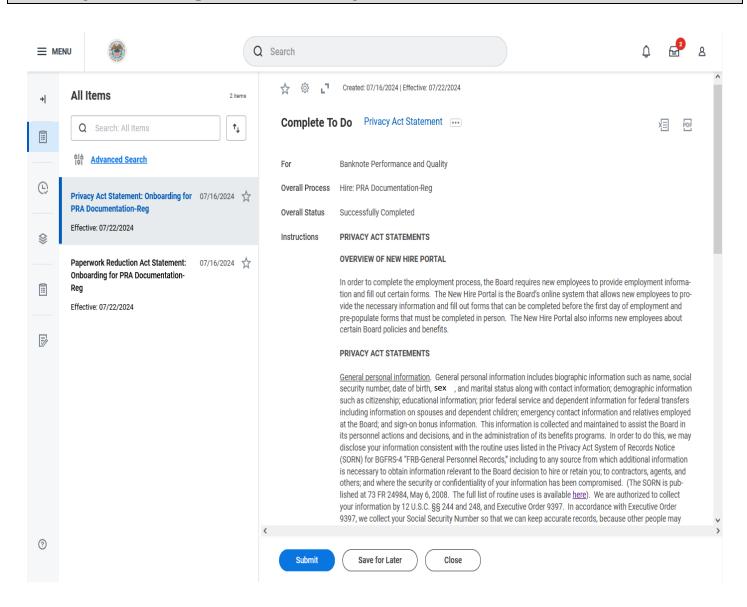
FR 27 Workday Screenshots

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Contingent Worker	123

Note: 1) Privacy Act Statement language, Paperwork Reduction Act Statement language, instructional text and help text will be updated prior to implementation. 2) The 'enter your comments' boxes will be removed prior to implementation.

Workday Onboarding General Task Layout Overview



Regular Hire

Privacy Act Statement To Do

☆





Created: 07/16/2024 | Effective: 07/22/2024

Complete To Do

Privacy Act Statement ...





For Banknote Performance and Quality

Overall Process Hire: PRA Documentation-Reg

Overall Status Successfully Completed

Instructions PRIVACY ACT STATEMENTS

OVERVIEW OF NEW HIRE PORTAL

In order to complete the employment process, the Board requires new employees to provide employment information and fill out certain forms. The New Hire Portal is the Board's online system that allows new employees to provide the necessary information and fill out forms that can be completed before the first day of employment and pre-populate forms that must be completed in person. The New Hire Portal also informs new employees about certain Board policies and benefits.

PRIVACY ACT STATEMENTS

General personal information. General personal information includes biographic information such as name, social security number, date of birth, sex ; and marital status along with contact information; demographic information such as citizenship; educational information; prior federal service and dependent information for federal transfers including information on spouses and dependent children; emergency contact information and relatives employed at the Board; and sign-on bonus information. This information is collected and maintained to assist the Board in its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source from which additional information is necessary to obtain information relevant to the Board decision to hire or retain you; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here. We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your Social Security Number so that we can keep accurate records, because other people may

have the same name and birth date. Furnishing the information requested is voluntary; however, if you fail to provide the information on or before your first day of employment, the Board may decline to employ you or continue your employment.

<u>Fingerprint information</u>. Fingerprint information consists of eye and hair color, height, and weight. This information is collected and maintained to assist us in providing security of the Board's premises against unauthorized entry; to record entry to Board premises as well as entry into secured areas by authorized personnel; to record departure from Board's premises; to control access to certain areas within Board premises; and to determine who is present on Board property. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-34, "FRB-ESS Staff Identification Card File," including to appropriate federal, state, local, or foreign agencies where disclosure is reasonably necessary to determine whether you pose a security risk; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 243 and 248. Furnishing the information requested is voluntary. Failure to provide any of the information on or before your first day of employment may result in disapproval of your request for a Board identification card and for access to the Federal Reserve Board's premises and lead to the Board declining to employ you or continue your employment.

Ethnicity and Race Self-Identification/EEO. Ethnicity and Race Self-Identification and EEO information is collected and maintained to assist the Board in carrying out its responsibilities under Rehabilitation Act of 1973, Title VII of the Civil Rights Act, and other non-discrimination statutes. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-24 "FRB-EEO General Files," including to contractors, agents, and others; where security or confidentiality has been compromised; and to an individual's emergency contact when necessary to assist the processing of any benefit or claim. Records may also be used to disclose information to management as a data source for production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related personnel management functions or manpower studies and may also be utilized to respond to investigative or legal requests for statistical information (without personal identification of individuals). (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, Title VII of the Civil Rights Act, and the Equal Pay Act. Providing the requested information is voluntary and has no impact on your employment status, but in the instance of missing information, the Board will attempt to identify your race and ethnicity by visual observation.

Beneficiary information. The beneficiary information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary, however, your failure to provide any of the information may delay or prevent the receipt of benefits.

	enter your comment	
<		
	Submit Save for Later Close	

Complete To Do Paperwork Reduction Act Statement ...

For Banknote Performance and Quality

Overall Process Hire: PRA Documentation-Reg

Overall Status Successfully Completed

Instructions Paperwork Reduction Act Statement

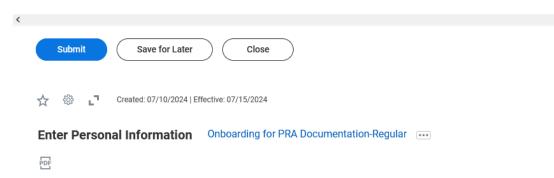
OMB No. 7100-0375

Approval Expires January 31, 2025

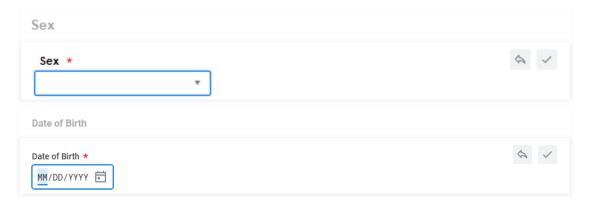
Public reporting burden for this collection of information is estimated to average 1 hours per response for regular hires, 0.75 hours per response for intern hires, and 1.08 hours per response for Federal Transfers, including the time for reviewing instructions, gathering and maintaining the information needed, and completing and reviewing the collection of information. A Federal agency may not conduct or sponsor, and an organization (or a person) is not required to respond to a collection of information, unless it displays a valid OMB control number. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Secretary, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue NW, Washington DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0375), New Executive Office Building, Room 10235, 725 17th Street NW, Washington, DC 20503.

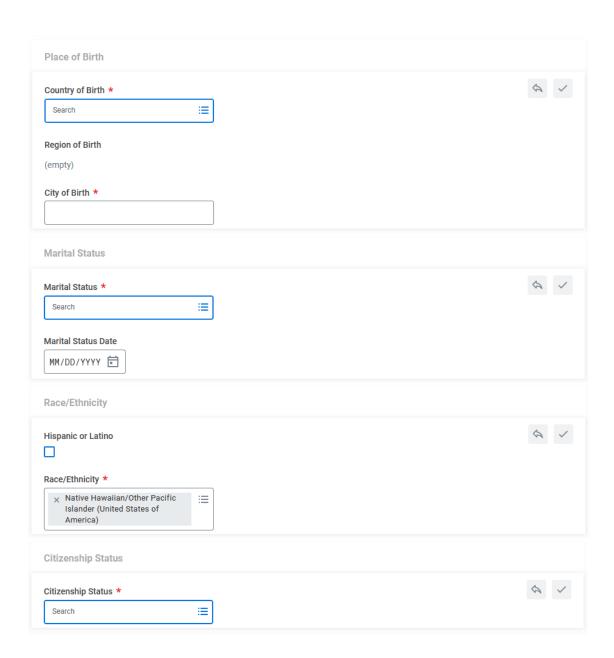
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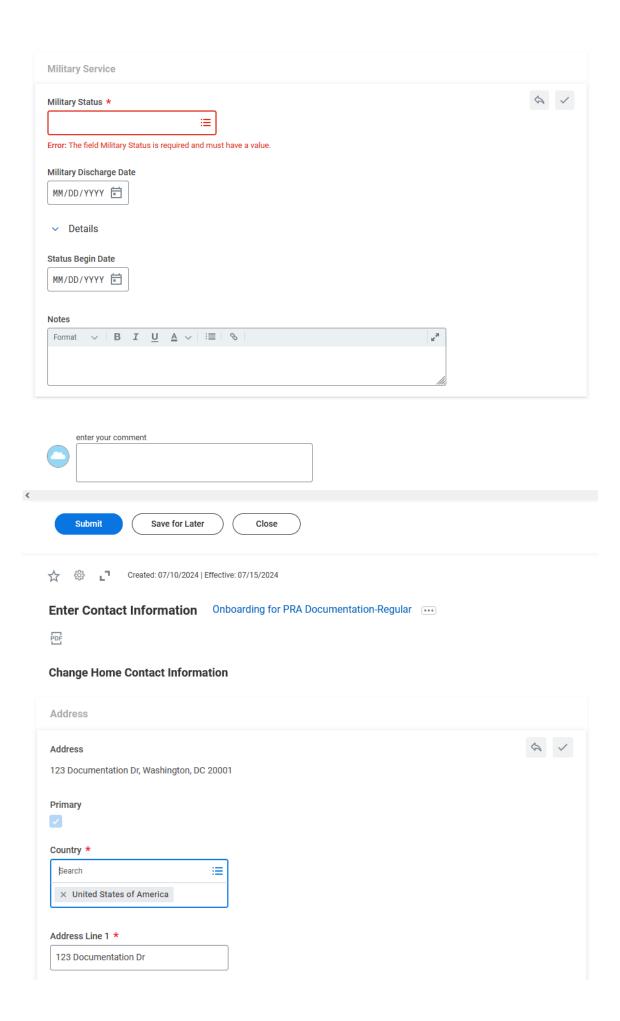


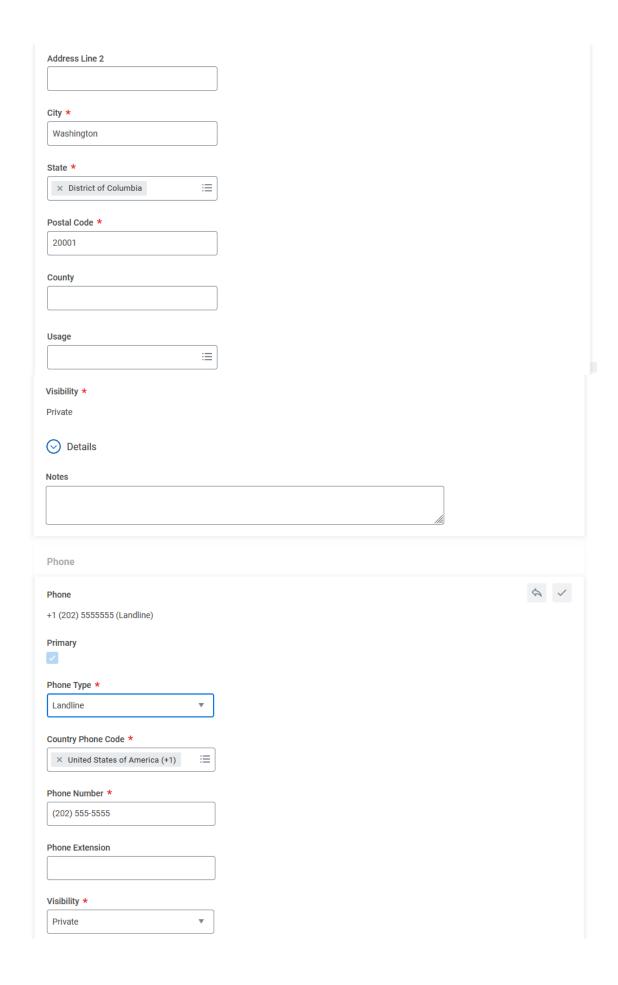


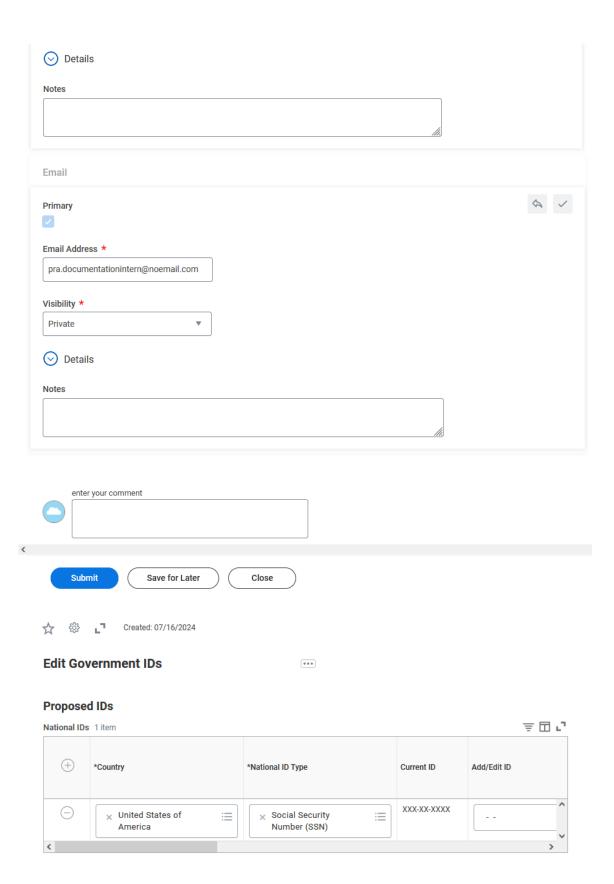
Change Personal Information



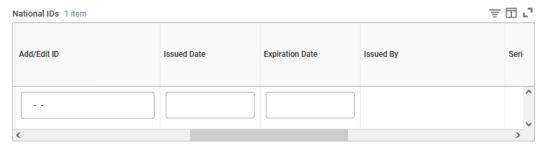




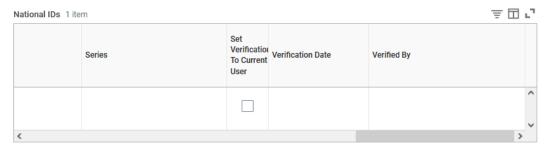




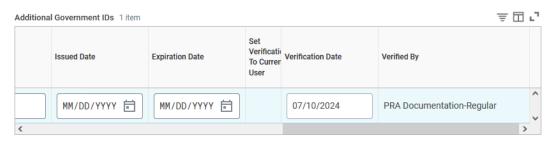
Proposed IDs



Proposed IDs







Previous IDs 〒□□□ National IDs 1 item Issued Current ID *Country *National ID Type Add/Edit ID **Expiration Date** United States of America Social Security Number (SSN) XXX-XX-XXXX 東田ご圃田 Additional Government IDs Issued *Government ID Type *Country Identification # Date **Expiration Date** Verificatio enter your comment Submit Save for Later Cancel

Fingerprint Information 'Fingerprint Information' for Onboarding for PRA Documentation-Regular •••

Created: 07/10/2024 | Effective: 07/15/2024

Country of Citizenship if outside the U.S.

If Citizenship Status is not Alien Permanent, Citizen, Naturalized Citizen, Permanent Resident, or Temporary Resident, please specify.

	lis.
	Eye Color (Required)
	Height (Required)
	Weight (Required)
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	Submit Save for Later Cancel Created: 07/11/2024 Effective: 07/15/2024
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☆ [‡]	Created: 07/11/2024 Effective: 07/15/2024
☆ [‡]	Created: 07/11/2024 Effective: 07/15/2024 Service 'FRBPriorService' for Onboarding for PRA Documentation - Regular
☆ [‡]	Service 'FRBPriorService' for Onboarding for PRA Documentation - Regular or Service Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military?
☆ [‡]	Service 'FRBPriorService' for Onboarding for PRA Documentation - Regular or Service Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military? (Required) Yes
☆ [‡]	Created: 07/11/2024 Effective: 07/15/2024 Service 'FRBPriorService' for Onboarding for PRA Documentation - Regular or Service Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military? (Required)
☆ [‡]	Service 'FRBPriorService' for Onboarding for PRA Documentation - Regular or Service Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military? (Required) Yes

公



Complete Form I-9

Employment Eligibility Verification

Department of Homeland Security, U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 07/31/2026

>START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

Form I-9 Instructions

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation

Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer

Last Name (Family Name) * Document	ation-Regular
First Name (Given Name) * Paperwork	Reduction Act
Middle Initial (if any)	
Other Last Names Used (if any)	
Address (Street Number and Name) * 12	23 Documentation Dr
Apt. Number (if any)	City or Town * Washington
State * DC	ZIP Code * 20001
Date of Birth (mm/dd/yyyy) * 01/01/19	991 🛱 U.S. Social Security Number 999-99-9002
Employee's Email Address pra.docume	entation@noemail.com
Employee's Telephone Number +1 (202	2) 5555555
Check one of the following boxes to attest	to your citizenship or immigration status (See page 2 and 3 of the instructions.):
1. A citizen of the United States	
2. A noncitizen national of the United	States (See instructions)
3. A lawful permanent resident (Ente	r USCIS or A-Number.)
4. A noncitizen (other than Item Num	abers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:
USCIS A-Number
OR
Form I-94 Admission Number
OR
Foreign Passport Number and Country of Issuance
Country of Issuance: (empty)
Signature of Employee
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.
By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form I-9.
I Agree *
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.
Preparer and/or Translator Certification
Supplement A. Preparer and/or Translator Certification for Section 1
I did not use a preparer or translator.
A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
How Many? 0
Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.
Signature of Preparer or Translator
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.
I Agree
Last Name (Family Name)
First Name (Given Name)
Middle Initial (if any)

Address (Street Number and Name)
City or Town State
ZIP Code
enter your comment
Submit Save for Later Cancel
Created: 07/10/2024 Effective: 07/15/2024
Review Documents Review Documents for Onboarding for PRA Documentation-Regular
Documents
Document Discriminatory Workplace Harassment Policy
Document The EEO Complaint System and How It Works Brochure
Document Equal Employment Opportunity Policy
Document Reasonable Accommodation Policy
Comment
Submit Save for Later Cancel



Created: 07/16/2024 | Updated: 07/16/2024

Policies Verification





Review Documents for Onboarding

Documents

On this page, you can only download the original, unsigned version of the document.

Document



CR-ONB-Policies Verification-Internal FR.pdf

Click the below button to e-sign. Please note that when signing documents you will be leaving Workday Service. You may need to wait a few seconds for the signature status of the documents to be updated in Workday before you can submit the Inbox task. Please wait until you are redirected to Workday before you close your browser.

E-sign by Adobe Sign

E-sign by Adobe Acrobat Sign for Government





Created: 07/10/2024 | Effective: 07/15/2024

Complete Questionnaire

'Designation of Beneficiary Unpaid Compensation of Deceased Employee' for Onboarding for PRA Documentation-Regular

Designation of Beneficiary Unpaid Compensation of Deceased Employee

PRIVACY ACT STATEMENT

The information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.

I hereby designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION payable to me after my death and, in doing so, cancel any and all previous beneficiary designations I may have made for this purpose. I understand that this Designation of Beneficiary relates solely to UNPAID COMPENSATION (which means pay on account of services rendered prior to death, and not received by me prior to death, and may include amounts due in reimbursement of travel expenses, moving relocation expenses, overtime pay, cash awards, accrued annual leave and/or any other amounts the Board agreed in writing to pay you prior to death). This Designation of Beneficiary does not affect the disposition of any benefits which may become payable under the terms of any other employee benefit plan.

I UNDERSTAND THAT IF I DO NOT DESIGNATE A BENEFICIARY ON THIS FORM, MY UNPAID COMPENSATION WILL BE PAID TO THE PROBATE OR ORPHAN'S COURT (OR SIMILAR INSTITUTION) OF THE STATE WHERE I RESEIDED AT THE TIME OF MY DEATH FOR APPROPRIATE DISPOSITION IN ACCORDANCE WITH APPLICABLE STATE LAW. (Your residence will be determined by the most recent address you submitted to the Board for tax purposes (W-2 wage reporting) prior to your death.)

Information Concerning the Beneficiary or Beneficiaries:

Please provide information for at least one beneficiary below. If you do not wish to list a beneficiary, please enter "N/A" in the required fields.

Full Name	
(Required)	
(Required)	
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Deleties elde	
Relationship (Required)	
(Required)	
	<u>///</u>
Social Security Number (Required)	
Social Security Number (Required)	Ms.
(Required) Share paid to each beneficiary	Ms.
(Required) Share paid to each beneficiary	Ms.
(Required) Share paid to each beneficiary (Required)	Ms.
Social Security Number (Required) Share paid to each beneficiary (Required)	Mis.
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Social Security Number Share paid to each beneficiary	lis .
Social Security Number Share paid to each beneficiary	
Social Security Number Share paid to each beneficiary 0 Do you have additional primary beneficiaries to add?	
Social Security Number Share paid to each beneficiary	

Primary Total (must equal 100%) (Required)		
0		
Contingent Beneficiaries		
Full Name		
		11.
Relationship		
		11.
Social Security Number		
-		
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Share paid to each beneficiary		
0		
ull Name		_
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Relationship		_
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Social Security Number		
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Share paid to each beneficiary		

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BZurichBene	ficiary' for Onboarding for PRA Documentation-Regular
Zurich Benefic	iary Designation
Privacy Act S	atement
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Submit

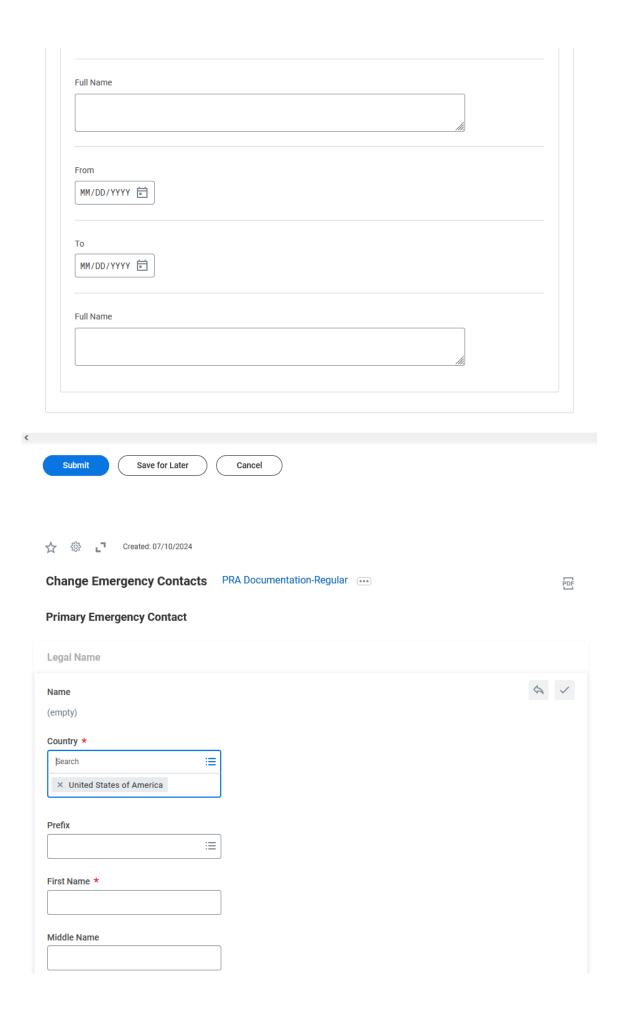
Save for Later

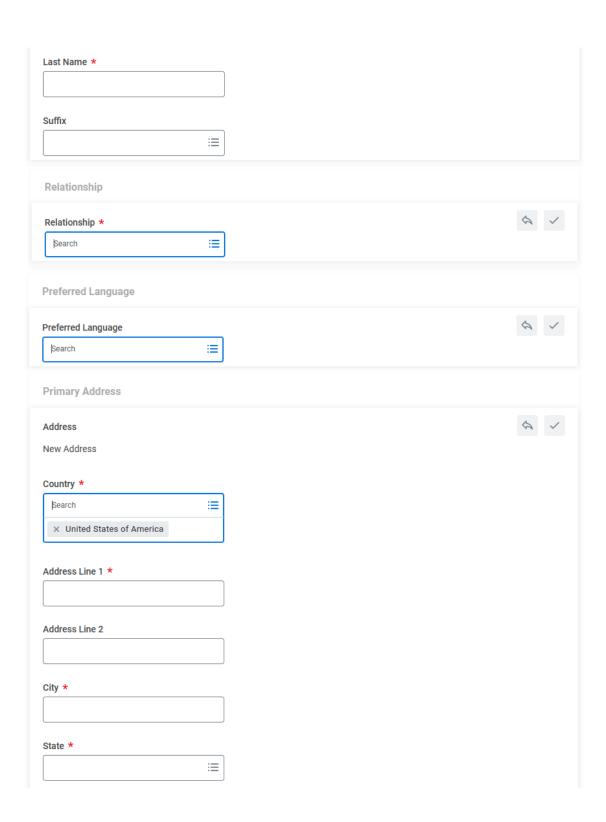
Cancel

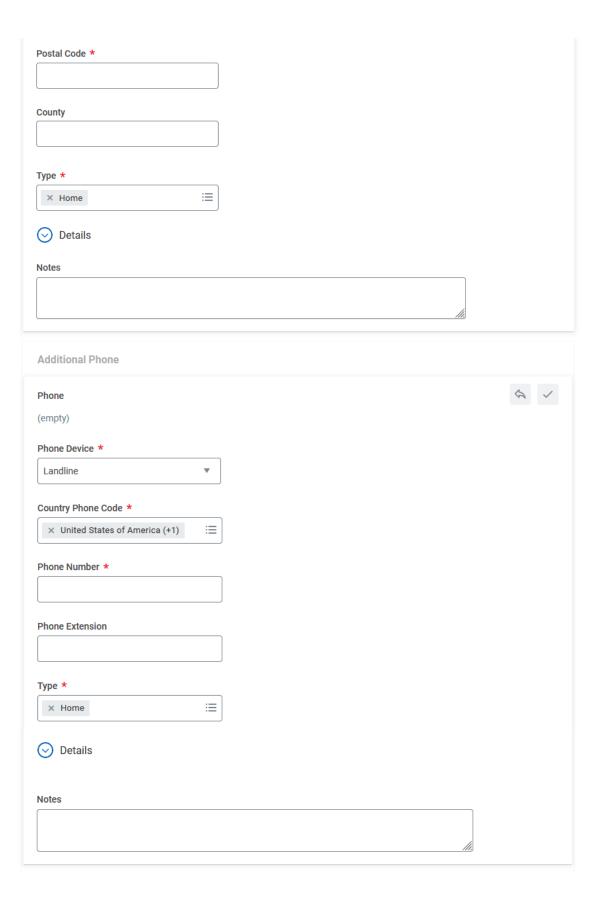
Complete Questionnaire 'Prior Service Details' for Onboarding for PRA Documentation - Regular

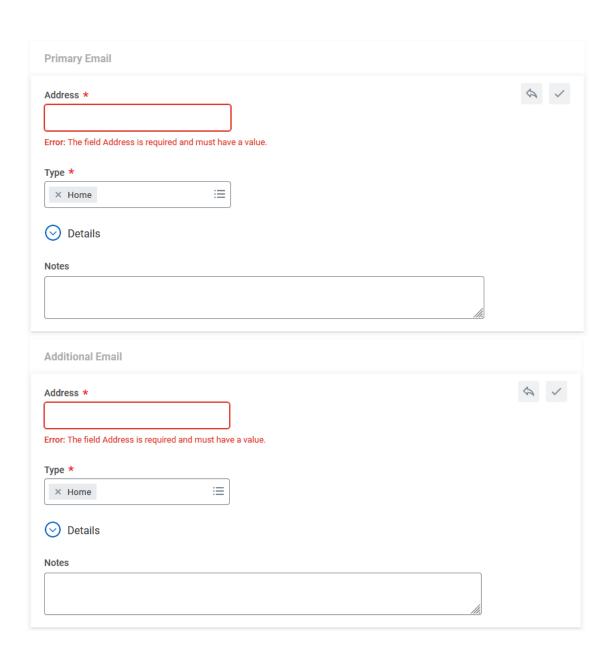
	g this task because you previously indicated you have prior service with the Federal Reserve System, federal governm t of Columbia government, Peace Corp, VISTA, or active duty military.
	th service: I have had previous service with the Federal Reserve System, federal government agency, District of government, Peace Corp, VISTA, or active duty military and retired under the Plan.
Columbia	I with service: I have had previous service with the Federal Reserve System, federal government agency, District of government, Peace Corp, VISTA, or active duty military which I believe was at one time creditable service under the id not retire.
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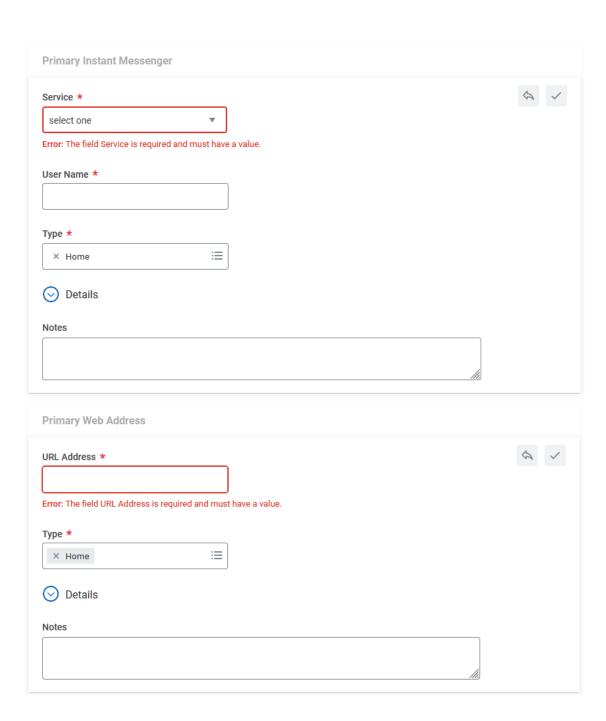
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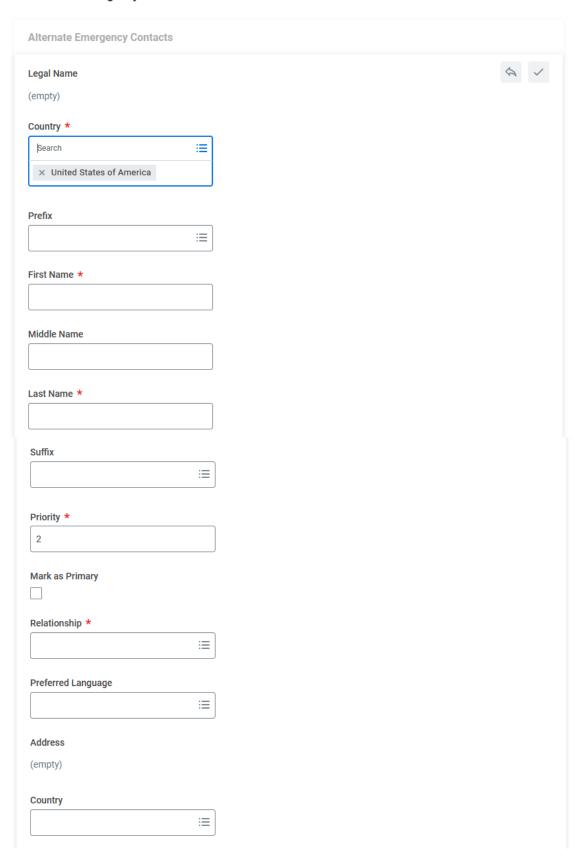








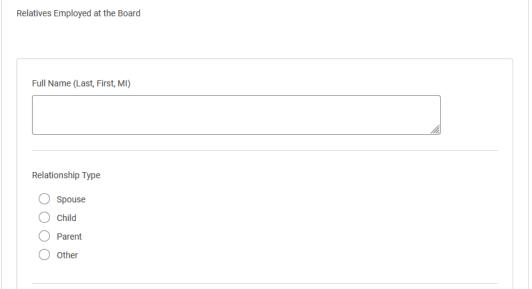
Alternate Emergency Contacts



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	Notes							
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	☆ 🕸 🗖 Created: 07/10/2024 Effective: 07/15/2024							
	Relatives Employed at the Board							
	'Relatives Employed at the Board V2' for Onboarding for PRA Documentation-Regular ••••							
	Relatives Employed at the Board							



		4
Relationship Type		
Spouse		
Child		
Parent		
Other		
Full Name (Last, First, MI)		
Relationship Type		
Spouse		
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Other		
Full Name (Last, First, MI)		
		//
Relationship Type		
Spouse		
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Other		

Submit Save for Later Cancel

Intern Hire







Created: 07/10/2024 | Effective: 07/15/2024

Complete To Do

Privacy Act Statement ...







For Administration Team B

Overall Process Hire: PRA Documentation - Intern

Overall Status Successfully Completed

Instructions PRIVACY ACT STATEMENTS

OVERVIEW OF NEW HIRE PORTAL

In order to complete the employment process, the Board requires new employees to provide employment information and fill out certain forms. The New Hire Portal is the Board's online system that allows new employees to provide the necessary information and fill out forms that can be completed before the first day of employment and pre-populate forms that must be completed in person. The New Hire Portal also informs new employees about certain Board policies and benefits.

PRIVACY ACT STATEMENTS

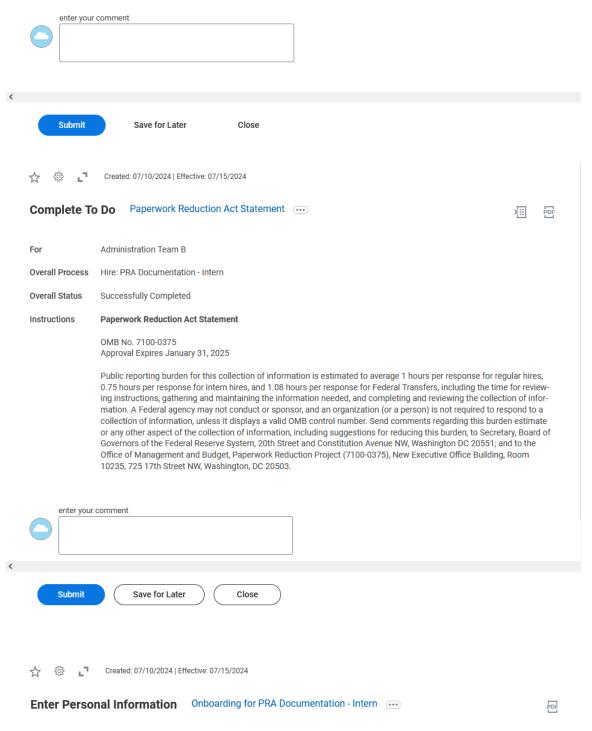
General personal information. General personal information includes biographic information such as name, social security number, date of birth, sex and marital status along with contact information; demographic information such as citizenship; educational information; prior federal service and dependent information for federal transfers including information on spouses and dependent children; emergency contact information and relatives employed at the Board; and sign-on bonus information. This information is collected and maintained to assist the Board in its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source from which additional information is necessary to obtain information relevant to the Board decision to hire or retain you; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is

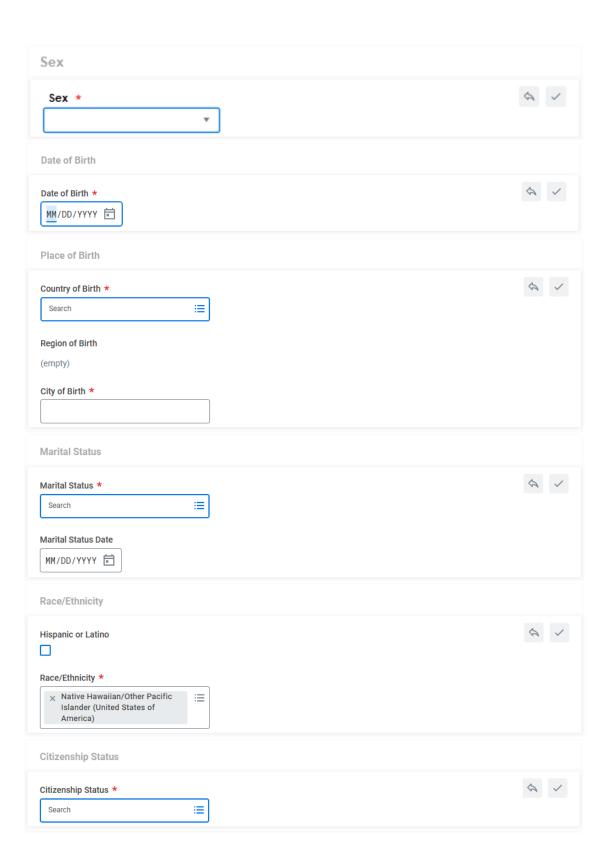
available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your Social Security Number so that we can keep accurate records, because other people may have the same name and birth date. Furnishing the information requested is voluntary; however, if you fail to provide the information on or before your first day of employment, the Board may decline to employ you or continue vour employment.

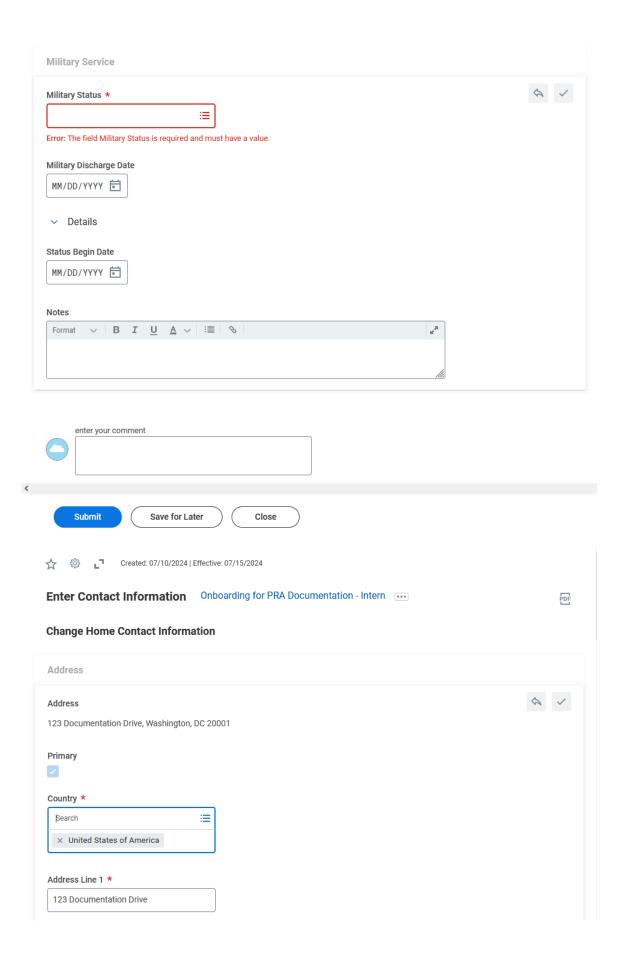
Fingerprint information. Fingerprint information consists of eve and hair color, height, and weight. This information is collected and maintained to assist us in providing security of the Board's premises against unauthorized entry; to record entry to Board premises as well as entry into secured areas by authorized personnel; to record departure from Board's premises; to control access to certain areas within Board premises; and to determine who is present on Board property. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-34, "FRB-ESS Staff Identification Card File," including to appropriate federal, state, local, or foreign agencies where disclosure is reasonably necessary to determine whether you pose a security risk; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 243 and 248. Furnishing the information requested is voluntary. Failure to provide any of the information on or before your first day of employment may result in disapproval of your request for a Board identification card and for access to the Federal Reserve Board's premises and lead to the Board declining to employ you or continue your employment.

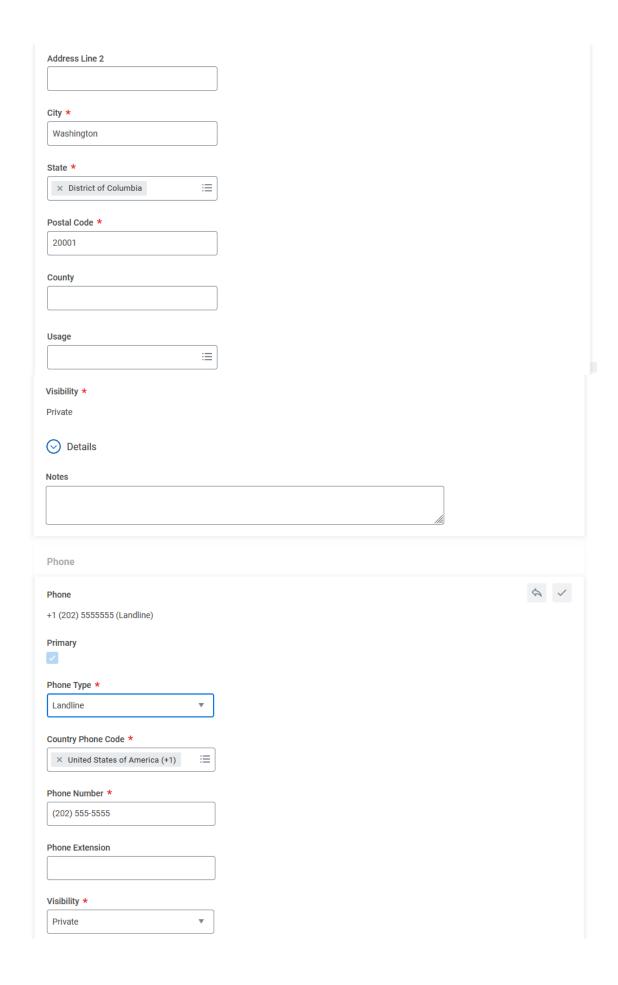
Ethnicity and Race Self-Identification/EEO. Ethnicity and Race Self-Identification and EEO information is collected and maintained to assist the Board in carrying out its responsibilities under Rehabilitation Act of 1973, Title VII of the Civil Rights Act, and other non-discrimination statutes. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-24 "FRB-EEO General Files," including to contractors, agents, and others; where security or confidentiality has been compromised; and to an individual's emergency contact when necessary to assist the processing of any benefit or claim. Records may also be used to disclose information to management as a data source for production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related personnel management functions or manpower studies and may also be utilized to respond to investigative or legal requests for statistical information (without personal identification of individuals). (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, Title VII of the Civil Rights Act, and the Equal Pay Act. Providing the requested information is voluntary and has no impact on your employment status, but in the instance of missing information, the Board will attempt to identify your race and ethnicity by visual observation.

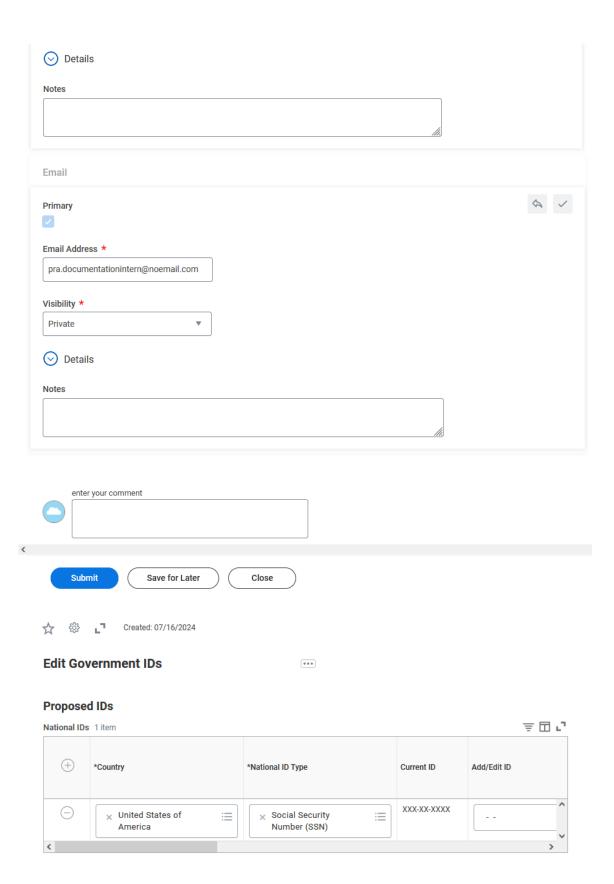
Beneficiary information. The beneficiary information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available heres/by-14/4 was a cauthorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.



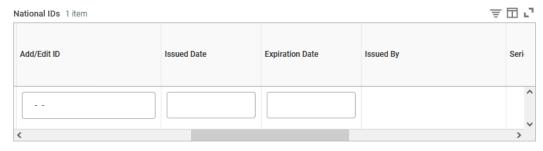




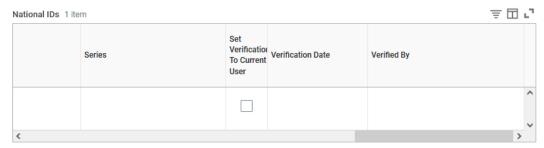




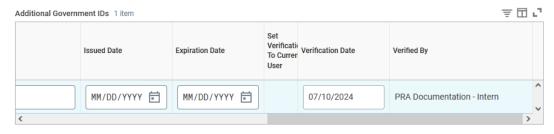
Proposed IDs



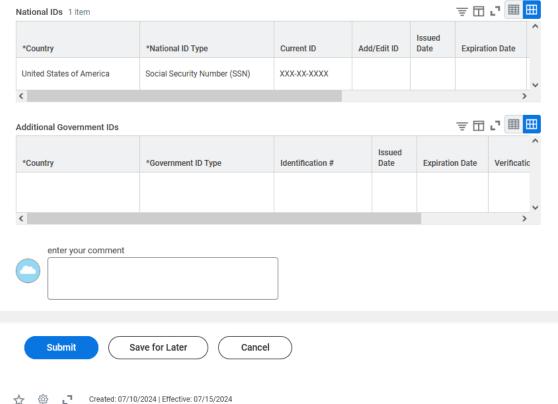
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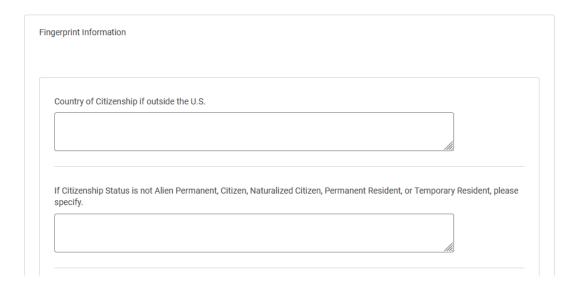


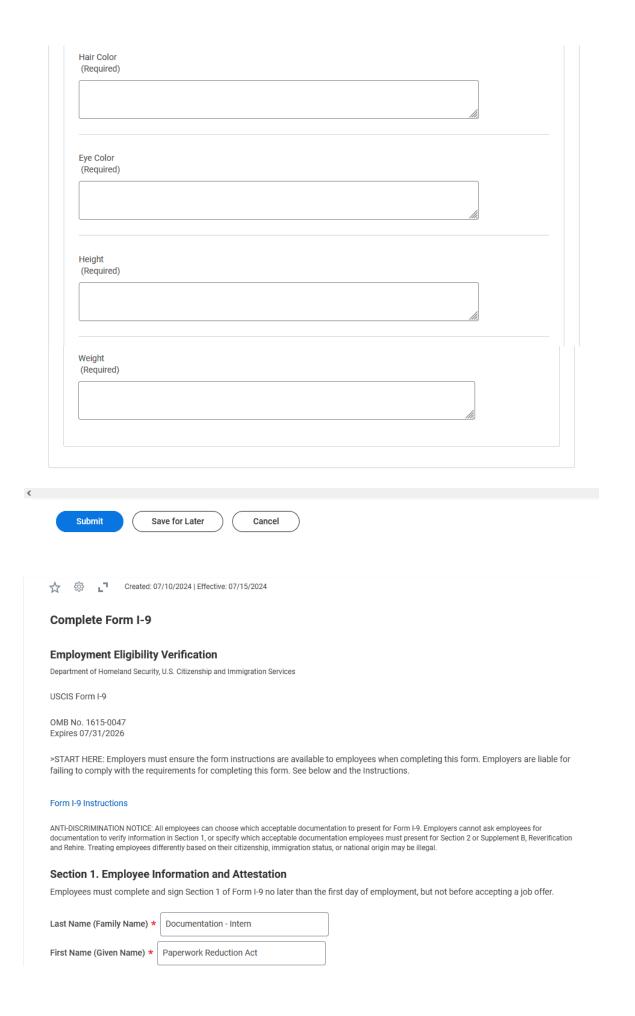


Previous IDs



Fingerprint Information 'Fingerprint Information' for Onboarding for PRA Documentation - Intern





Middle Initial (if any)	
Other Last Names Used (if any)	
Address (Street Number and Name) * 123 Documentation Drive	
Apt. Number (if any) City or Town * Washington	
State ★ DC ZIP Code ★ 20001	
Date of Birth (mm/dd/yyyy) * 01/01/2001 🗂 U.S. Social Security Number 999-99-9001	
Employee's Email Address pra.documentationintern@noemail.com	
Employee's Telephone Number +1 (202) 5555555	
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):	
1. A citizen of the United States 2. A noncitizen national of the United States (See instructions)	
3. A lawful permanent resident (Enter USCIS or A-Number.)	
4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)	
If you check Item Number 4., enter one of these:	
USCIS A-Number	
OR	
Form I-94 Admission Number	
OR	
Foreign Passport Number and Country of Issuance	
Country of Issuance: (empty)	
Signature of Employee	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.	
By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form I-9.	
I Agree *	
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Preparer and/or Translator Certification

Supplement A. Preparer and/or Translator Certification for Section 1 O I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. How Many? Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9. Signature of Preparer or Translator I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct. I Agree Last Name (Family Name) First Name (Given Name) Middle Initial (if any) Address (Street Number and Name) City or Town State ZIP Code enter your comment

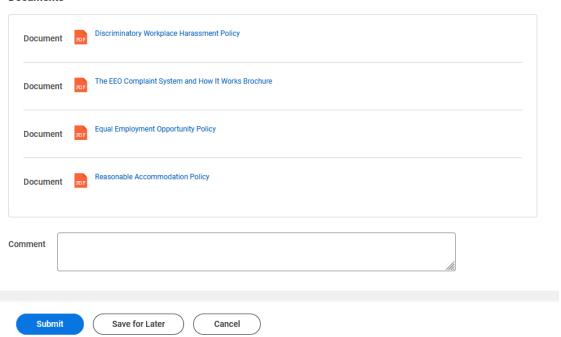
Submit

Save for Later



Review Documents Review Documents for Onboarding for PRA Documentation - Intern

Documents





Created: 07/16/2024 | Updated: 07/16/2024

Policies Verification





Review Documents for Onboarding

Documents

On this page, you can only download the original, unsigned version of the document.

Document



CR-ONB-Policies Verification-Internal FR.pdf

Click the below button to e-sign. Please note that when signing documents you will be leaving Workday Service. You may need to wait a few seconds for the signature status of the documents to be updated in Workday before you can submit the Inbox task. Please wait until you are redirected to Workday before you close your browser.

E-sign by Adobe Sign

E-sign by Adobe Acrobat Sign for Government







Created: 07/10/2024 | Effective: 07/15/2024

Complete Questionnaire

'Designation of Beneficiary Unpaid Compensation of Deceased Employee' for Onboarding for PRA Documentation - Intern •••

Designation of Beneficiary Unpaid Compensation of Deceased Employee

PRIVACY ACT STATEMENT

The information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.

I hereby designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION payable to me after my death and, in doing so, cancel any and all previous beneficiary designations I may have made for this purpose. I understand that this Designation of Beneficiary relates solely to UNPAID COMPENSATION (which means pay on account of services rendered prior to death, and not received by me prior to death, and may include amounts due in reimbursement of travel expenses, moving relocation expenses, overtime pay, cash awards, accrued annual leave and/or any other amounts the Board agreed in writing to pay you prior to death). This Designation of Beneficiary does not affect the disposition of any benefits which may become payable under the terms of any other employee benefit plan.

I UNDERSTAND THAT IF I DO NOT DESIGNATE A BENEFICIARY ON THIS FORM, MY UNPAID COMPENSATION WILL BE PAID TO THE PROBATE OR ORPHAN'S COURT (OR SIMILAR INSTITUTION) OF THE STATE WHERE I RESEIDED AT THE TIME OF MY DEATH FOR APPROPRIATE DISPOSITION IN ACCORDANCE WITH APPLICABLE STATE LAW. (Your residence will be determined by the most recent address you submitted to the Board for tax purposes (W-2 wage reporting) prior to your death.)

Information Concerning the Beneficiary or Beneficiaries:

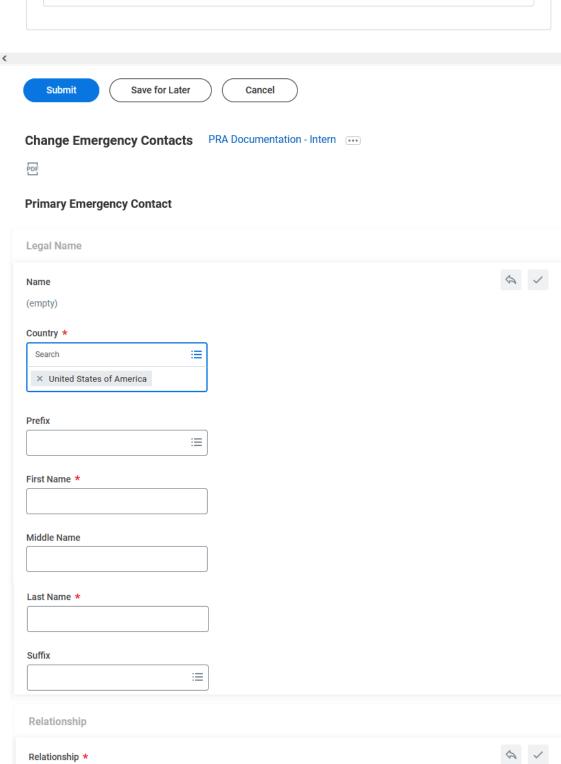
Please provide information for at least one beneficiary below. If you do not wish to list a beneficiary, please enter "N/A" in the required fields.

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(Required)	
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(Required)	
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Social Security Number (Required)	Ms.
(Required) Share paid to each beneficiary	Ms.
(Required) Share paid to each beneficiary	Ms.
(Required) Share paid to each beneficiary (Required)	Ms.
Social Security Number (Required) Share paid to each beneficiary (Required)	Mis.
(Required) Share paid to each beneficiary (Required)	M.
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Do you have additional primary beneficiaries to add? (Required)	
Do you have additional primary beneficiaries to add? (Required)	

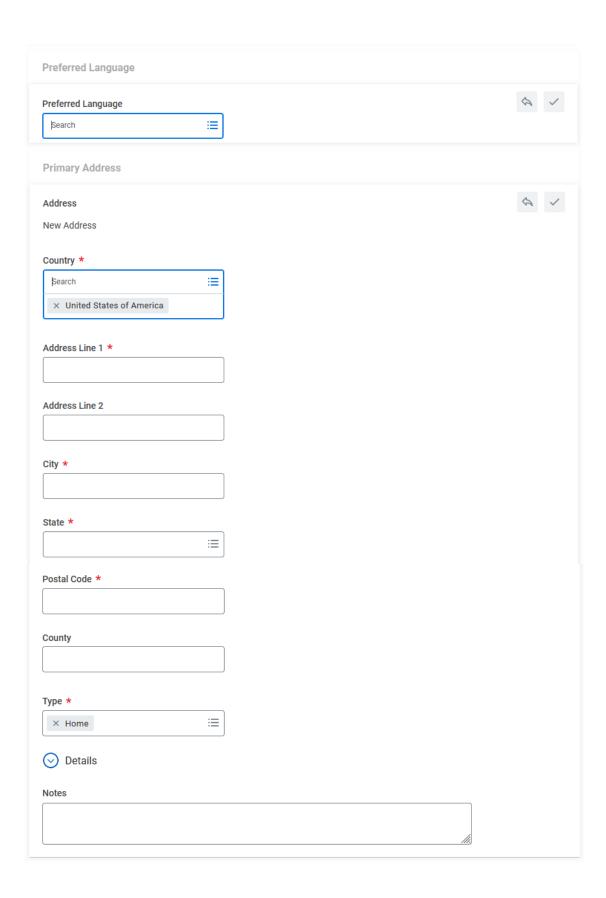
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Contingent Beneficiaries		
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Share paid to each beneficiary		

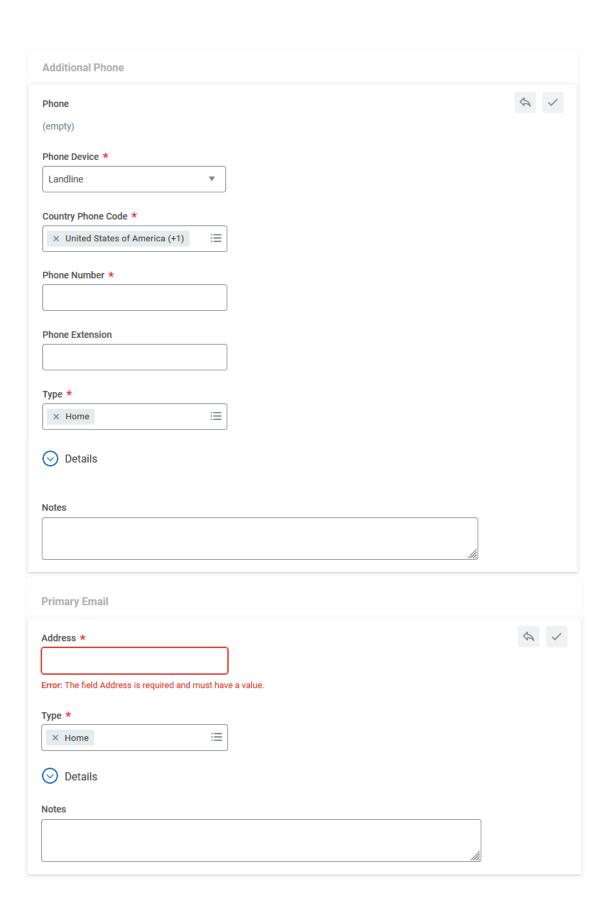


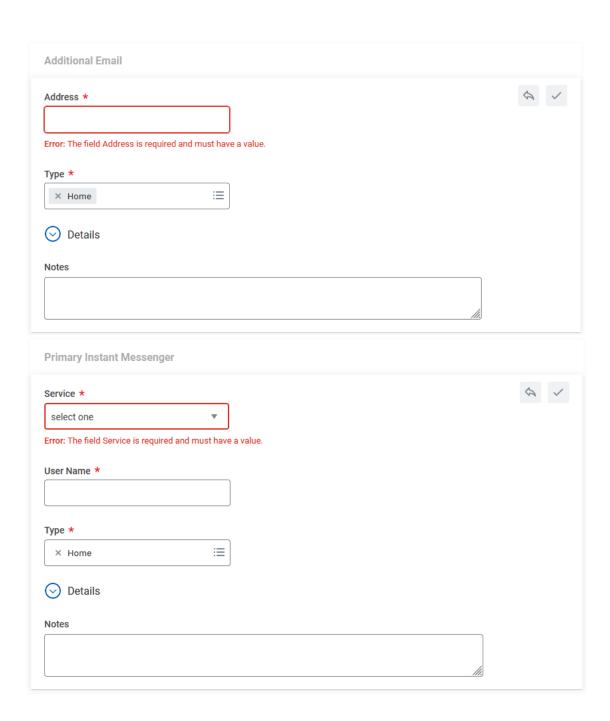


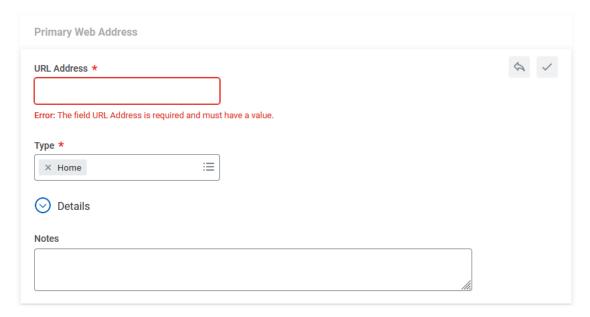
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Search

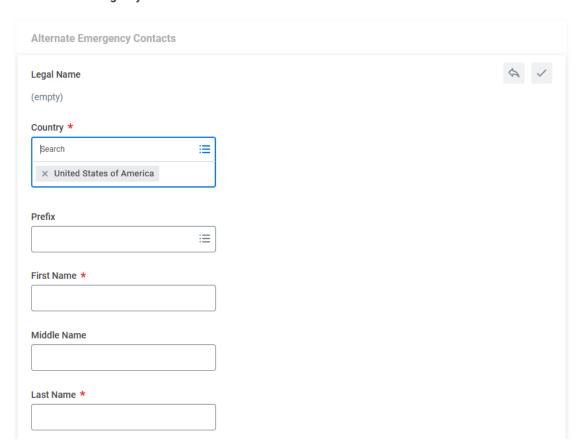








Alternate Emergency Contacts



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Relationship *	
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Relatives Employed at the Board

'Relatives Employed at the Board V2' for Onboarding for PRA Documentation - Intern

Full Name (Last, First, MI)		
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Relationship Type		
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Relationship Type		
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Full Name (Last, First, MI)		
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Relationship Type		
Spouse		
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Relationship Type		
Spouse		
Child		
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Other		

Federal Transfer

☆





Created: 07/10/2024 | Effective: 07/15/2024

Complete To Do

Privacy Act Statement ...





For IT Systems & Administraton Leadership

Overall Process Hire: PRA Documentation - Transfer

Overall Status Successfully Completed

Instructions PRIVACY ACT STATEMENTS

OVERVIEW OF NEW HIRE PORTAL

In order to complete the employment process, the Board requires new employees to provide employment information and fill out certain forms. The New Hire Portal is the Board's online system that allows new employees to provide the necessary information and fill out forms that can be completed before the first day of employment and prepopulate forms that must be completed in person. The New Hire Portal also informs new employees about certain Board policies and benefits.

PRIVACY ACT STATEMENTS

General personal information. General personal information includes biographic information such as name, social security number, date of birth, sex , and marital status along with contact information; demographic information such as citizenship; educational information; prior federal service and dependent information for federal transfers including information on spouses and dependent children; emergency contact information and relatives employed at the Board; and sign-on bonus information. This information is collected and maintained to assist the Board in its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source from which additional information is necessary to obtain information relevant to the Board decision to hire or retain you; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your Social Security Number so that we can keep accurate records, because other people may have the same name and birth date. Furnishing the information requested is voluntary; however, if you fail to provide the information on or before your first day of employment, the Board may decline to employ you or continue your employment.

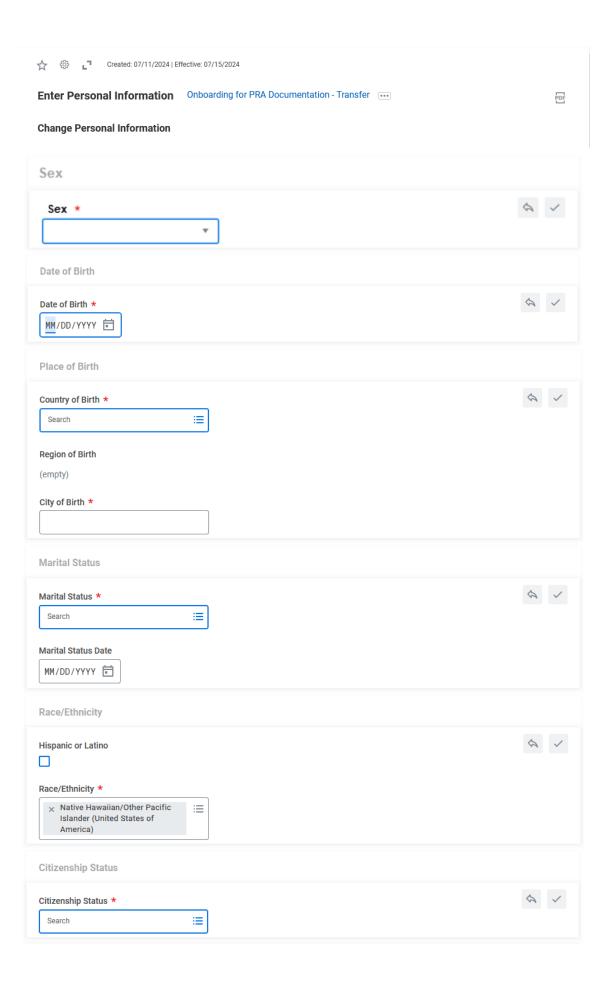
<u>Fingerprint information</u>. Fingerprint information consists of eye and hair color, height, and weight. This information is collected and maintained to assist us in providing security of the Board's premises against unauthorized entry; to record entry to Board premises as well as entry into secured areas by authorized personnel; to record departure from Board's premises; to control access to certain areas within Board premises; and to determine who is present on Board property. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-34, "FRB-ESS Staff Identification Card File," including to appropriate federal, state, local, or foreign agencies where disclosure is reasonably necessary to determine whether you pose a security risk; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available <a href="https://example.com/height-neig

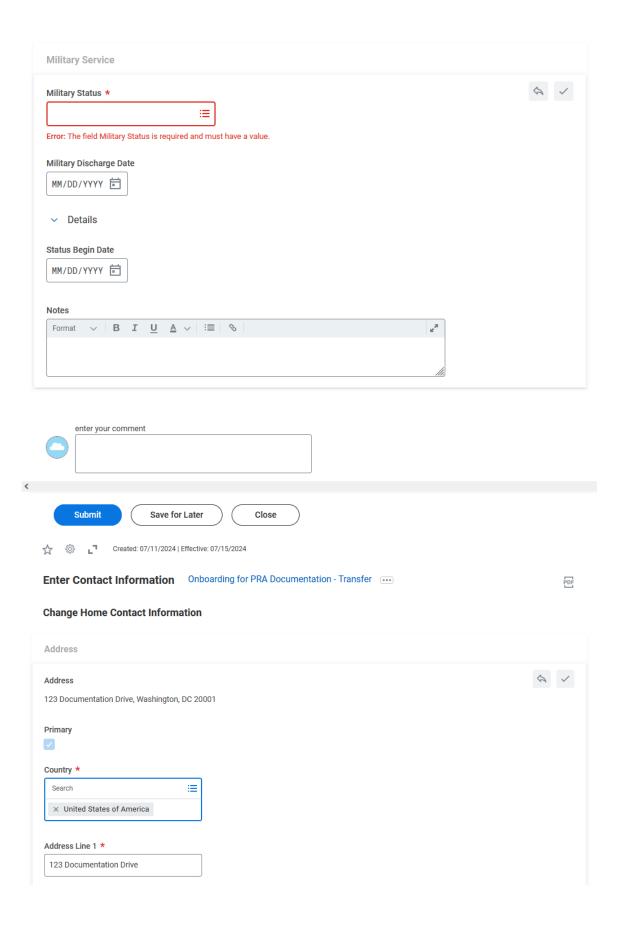
Ethnicity and Race Self-Identification/EEO. Ethnicity and Race Self-Identification and EEO information is collected and maintained to assist the Board in carrying out its responsibilities under Rehabilitation Act of 1973, Title VII of the Civil Rights Act, and other non-discrimination statutes. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-24 "FRB-EEO General Files," including to contractors, agents, and others; where security or confidentiality has been compromised; and to an individual's emergency contact when necessary to assist the processing of any benefit or claim. Records may also be used to disclose information to management as a data source for production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related personnel management functions or manpower studies and may also be utilized to respond to investigative or legal requests for statistical information (without personal identification of individuals). (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, Title VII of the Civil Rights Act, and the Equal Pay Act. Providing the requested information is voluntary and has no impact on your employment status, but in the instance of missing information, the Board will attempt to identify your race and ethnicity by visual observation.

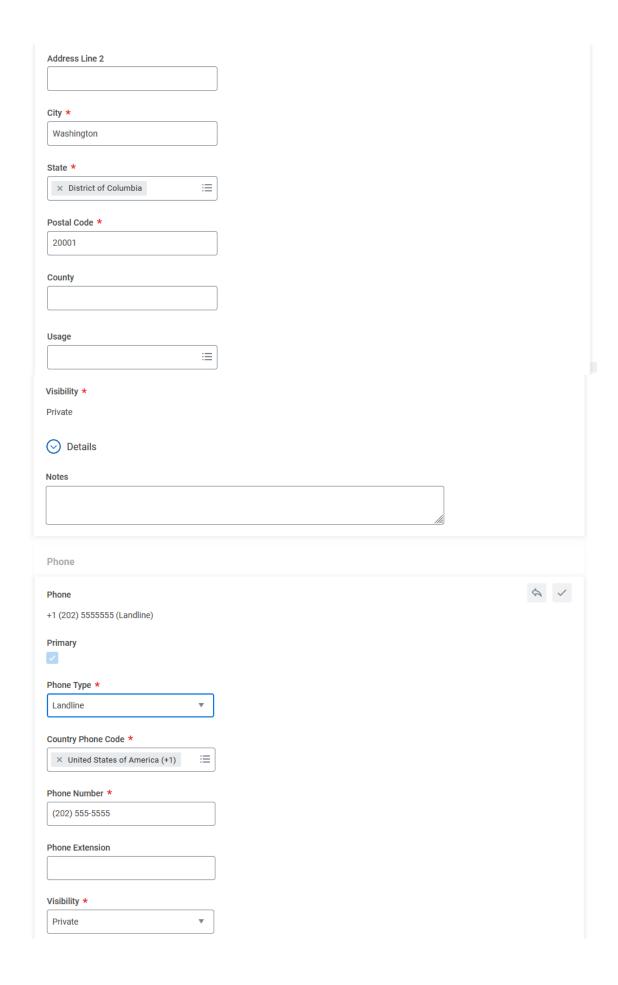
Beneficiary information. The beneficiary information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate ag encies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.

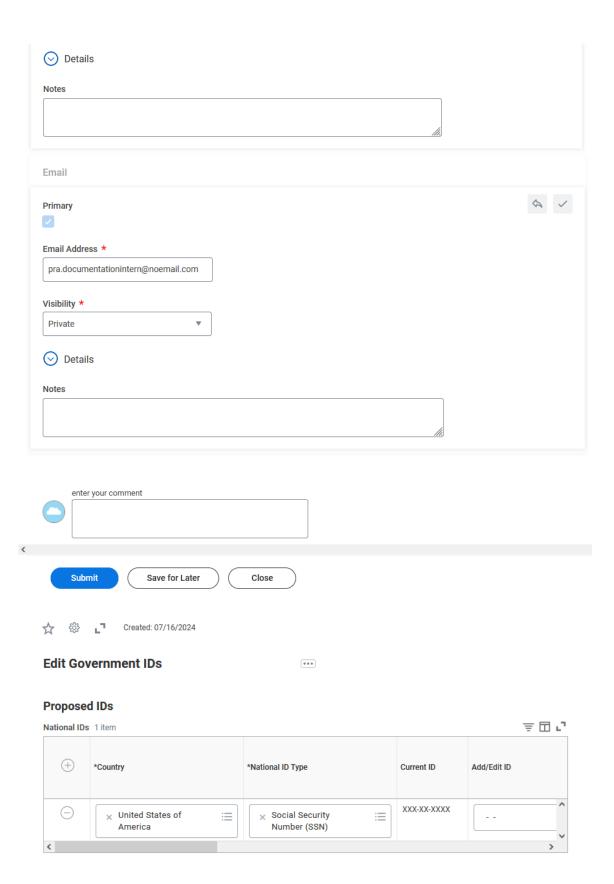
enter your comment

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	Complete To	Do Paperwork Reduction Act Statement ••• Paperwork Reduction Act Statement •• Paperwork Reduction Act Statement Paperwork Reduction
	For	IT Systems & Administraton Leadership
	Overall Process	Hire: PRA Documentation - Transfer
	Overall Status	Successfully Completed
	Instructions	Paperwork Reduction Act Statement
		OMB No. 7100-0375 Approval Expires January 31, 2025
		Public reporting burden for this collection of information is estimated to average 1 hours per response for regular hires, 0.75 hours per response for intern hires, and 1.08 hours per response for Federal Transfers, including the time for reviewing instructions, gathering and maintaining the information needed, and completing and reviewing the collection of information. A Federal agency may not conduct or sponsor, and an organization (or a person) is not required to respond to a collection of information, unless it displays a valid OMB control number. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Secretary, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue NW, Washington DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0375), New Executive Office Building, Room 10235, 725 17th Street NW, Washington, DC 20503.
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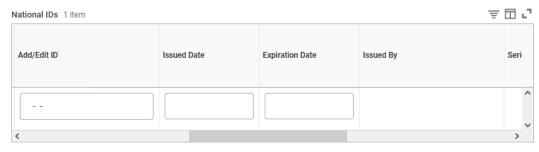




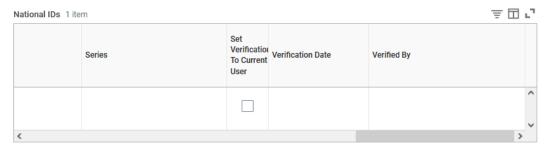




Proposed IDs



Proposed IDs







Previous IDs **ਾ** 🖽 🖽 National IDs 1 item Issued *Country Current ID Add/Edit ID *National ID Type **Expiration Date** United States of America Social Security Number (SSN) XXX-XX-XXXX **₩** 🖽 🗆 🖽 🖽 Additional Government IDs Issued *Country Identification # **Expiration Date** *Government ID Type Verificatio Date < enter your comment Submit Save for Later Cancel Created: 07/11/2024 | Effective: 07/15/2024 Fingerprint Information 'Fingerprint Information' for Onboarding for PRA Documentation - Transfer

Country of Citizenship if ou	rtside the U.S.
	lle
If Citizenship Status is not	Alien Permanent, Citizen, Naturalized Citizen, Permanent Resident, or Temporary Resident, please specify.

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	lis .
	Height (Required)
	Weight
	(Required)
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☆ €	3 Created: 07/11/2024 Effective: 07/15/2024
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☆ 《 Prior	Created: 07/11/2024 Effective: 07/15/2024 Service 'FRBPriorService' for Onboarding for PRA Documentation - Transfer
Prior	Created: 07/11/2024 Effective: 07/15/2024 Service 'FRBPriorService' for Onboarding for PRA Documentation - Transfer r Service Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military? (Required)
Prior	Created: 07/11/2024 Effective: 07/15/2024 Service 'FRBPriorService' for Onboarding for PRA Documentation - Transfer r Service Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military?
Prior	Created: 07/11/2024 Effective: 07/15/2024 Service 'FRBPriorService' for Onboarding for PRA Documentation - Transfer r Service Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military? (Required) Yes



Complete Form I-9

Employment Eligibility Verification

Department of Homeland Security, U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 07/31/2026

>START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

Form I-9 Instructions

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation

Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name) * Documentation - Transfer
First Name (Given Name) * Paperwork Reduction Act
Middle Initial (if any)
Other Last Names Used (if any)
Address (Street Number and Name) * 123 Documentation Drive
Apt. Number (if any) City or Town * Washington
State * DC ZIP Code * 20001
Date of Birth (mm/dd/yyyy) * 02/02/1982 🗂 U.S. Social Security Number 999-99-9003
Employee's Email Address pra.documentationtransfer@noemail.com
Employee's Telephone Number +1 (202) 5555555
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):
1. A citizen of the United States
2. A noncitizen national of the United States (See instructions)
3. A lawful permanent resident (Enter USCIS or A-Number.)
4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:
USCIS A-Number
OR
Form I-94 Admission Number
OR
Foreign Passport Number and Country of Issuance
Country of Issuance: (empty)
Signature of Employee
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.
By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form I-9.
I Agree *
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.
Preparer and/or Translator Certification
Supplement A. Preparer and/or Translator Certification for Section 1
I did not use a preparer or translator.
A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
How Many? 0
Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.
Signature of Preparer or Translator
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.
I Agree
Last Name (Family Name)
First Name (Given Name)
Middle Initial (if any)

Address (Street Number and Name)
City or Town State
ZIP Code
enter your comment
Submit Save for Later Cancel
☆ 🐯 🗖 Created: 07/11/2024 Effective: 07/15/2024
Review Documents Review Documents for Onboarding for PRA Documentation - Transfer
Documents
Document Discriminatory Workplace Harassment Policy
Document The EEO Complaint System and How It Works Brochure
Document Equal Employment Opportunity Policy
Document Reasonable Accommodation Policy
Comment
Submit Save for Later Cancel



Created: 07/16/2024 | Updated: 07/16/2024

Policies Verification





Review Documents for Onboarding

Documents

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On this page, you can only download the original, unsigned version of the document.

Document



CR-ONB-Policies Verification-Internal FR.pdf

Click the below button to e-sign. Please note that when signing documents you will be leaving Workday Service. You may need to wait a few seconds for the signature status of the documents to be updated in Workday before you can submit the Inbox task. Please wait until you are redirected to Workday before you close your browser.

E-sign by Adobe Sign

E-sign by Adobe Acrobat Sign for Government





Created: 07/11/2024 | Effective: 07/15/2024

Complete Questionnaire

'Designation of Beneficiary Unpaid Compensation of Deceased Employee' for Onboarding for PRA Documentation -Transfer ...

Designation of Beneficiary Unpaid Compensation of Deceased Employee

PRIVACY ACT STATEMENT

The information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.

I hereby designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION payable to me after my death and, in doing so, cancel any and all previous beneficiary designations I may have made for this purpose. I understand that this Designation of Beneficiary relates solely to UNPAID COMPENSATION (which means pay on account of services rendered prior to death, and not received by me prior to death, and may include amounts due in reimbursement of travel expenses, moving relocation expenses, overtime pay, cash awards, accrued annual leave and/or any other amounts the Board agreed in writing to pay you prior to death). This Designation of Beneficiary does not affect the disposition of any benefits which may become payable under the terms of any other employee benefit plan.

I UNDERSTAND THAT IF I DO NOT DESIGNATE A BENEFICIARY ON THIS FORM, MY UNPAID COMPENSATION WILL BE PAID TO THE PROBATE OR ORPHAN'S COURT (OR SIMILAR INSTITUTION) OF THE STATE WHERE I RESEIDED AT THE TIME OF MY DEATH FOR APPROPRIATE DISPOSITION IN ACCORDANCE WITH APPLICABLE STATE LAW. (Your residence will be determined by the most recent address you submitted to the Board for tax purposes (W-2 wage reporting) prior to your death.)

Information Concerning the Beneficiary or Beneficiaries:

Please provide information for at least one beneficiary below. If you do not wish to list a beneficiary, please enter "N/A" in the required fields.

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(Required)		
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Relationship (Required)		
(Required)		
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Social Security Number (Required)		Ms.
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Social Security Number Share paid to each beneficiary	
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Share paid to each beneficiary 0 Do you have additional primary beneficiaries to add?	
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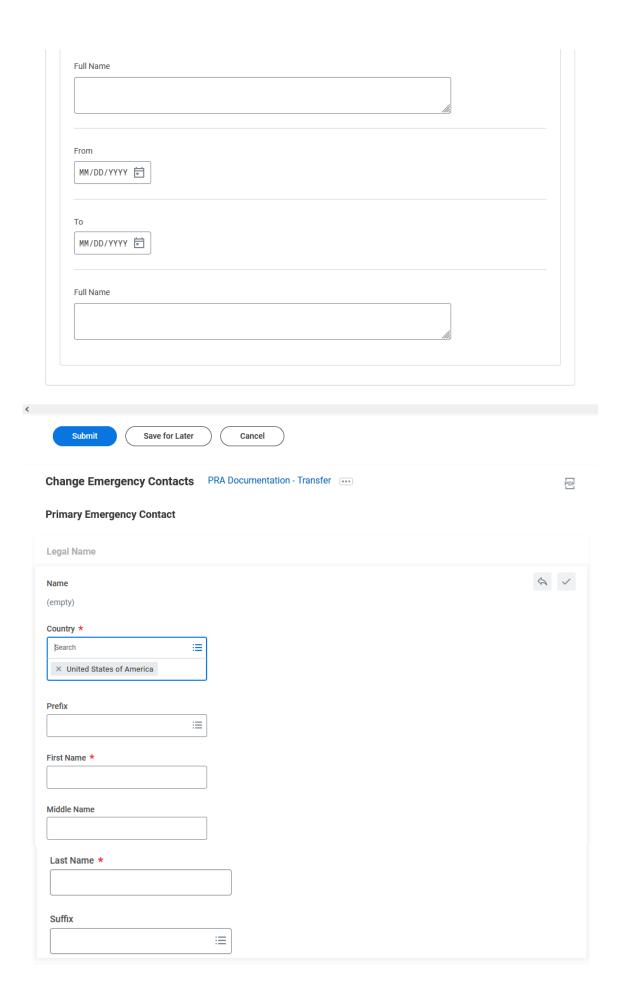
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Contingent Beneficiaries		
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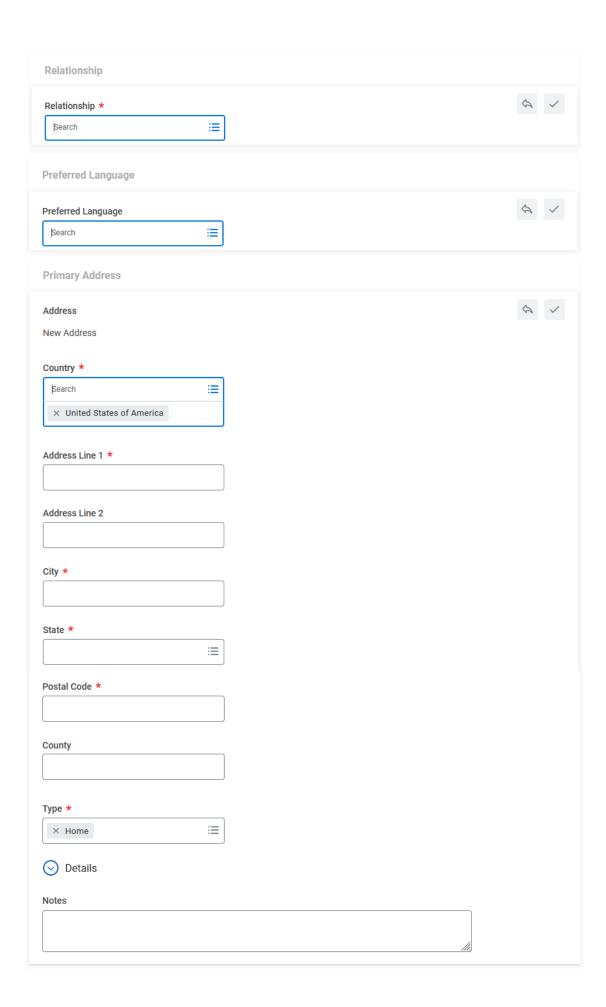
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☆ Zuri	Created: 07/11/2024 Effective: 07/15/2024 Ch Beneficiary Designation 'FRBZurichBeneficiary' for Onboarding for PRA Documentation - Transfer
P T ti S re a in c t t 2.2	rivacy Act Statement the information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act ystem of Records Notice (SORN) for BGFRS 4 "FRB-General Personnel Records," including to any source for which additional information is squested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedigs involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or liense sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available at https://www.federalreserve.gov/files/BGFRS-4-general-personnel-records.pdf). We are authorized to collect your information by 12 U.S.C. §§ 44 and 248. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.
	Beneficiary Name (Required)
	Relationship (Required)

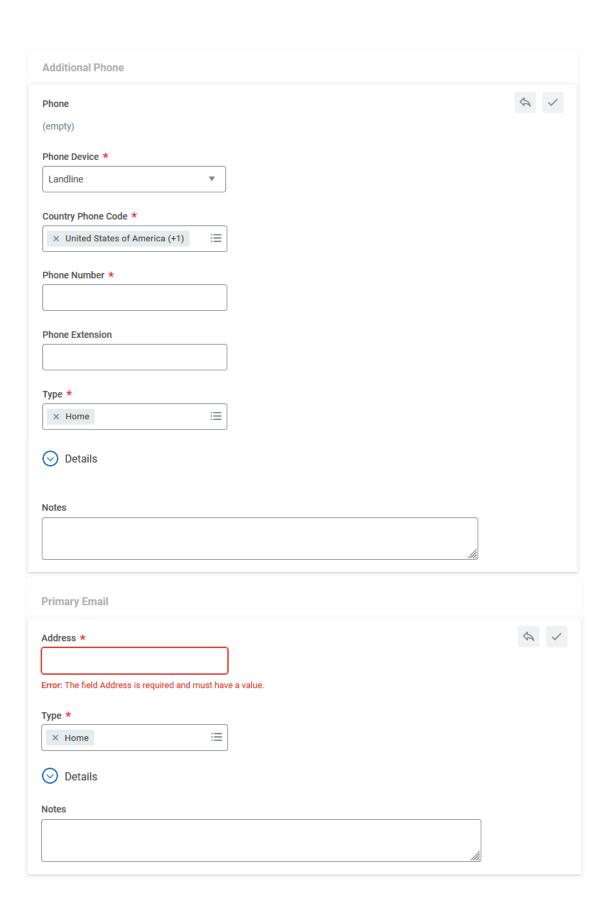
Complete Questionnaire 'Prior Service Details' for Onboarding for PRA Documentation - Transfer

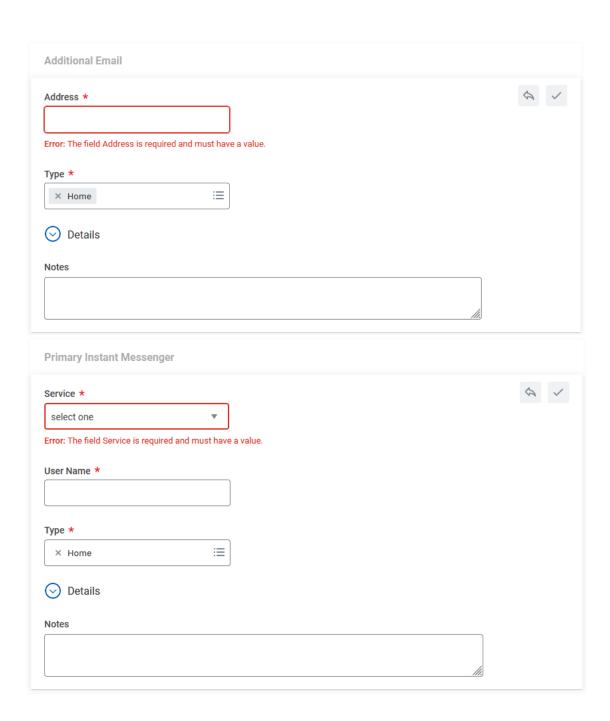
	e receiving this task because you previously indicated you have prior service with the Federal Reserve System, federal government cy, District of Columbia government, Peace Corp, VISTA, or active duty military.
	tetired with service: I have had previous service with the Federal Reserve System, federal government agency, District of Columbia povernment, Peace Corp, VISTA, or active duty military and retired under the Plan.
(lot retired with service: I have had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military which I believe was at one time creditable service under the Plan, but did not retire.
	Please indicate which of the above apply to you. (Required)
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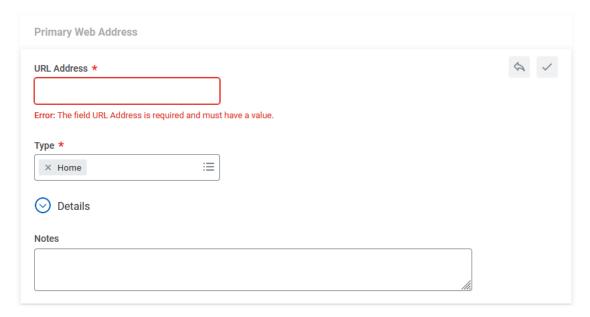
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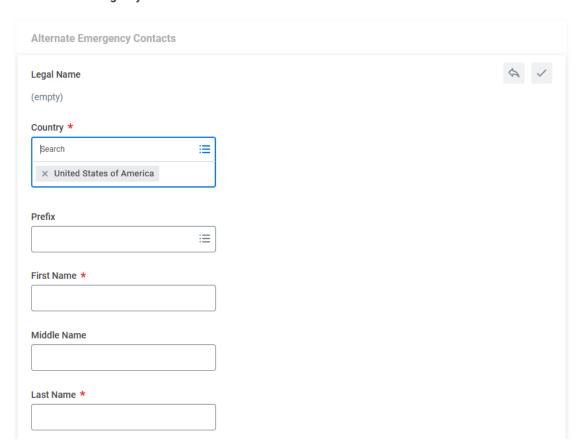








Alternate Emergency Contacts



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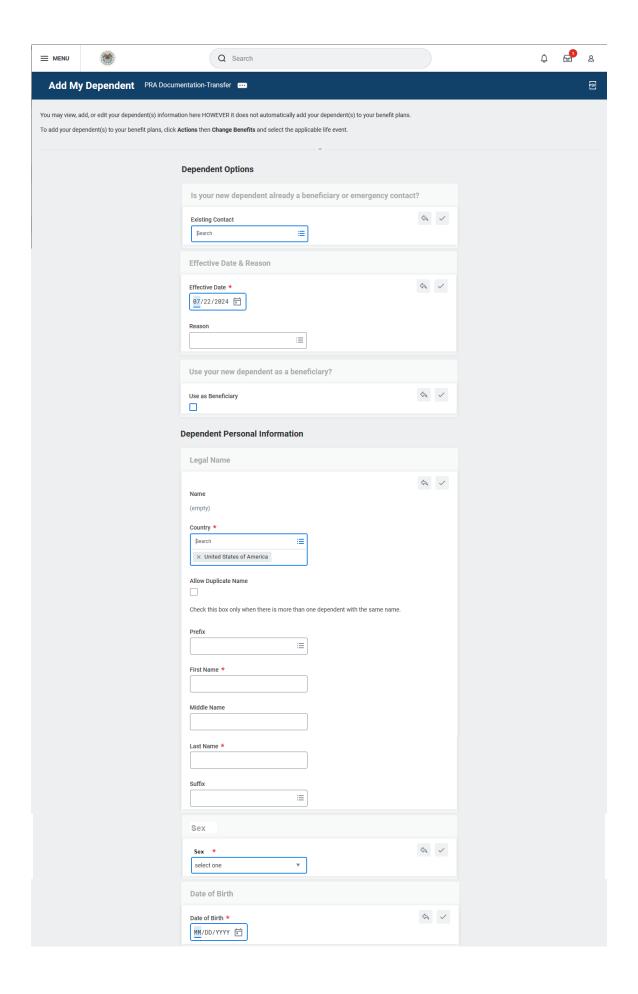
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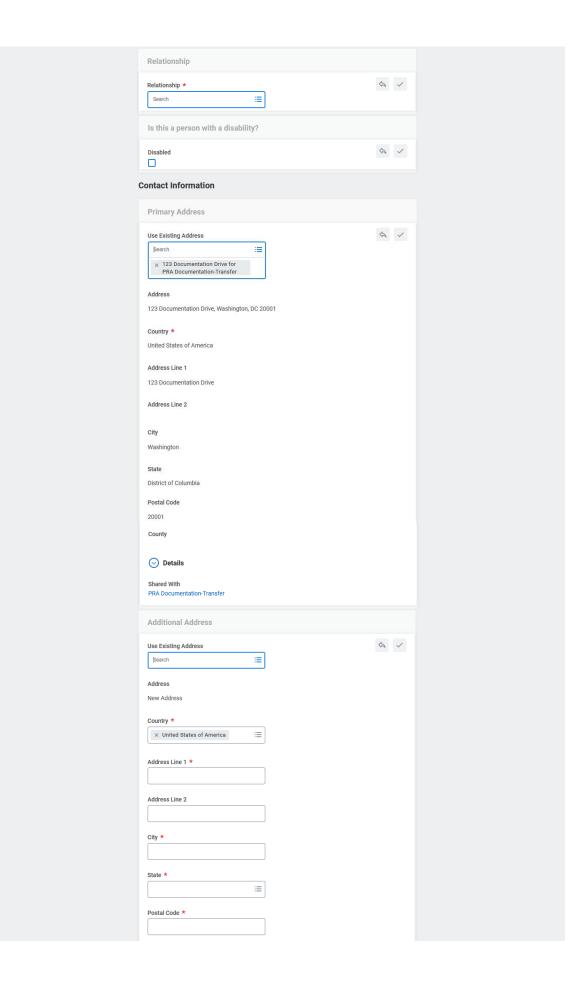
Relatives Employed at the Board

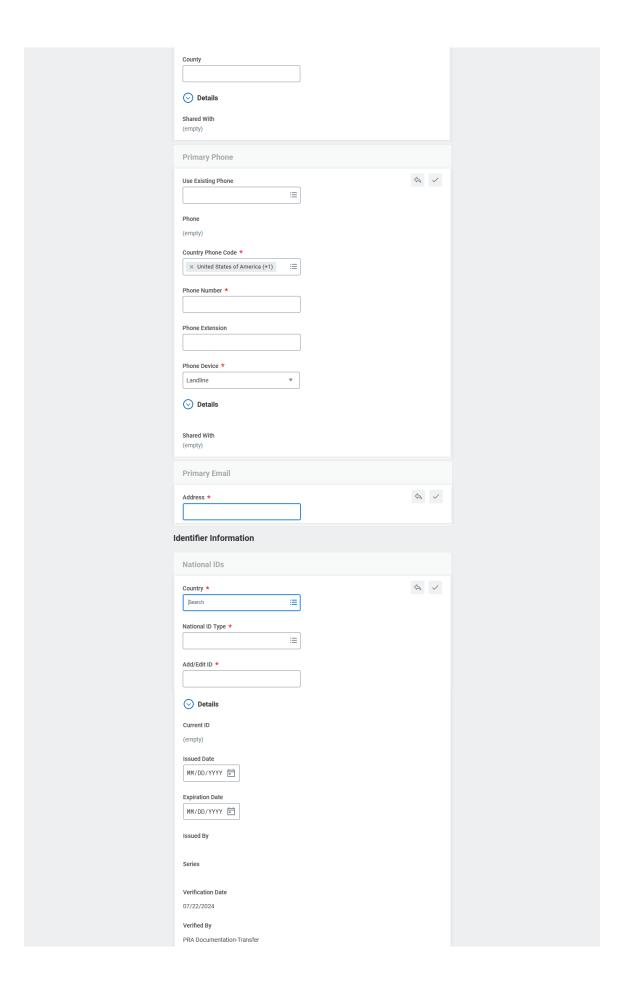
'Relatives Employed at the Board V2' for Onboarding for PRA Documentation - Transfer ••••

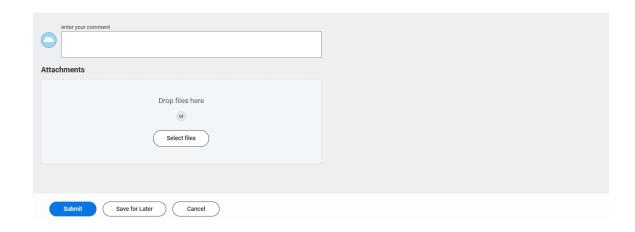
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Submit ☆ ◎ ∟¹ Complete To	Created: 07/11/2024 Effective: 07/15/2024 Do Add Dependents	PDF
Overall Process	IT Systems & Administraton Leadership Hire: PRA Documentation - Transfer Successfully Completed	
Dependents	 Please add your dependents before enrolling in benefits by clicking the blue Dependents button below. You will not be able to add Dependents to Dependent Life if you wish to enroll during the Enrollment Process without adding them below first. After adding your dependent(s), they ARE NOT yet added to coverage. You MUST return to this inbox item and submit. You will be able to add your dependent(s) to coverage after all your personal information steps are complete. 	
enter your c	omment	
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Officer/Governor





Created: 07/11/2024 | Effective: 07/15/2024

Complete To Do Privacy Act Statement ...





For Stebunovs Leadership

Overall Process Hire: PRA Documentation - Officer

Overall Status Successfully Completed

Instructions PRIVACY ACT STATEMENTS

OVERVIEW OF NEW HIRE PORTAL

In order to complete the employment process, the Board requires new employees to provide employment information and fill out certain forms. The New Hire Portal is the Board's online system that allows new employees to provide the necessary information and fill out forms that can be completed before the first day of employment and pre-populate forms that must be completed in person. The New Hire Portal also informs new employees about certain Board policies and benefits.

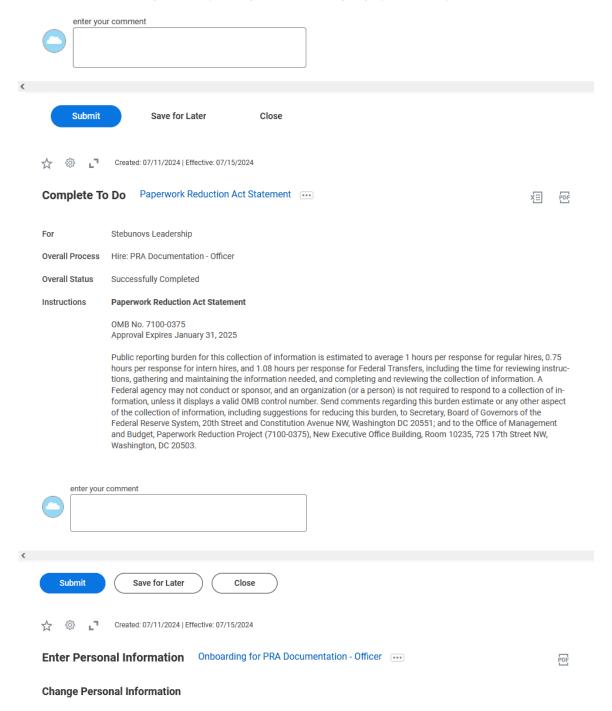
PRIVACY ACT STATEMENTS

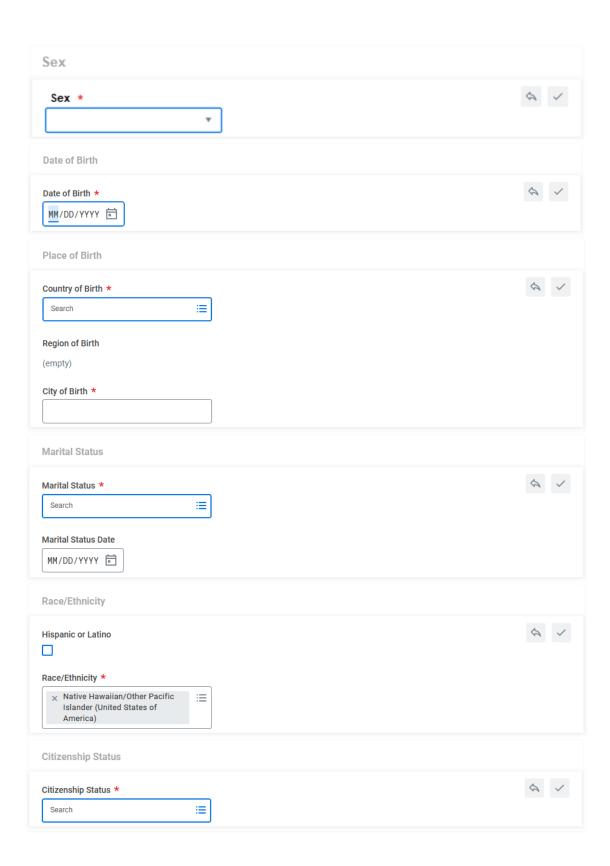
General personal information. General personal information includes biographic information such as name, social security number, date of birth, sex ; and marital status along with contact information; demographic information such as citizenshi p; educational information; prior federal service and dependent information for federal transfers including information on spouses and dependent children; emergency contact information and relatives employed at the Board; and sign-on bonus information. This information is collected and maintained to assist the Board in its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source from which additional information is necessary to obtain information relevant to the Board decision to hire or retain you; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your Social Security Number so that we can keep accurate records, because other people may have the same name birth date. Furnishing the information requested is voluntary; however, if you fail to provide the information on or before your first day of employment, the Board may decline to employ you or continue your employment.

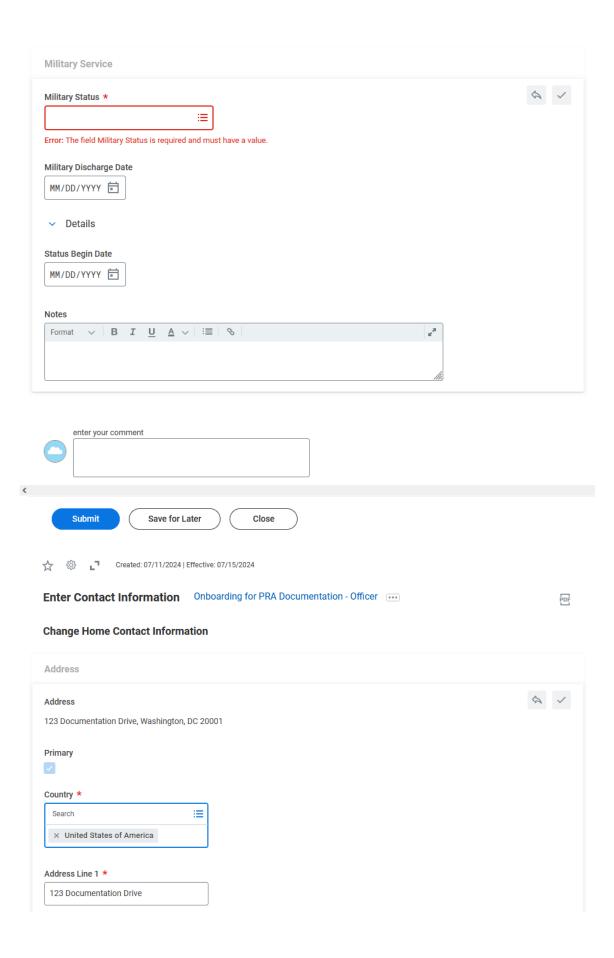
Fingerprint information. Fingerprint information consists of eye and hair color, height, and weight. This information is collected and maintained to assist us in providing security of the Board's premises against unauthorized entry; to record entry to Board premises as well as entry into secured areas by authorized personnel; to record departure from Board's premises; to control access to certain areas within Board premises; and to determine who is present on Board property. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-34, "FRB-ESS Staff Identification Card File," including to appropriate federal, state, local, or foreign agencies where disclosure is reasonably necessary to determine whether you pose a security risk; to contractors, agents, and others; and where the security or confidentiality of your information has been compromised. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 243 and 248. Furnishing the information requested is voluntary. Failure to provide any of the information on or before your first day of employment may result in disapproval of your request for a Board identification card and for access to the Federal Reserve Board's premises and lead to the Board declining to employ you or continue your employment.

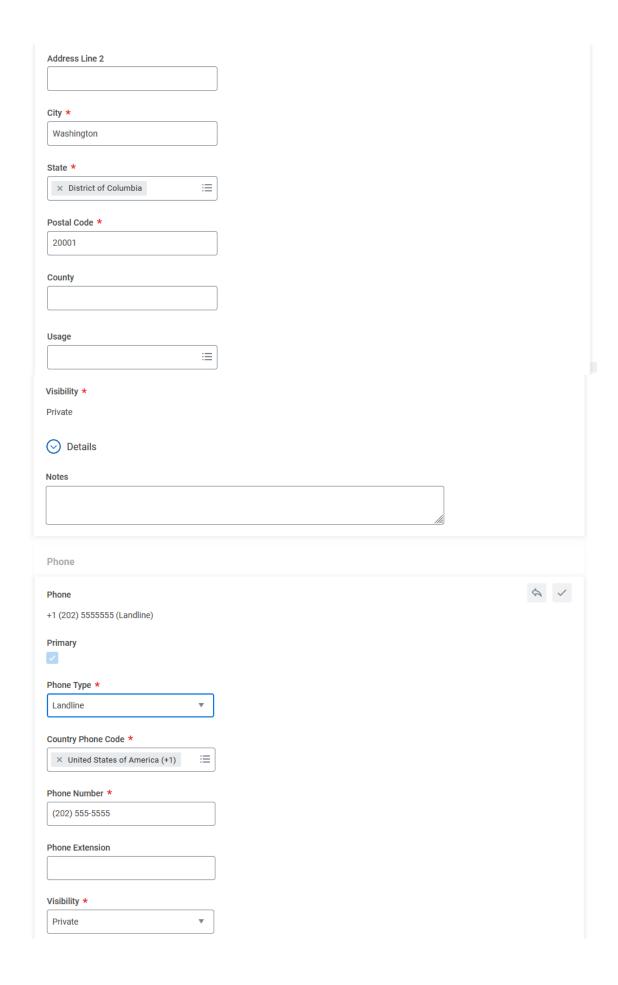
 $\underline{\textbf{Ethnicity and Race Self-Identification/EEO}}. \ \ \textbf{Ethnicity and Race Self-Identification and EEO information is collected}$ and maintained to assist the Board in carrying out its responsibilities under Rehabilitation Act of 1973, Title VII of the Civil Rights Act, and other non-discrimination statutes. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-24 "FRB-EEO General Files," including to contractors, agents, and others; where security or confidentiality has been compromised; and to an individual's emergency contact when necessary to assist the processing of any benefit or claim. Records may also be used to disclose information to management as a data source for production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related personnel management functions or manpower studies and may also be utilized to respond to investigative or legal requests for statistical information (without personal identification of individuals). (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, Title VII of the Civil Rights Act, and the Equal Pay Act. Providing the requested information is voluntary and has no impact on your employment status, but in the instance of missing information, the Board will attempt to identify your race and ethnicity by visual observation.

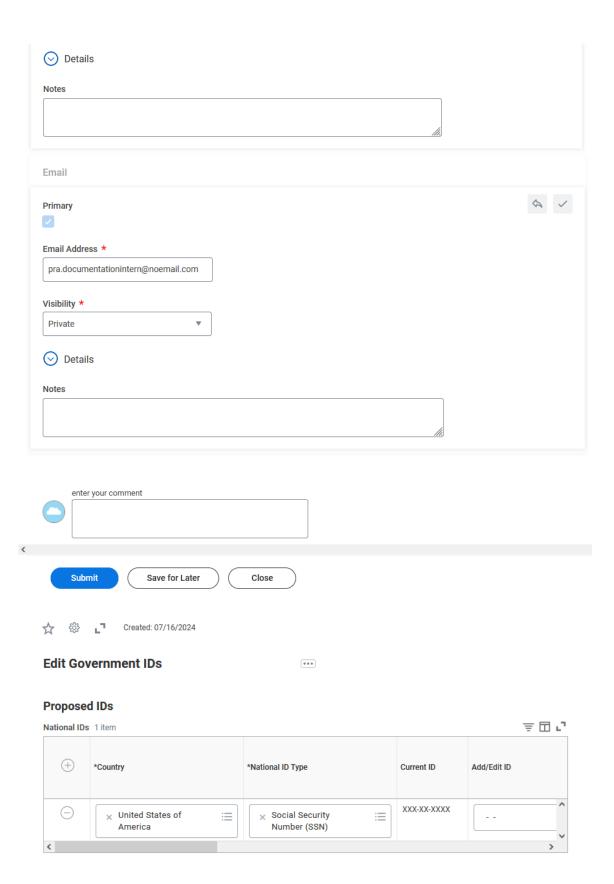
Beneficiary information. The beneficiary information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate ag encies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.



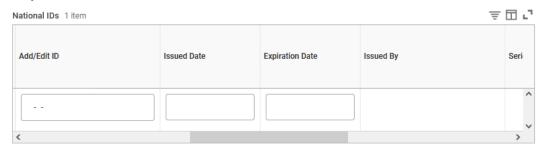




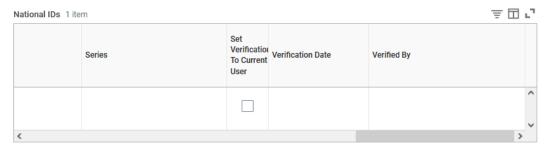




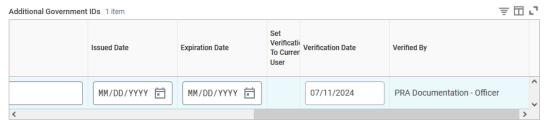
Proposed IDs



Proposed IDs



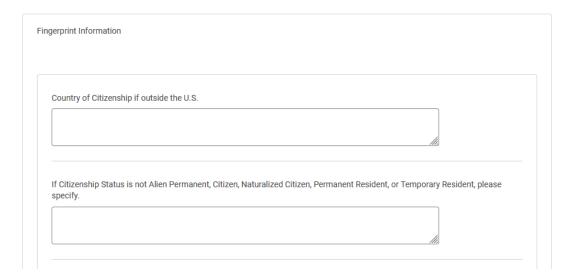




Previous IDs 〒□□□ National IDs 1 item Issued Current ID *Country *National ID Type Add/Edit ID **Expiration Date** United States of America Social Security Number (SSN) XXX-XX-XXXX 東田に 囲 田 Additional Government IDs Issued *Country Identification # *Government ID Type Date **Expiration Date** Verificatio enter your comment Submit Save for Later Cancel

Fingerprint Information 'Fingerprint Information' for Onboarding for PRA Documentation - Officer

Created: 07/11/2024 | Effective: 07/15/2024



	li.
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☆ Pri	Created: 07/11/2024 Effective: 07/15/2024 or Service 'FRBPriorService' for Onboarding for PRA Documentation - Officer
☆ Pri	Created: 07/11/2024 Effective: 07/15/2024 or Service 'FRBPriorService' for Onboarding for PRA Documentation - Officer
☆ Pri	Created: 07/11/2024 Effective: 07/15/2024 Or Service 'FRBPriorService' for Onboarding for PRA Documentation - Officer Prior Service Have you had previous service with the Federal Reserve System, federal government agency, District of Columbia government, Peace Corp, VISTA, or active duty military?

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Complete Form I-9

Employment Eligibility Verification

Department of Homeland Security, U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 07/31/2026

>START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

Form I-9 Instructions

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation

Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name) * Documentation - Officer
First Name (Given Name) * Paperwork Reduction Act
Middle Initial (if any)
Other Last Names Used (if any)
Address (Street Number and Name) * 123 Documentation Drive
Apt. Number (if any) City or Town * Washington
State ★ DC ZIP Code ★ 20001
Date of Birth (mm/dd/yyyy) * 06/08/1968 : U.S. Social Security Number 999-99-9004
Employee's Email Address pra.documentationofficer@noemail.com
Employee's Telephone Number +1 (202) 5555555
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):
1. A citizen of the United States
2. A noncitizen national of the United States (See instructions)
3. A lawful permanent resident (Enter USCIS or A-Number.)
4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:
USCIS A-Number
OR
Form I-94 Admission Number
OR
Foreign Passport Number and Country of Issuance
Country of Issuance: (empty)
Signature of Employee
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.
By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form I-9.
I Agree *
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.
Preparer and/or Translator Certification
Supplement A. Preparer and/or Translator Certification for Section 1
I did not use a preparer or translator.
A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
How Many? 0
Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.
Signature of Preparer or Translator
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.
I Agree
Last Name (Family Name)
First Name (Given Name)
Middle Initial (if any)

Address (Street Number and Name)
City or Town State
ZIP Code
enter your comment C
Submit Save for Later Cancel
☆ ፡ Created: 07/11/2024 Effective: 07/15/2024
Review Documents Review Documents for Onboarding for PRA Documentation - Officer
Documents
Document Discriminatory Workplace Harassment Policy
Document The EEO Complaint System and How It Works Brochure
Document Equal Employment Opportunity Policy
Document Reasonable Accommodation Policy
Comment
Submit Save for Later Cancel



Created: 07/16/2024 | Updated: 07/16/2024

Policies Verification





Review Documents for Onboarding

Documents

On this page, you can only download the original, unsigned version of the document.

Document



CR-ONB-Policies Verification-Internal FR.pdf

Click the below button to e-sign. Please note that when signing documents you will be leaving Workday Service. You may need to wait a few seconds for the signature status of the documents to be updated in Workday before you can submit the Inbox task. Please wait until you are redirected to Workday before you close your browser.

E-sign by Adobe Sign

E-sign by Adobe Acrobat Sign for Government

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Complete Questionnaire

'Designation of Beneficiary Unpaid Compensation of Deceased Employee' for Onboarding for PRA Documentation - Officer

Designation of Beneficiary Unpaid Compensation of Deceased Employee

PRIVACY ACT STATEMENT

The information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in the Privacy Act System of Records Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connection with legal proceedings involving your employment and, where the information may be relevant to a potential violation of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of routine uses is available here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248, and Executive Order 9397. In accordance with Executive Order 9397, we collect your and your beneficiaries' Social Security Numbers so that we can keep accurate records, because other people may have the same name. Furnishing the information requested is voluntary; however, your failure to provide any of the information may delay or prevent the receipt of benefits.

I hereby designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION payable to me after my death and, in doing so, cancel any and all previous beneficiary designations I may have made for this purpose. I understand that this Designation of Beneficiary relates solely to UNPAID COMPENSATION (which means pay on account of services rendered prior to death, and not received by me prior to death, and may include amounts due in reimbursement of travel expenses, moving relocation expenses, overtime pay, cash awards, accrued annual leave and/or any other amounts the Board agreed in writing to pay you prior to death). This Designation of Beneficiary does not affect the disposition of any benefits which may become payable under the terms of any other employee benefit plan.

I UNDERSTAND THAT IF I DO NOT DESIGNATE A BENEFICIARY ON THIS FORM, MY UNPAID COMPENSATION WILL BE PAID TO THE PROBATE OR ORPHAN'S COURT (OR SIMILAR INSTITUTION) OF THE STATE WHERE I RESEIDED AT THE TIME OF MY DEATH FOR APPROPRIATE DISPOSITION IN ACCORDANCE WITH APPLICABLE STATE LAW. (Your residence will be determined by the most recent address you submitted to the Board for tax purposes (W-2 wage reporting) prior to your death.)

Information Concerning the Beneficiary or Beneficiaries:

Please provide information for at least one beneficiary below. If you do not wish to list a beneficiary, please enter "N/A" in the required fields.

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(Required)	

Relationship (Required)	
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Social Security Number	
(Required)	
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Relationship	
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Primary Total (must equal 100%)	
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Contingent Beneficiaries Full Name	
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Share paid to each ben	eficiary		
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U			



Executive Death and Dismemberment Benefit for Officers and Governors

'Executive Death and Dismemberment Benefit for Officers and Governors' for Onboarding for PRA Documentation -Officer •••

ecutive Death and Dis	smemberment Benefit for Officers and Governors				
ation of its benefits provivacy Act System of R formation is requested vestigation, or let a co on with legal proceedin ation, order, policy, or l outine uses is available	wide is collected and maintained to assist the Board with its personnel actions and decisions, and in the administorians. In order to do this, we may disclose your information consistent with the routine uses listed in the lecords Notice (SORN) for BGFRS-4 "FRB-General Personnel Records," including to any source for which additional doobtain information relevant to a Board decision to hire or retain an employee, conduct a security or suitability intract, issue a license, grant, or other benefit. The routine uses also include disclosing the information in connectings involving your employment and, where the information may be relevant to a potential violation of law, rule, reglicense sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May 6, 2008. The full list of the here). We are authorized to collect your information by 12 U.S.C. §§ 244 and 248. Furnishing the information revever, your failure to provide any of the information may delay or prevent the receipt of benefits.				
•	rou would like to participate in the Executive Death and Dismemberment Benefit for Officers and Governors of the Board of Governors the Federal Reserve System (Plan), complete Parts I and II, below. If you do not wish to participate in the Plan, complete Part III, below				
PART I: PAYMENT O	PTIONS				
I hereby elect the fol	lowing method of payment:				
Lump Sum Pa	yment				
O Installment Pa	ayments				
PART II: BENEFICIAI	RY DESIGNATIONS				
	iduals listed below as beneficiaries of any payments under the Plan that may be due upon my death. This s designations I may have made once this form is received by the Benefits Office.				
If no percentage is d	lesignated payments will be distributed equally among all beneficiaries listed below.				
Full Name					
	lie				
Relationship					

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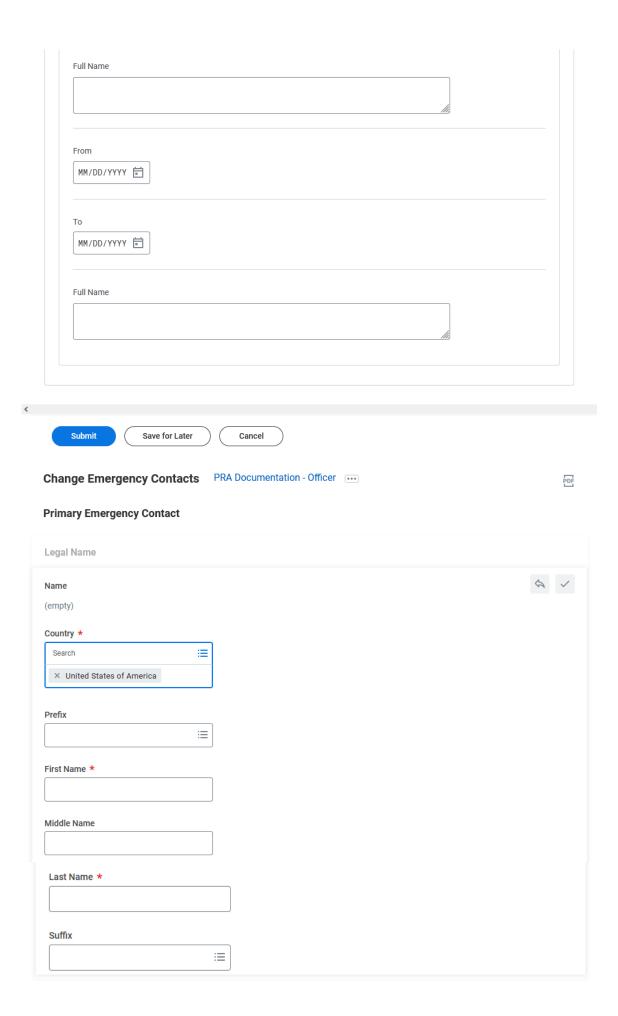
I hereby waive participation in the Plan. Yes No Save for Later Cancel
○ No
ubmit Save for Later Cancel
© Created: 07/11/2024 Effective: 07/15/2024
ch Beneficiary Designation 'FRBZurichBeneficiary' for Onboarding for PRA Documentation - Officer
urich Beneficiary Designation
ivacy Act Statement
ne information you provide is collected and maintained to assist the Board with its personnel actions and decisions, and in the ad- inistration of its benefits programs. In order to do this, we may disclose your information consistent with the routine uses listed in
e Privacy Act System of Records Notice (SORN) for BGFRS 4 "FRB-General Personnel Records," including to any source for which actional information is requested to obtain information relevant to a Board decision to hire or retain an employee, conduct a security of
itability investigation, or let a contract, issue a license, grant, or other benefit. The routine uses also include disclosing the informa-
on in connection with legal proceedings involving your employment and, where the information may be relevant to a potential viola- on of law, rule, regulation, order, policy, or license sharing it with appropriate agencies. (The SORN is published at 73 FR 24984, May
108. The full list of routine uses is available at https://www.federalreserve.gov/files/BGFRS-4-general-personnel-records.pdf). We are atthorized to collect your information by 12 U.S.C. \$8244 and 248. Furnishing the information requested is voluntary; however, your literature to the information requested in the information and the information requested in the i
ilure to provide any of the information may delay or prevent the receipt of benefits.
Beneficiary Name
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Relationship (Required)
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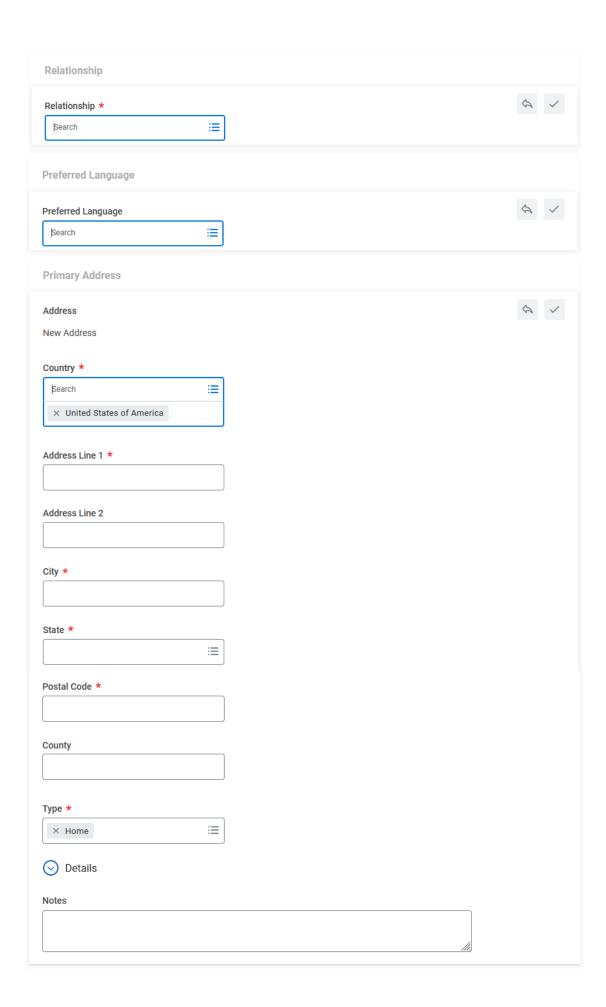


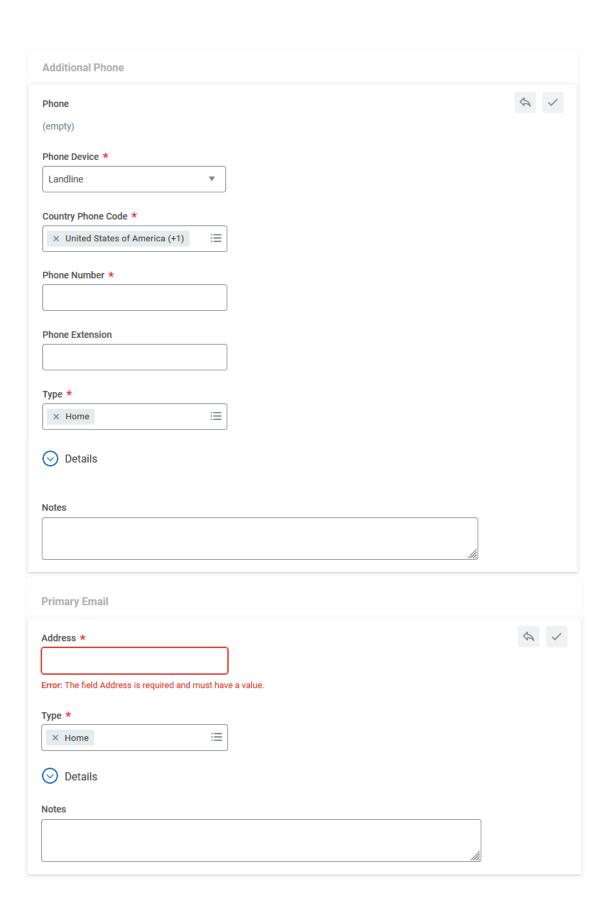
Complete Questionnaire 'Prior Service Details' for Onboarding for PRA Documentation - Officer

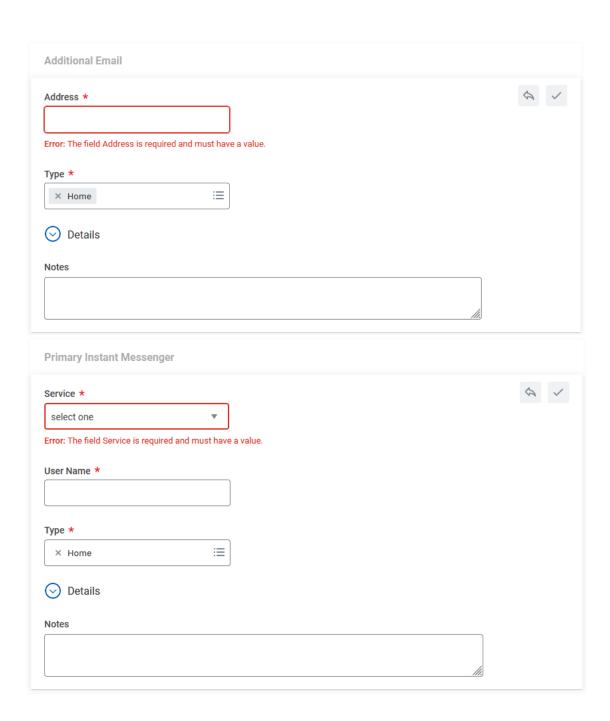
	ave had previous service with the Federal Reserve System, federal government agency, District of Peace Corp, VISTA, or active duty military and retired under the Plan.
	I have had previous service with the Federal Reserve System, federal government agency, District of Peace Corp, VISTA, or active duty military which I believe was at one time creditable service under the
Please indicate which of (Required)	the above apply to you.
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O Not retired with se	ervice
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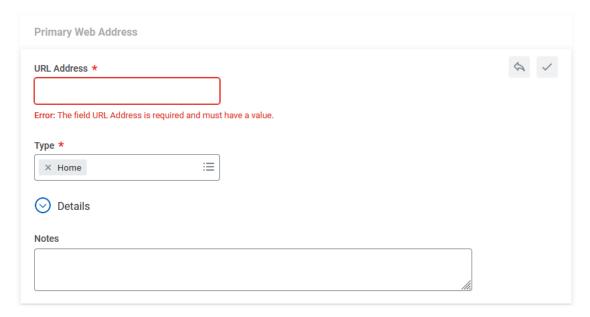
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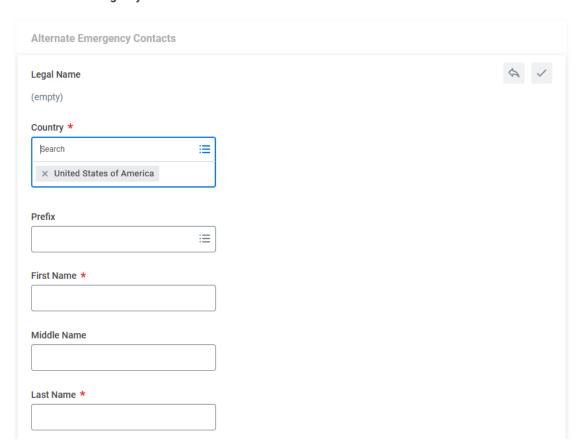








Alternate Emergency Contacts



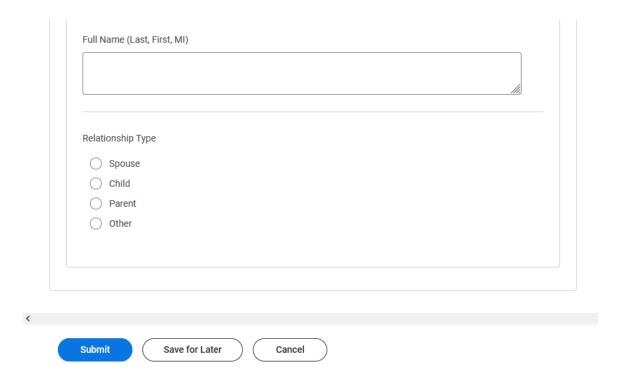
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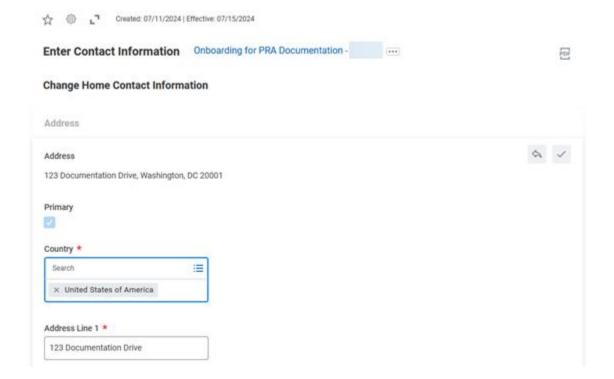
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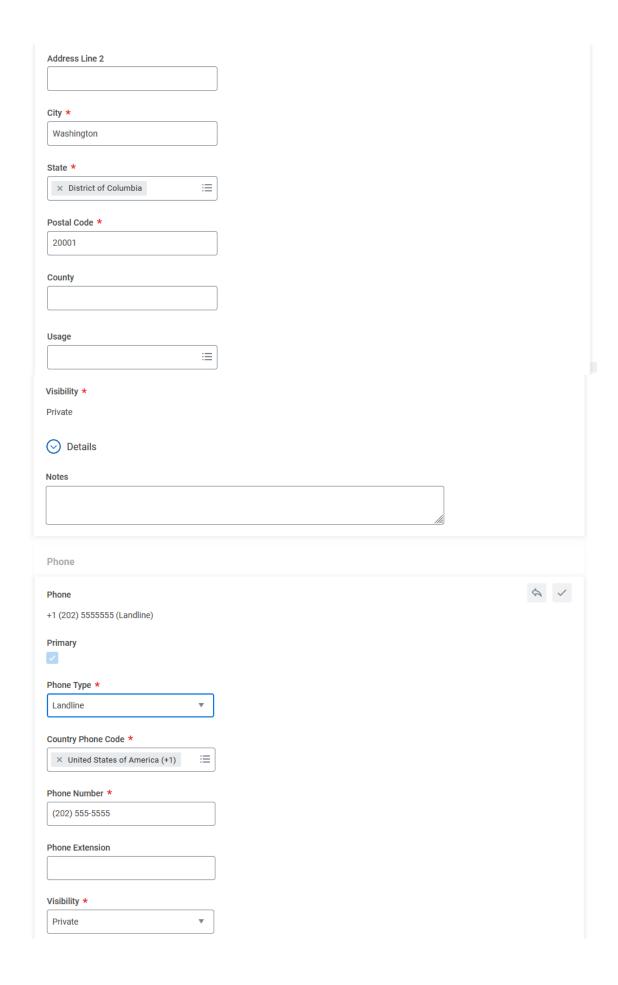
Relatives Employed at the Board

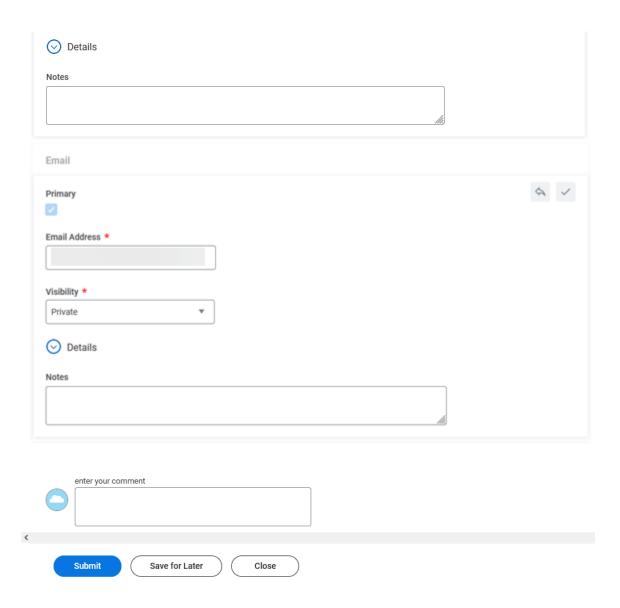
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Parent	
Other	
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Full Name (Last, First, MI)	
Relationship Type	
Spouse	
Child	



Contingent Worker

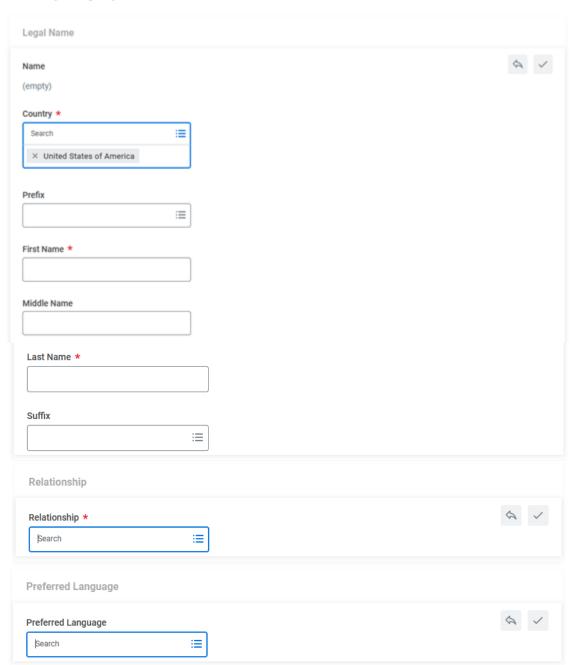


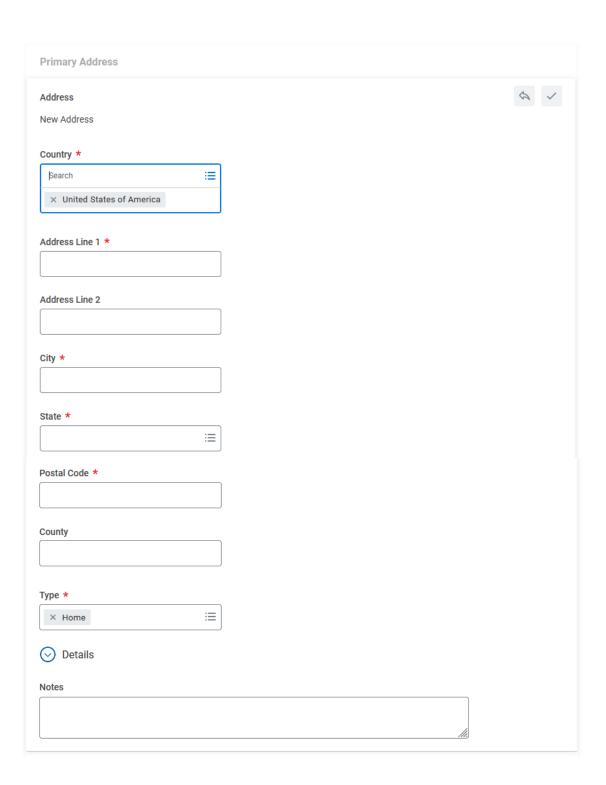


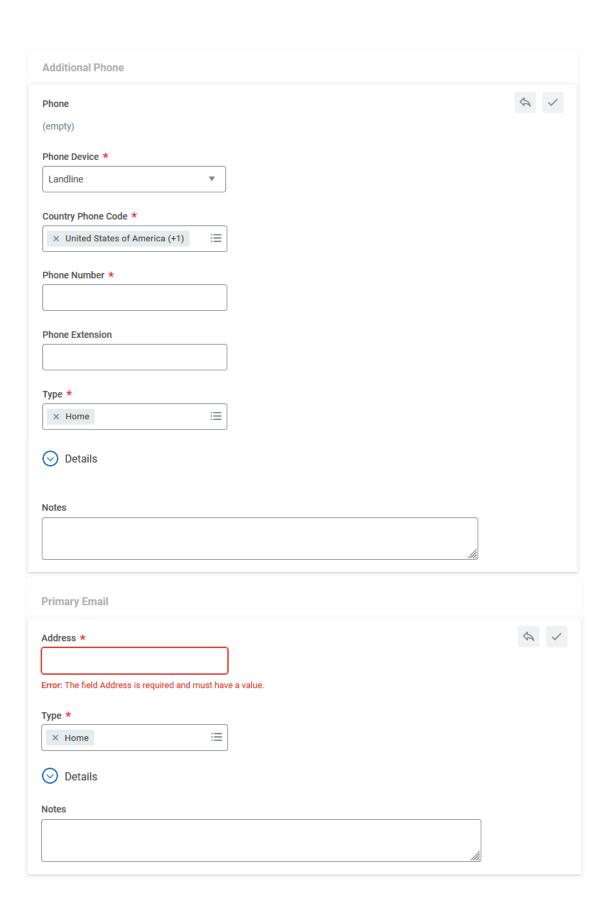


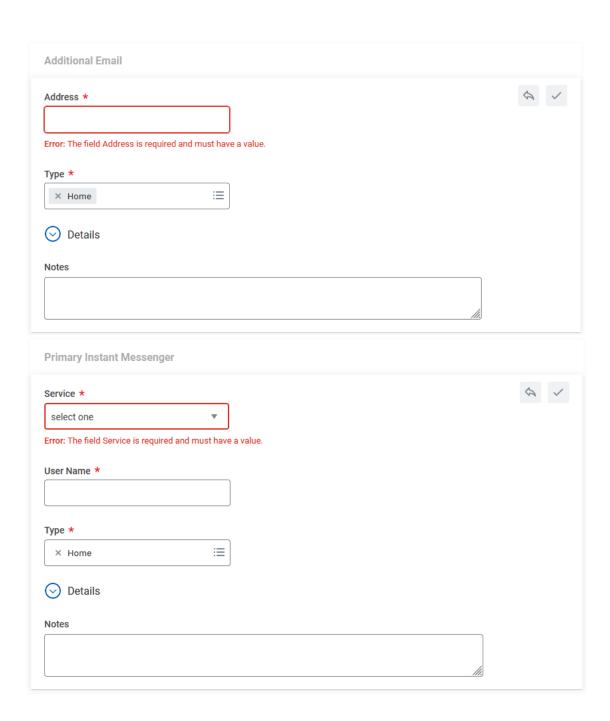


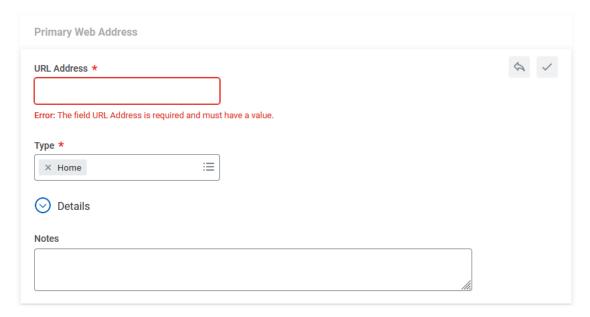
Primary Emergency Contact



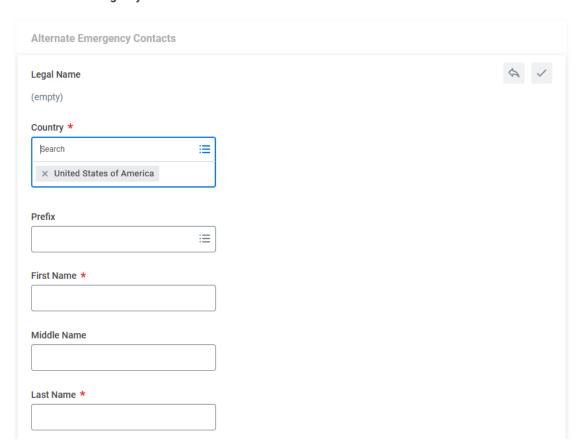








Alternate Emergency Contacts



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