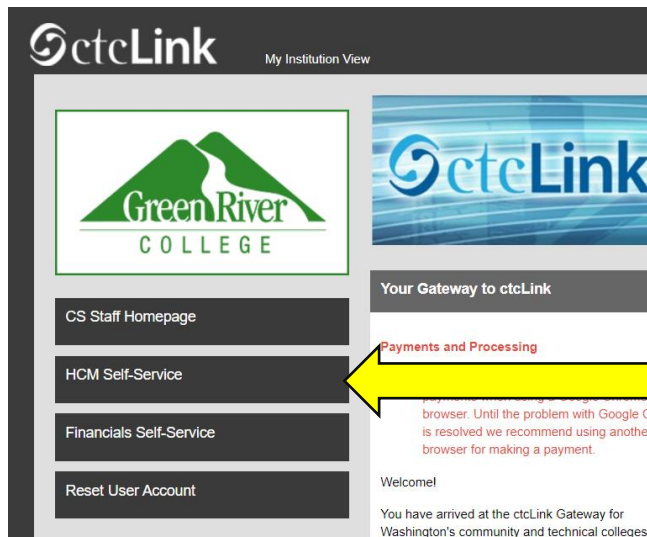
Employee Self Service -Manage Personal Information

Purpose: Use the **Personal Details** tile to view and update personal information such as addresses, phone numbers, and emergency contacts in ctcLink.

Audience: All Faculty and Staff.

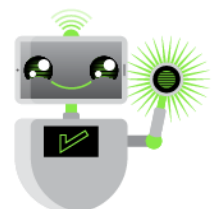
Directions

1. After successfully logging into ctcLink, **click** on 'HCM Self-Service



The HCM Self Service page provides access to a variety of information that can be viewed or edited. Information includes:

- Onboarding Activities
- Careers
- Time Reporting
- Payroll Self Service
- Personal Details
- Benefit Details





Time 	Payroll 	Immunization Attestation 	Personal Details
Benefit Details 	Distributed User Profiles 	<p>2. Within Employee Self Service, click on 'Personal Details' icon</p>	

3. Within Personal Details, you can click on any of these icons, but for this, let's click on Addresses

Addresses 	Contact Details 	Emergency Contacts 	Name
Ethnic Groups 	Disability 	Veteran Status 	Additional Information

Personal Details	
 David Ortega EXEMPT - ADMINISTRATIVE	
<ul style="list-style-type: none"> Addresses Contact Details Name Ethnic Groups Emergency Contacts Additional Information Disability Veteran Status 	<p>Addresses</p> <p>Home Address</p> <p>UNIVERSITY PLACE, WA 98467 Current</p> <hr/> <p>Mailing</p> <p>No data exists.</p> <p>Add Mailing Address</p>

4. Notice that the icons stacked horizontal above, are now displayed vertical when we clicked on Addresses

5. Click on Add Mailing Address to update, or if Address is correct below 'Home Address' next click on 'Contact Details'





Address

Cancel **Save**

Employee Instruction

To save United States addresses at least one of the following fields must get populated: Address 1, Address 2, Address 3

Change As Of: 09/28/2021

Address Type: Mailing

Country: United States

Address 1:

Address 2:

Address 3:

City:

State:

Postal:

County:

Clear

5a. **Update** 'Address' with your new information, don't forget to click 'Save' when finished or click 'Cancel' if everything is correct

Personal Details

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Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

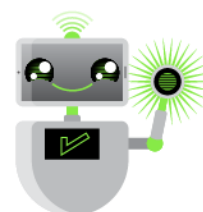
Additional Information

Disability

Veteran Status



6. Now let's **click** on 'Contact Details'





Personal Details

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Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Contact Details

Phone

Number	Extension	Type	Preferred
253/288-5557		Business	
253/753-3829		Home	<input checked="" type="checkbox"/>

Email

Email Address	referred
hcm_ctc1_1@qctclink.local	Campus
hcm_ctc1_1@qctclink.local	Home

Instant Message

No data exists.

6a. Confirm Phone Number(s), or click the + button to add

Cancel Phone Number Save

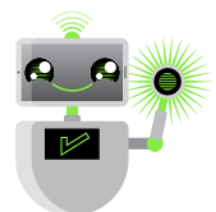
*Type

Preferred

Number

Extension

6b. When you click on + button to add a phone number, a new dialogue box appears, add the new phone number, click *Type dropdown arrow. When complete, don't forget to click on 'Save'





6c. To edit or delete a phone number, click on the > to the right of the phone number

Personal Details

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Addresses

Contact Details

Name

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Additional Information

Disability

Veteran Status

Contact Details

Phone

Number	Extension	Type	Preferred	
253/288-5557		Business		>
253/753-3829		Home	✓	>

Email

Email Address	Type	Preferred	
hcm_ctc1_1@qctclink.local	Campus		>
hcm_ctc1_1@qctclink.local	Home	✓	>

Instant Message

No data exists.

Add IM

Phone Number

Cancel Save

Type Home

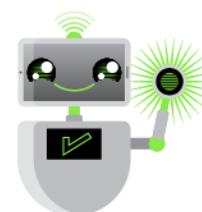
Preferred

Number 253/753-3829

Extension

Delete

6d. In this new pop-up window, you can edit the **Type** and/or **Number**, and then click 'Save' or you can remove it by clicking on 'Delete'





6e. It is **VERY IMPORTANT** that your 'Preferred' email be your @greenriver.edu email address

Contact Details

Phone

Number	Extension	Type	Preferred
253/288-5557		Business	<input checked="" type="checkbox"/>
253/753-3829		Home	<input type="checkbox"/>

Email

Email Address	Type	Preferred
DOrtega@greenriver.edu	Campus	<input checked="" type="checkbox"/>
@GMAIL.COM	Home	<input type="checkbox"/>

6e. To change your work email to '**Preferred**' click on >



Instant Message

No data exists.

Add IM

6f. Check the box '**Preferred**', and then click '**Save**'

Email Address

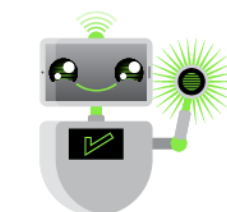
Cancel Save

Email Type

Preferred

Email Address

Delete





Contact Details

Phone

Number	Extension	Type	Preferred
253/288-5557		Business	✓
253/753-3829		Home	

Email

Email Address	Type	Preferred
DOrtega@greenriver.edu	Campus	✓
@GMAIL.COM	Home	

6g. To add an email, click on the + button above Email Address

Instant Message

No data exists.

Add IM

Cancel
Email Address
Save

*Email Type Preferred

Email Address

6h. Select the Email Type and enter the Email Address, and then click 'Save'

REMEMBER- Do **NOT** make any additional email address as the 'Preferred' email address.

ONLY your @greenriver.edu email address should be marked as 'Preferred'





Personal Details

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- Addresses
- Contact Details
- Name**
- Ethnic Groups
- Emergency Contacts

Name

David Ortega Current >

7. Now let's click on 'Name' and then click on > to the right of your name

Name

Cancel Save

Change As Of 09/28/2021

Name Format English

Name Prefix

*First Name David

Middle Name

*Last Name Ortega

Name Suffix

Display Name David Ortega

Formal Name David Ortega

Name Ortega,David

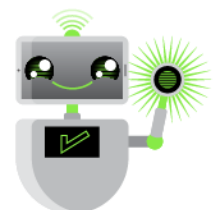
7a. Here you can make any necessary changes to your name, and click 'Save' or if everything looks good, click on 'Cancel'

Personal Details

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EXEMPT - ADMINISTRATIVE

- Addresses
- Contact Details
- Name**
- Ethnic Groups
- Emergency Contacts
- Additional Information
- Disability
- Veteran Status

8. Perform these same steps for Ethnic Groups and Emergency Contacts





9. Now click on 'Additional Information'

Personal Details

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EXEMPT - ADMINISTRATIVE

- Addresses
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- Name
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- Emergency Contacts
- Additional Information**
- Disability
- Veteran Status

Additional Information

Sex M

Date of Birth ###/##/#### ←

Birth Country

Birth State

Social Security Number ###-##-#### ←

Smoker

Date Entitled to Medicare

Original Start Date 03/01/2021

Last Start Date 03/01/2021

Highest Education Level Not Indicated

Employee Information

Contact the Human Resources department if any of your Employee Information is incorrect.

9a. Take this moment to confirm your Date of Birth and SSN are correct

9b. If you notice any problems with your information, please wait until **after** October 25, 2021 to contact Human Resources due to the amount of system checks being performed after the October 11, 2021 Go-Live activation

Personal Details

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- Addresses
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10. Next click on 'Disability'



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- Addresses
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- Disability**
- Veteran Status

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1
Name: David Ortega
Date: 09/28/2021
Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Deaf or hard of hearing
- Missing limbs or partially missing limbs
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Depression or anxiety
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Blind or low vision
- Diabetes
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression
- Cancer
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Cardiovascular or heart disease
- Intellectual disability
- Celiac disease
- Cerebral palsy

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Submit

10a. click on one of the 3 available check boxes

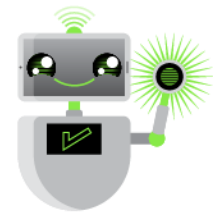
10b. Then click on 'Submit'

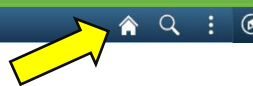
Personal Details

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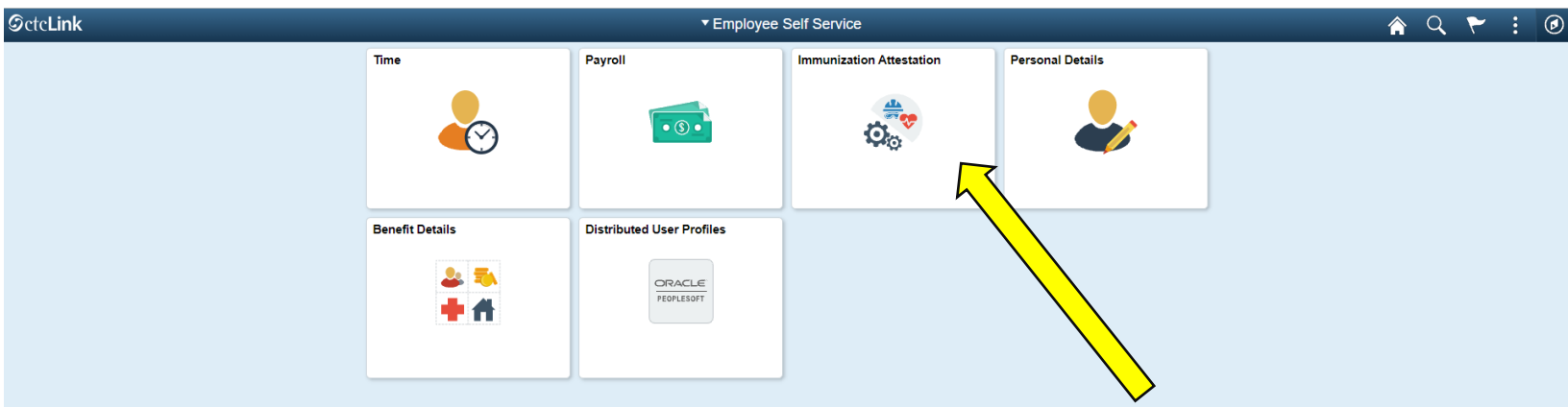
- Addresses
- Contact Details
- Name**
- Ethnic Groups
- Emergency Contacts
- Additional Information
- Disability
- Veteran Status

11. Now click on 'Veteran Status' and then click on 'Submit' when you are finished with the Veteran Status page





12. When you have completed this verification process, click the 'Home' icon located in the upper right, to take you back to the Employee Self Service page



13. Back on the Employee Self Service page, you probably have noticed the Immunization Attestation icon.



COVID-19 Vaccination Attestation

David Ortega

Vaccination Details

*Immunization	Date Taken	Verified by HR	Date Verified
<input type="text"/>	<input type="text"/>	No	<input type="text"/>

Self Attestation

I declare that the information I have provided is accurate and true, and I acknowledge that it may be subject to audit.

No I Agree

Disciplinary Action

I acknowledge that knowingly providing incorrect information and/or not following college COVID protocols, including policies on face coverings, may result in disciplinary action.

No I Agree

13a. You will notice that your information that you uploaded to the link HR provided is missing.

DON'T panic.
SBCTC is aware of this, and are working on the 'fix'

DO NOT
update your information and click 'Submit'

13b. Click on 'Employee Self Service' to take you back

