

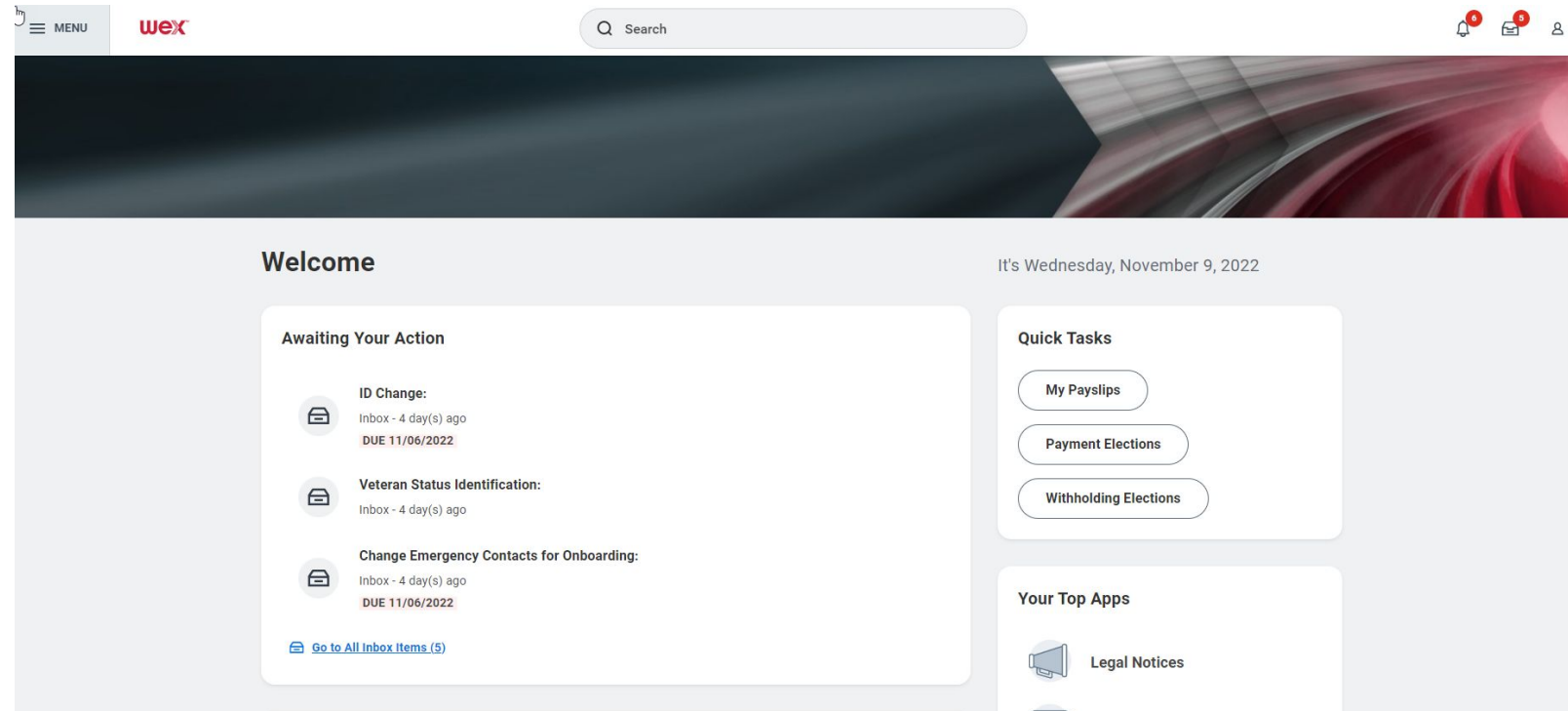
Complete Your Workday Tasks

Use this reference guide with your checklist to complete all tasks prior to your start date



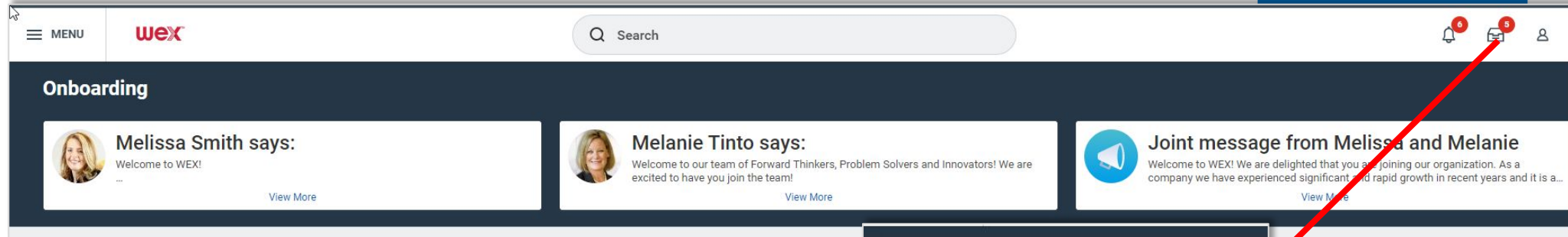
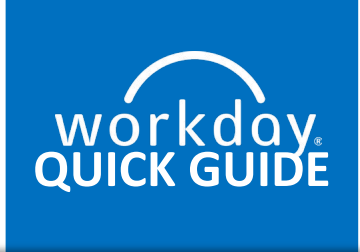
Navigate your dashboard

After you log into Workday with the **new** employee credentials (these will be emailed to you after you accept your offer) your Workday dashboard will look something like this!



Complete Your Workday Tasks

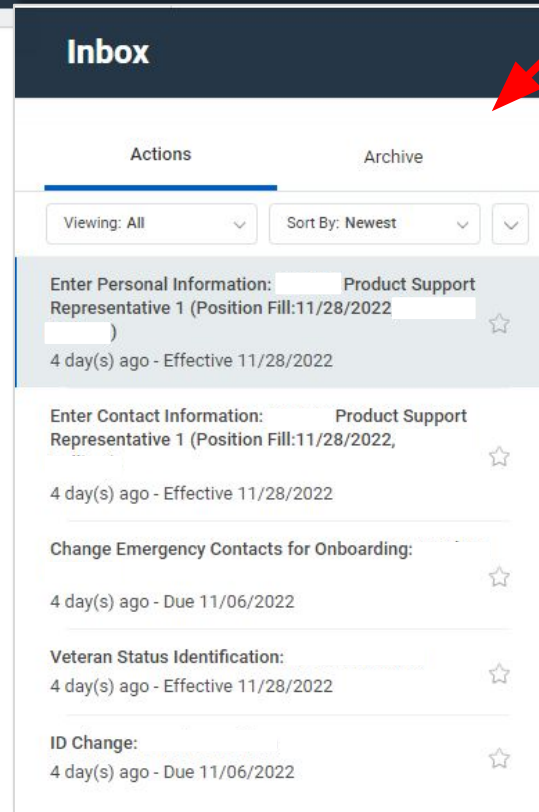
Use this reference guide with your checklist to complete all tasks prior to your start date



Start my Onboarding tasks:

Onboarding tasks that need to be completed before you start can be found in your Workday inbox.

To navigate to your inbox select the inbox icon in the top right hand corner.



Complete Your Workday Tasks

Use this reference guide with your checklist to complete all tasks prior to your start date

Enter Personal Information

Enter Personal Information
Onboarding for Alana Smith [Actions](#)

22 hour(s) ago - Effective 10/05/2019

Legal Name

Legal Name

Legal Name *
Alana Smith

Preferred Name

Preferred Name

Use Legal Name As Preferred Name
Yes

Preferred Name
Alana Smith

Change Personal Information

Gender

Gender *

Date of Birth

Date of Birth *

Age

Marital Status

Marital Status

Marital Status Date

Race/Ethnicity

[Skip or Later](#)

[Submit](#) [Save for Later](#) [Close](#)

Enter Contact Information

Enter Contact Information
Onboarding for Alana Smith [Actions](#)

22 hour(s) ago - Effective 10/05/2019

Change Home Contact Information

Address

Primary
 Yes added

Address
1 hancock, portland, ME 04101

Usage
(empty)

Visibility
Private

[Add](#)

Phone

Primary
Yes

Phone
+1 (207) 8894837 (Mobile)

[Submit](#) [Save for Later](#) [Close](#)

Change Emergency Contacts

Change Emergency Contacts
Alana Smith [Actions](#)

22 hour(s) ago - Due 10/05/2019

Primary Emergency Contact

Legal Name

Legal Name *

Relationship

Relationship *

Preferred Language

Preferred Language

Primary Address

[Add](#)

Primary Phone

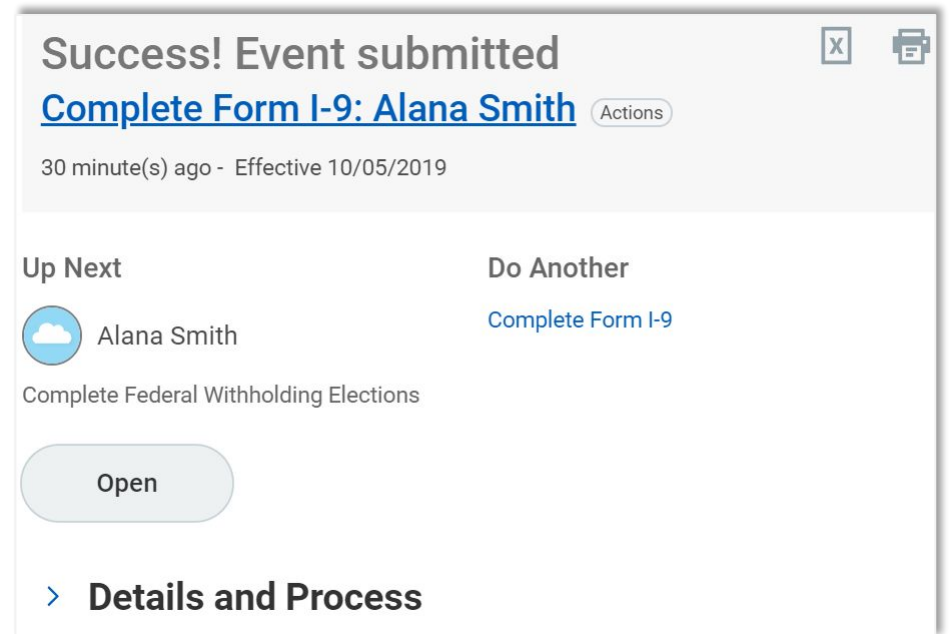
[Submit](#) [Save for Later](#) [Cancel](#)

➤ Complete Your Workday Tasks

Use this reference guide with your checklist to complete all tasks prior to your start date

Important Note - Messages like these do not indicate that you have completed your onboarding. Select **Open** to move to the next task and continue!

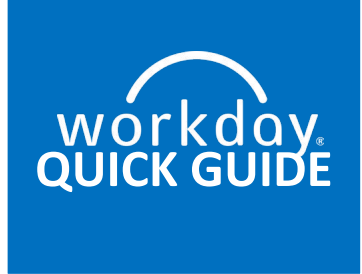
Example: In the screenshot on the right, the new employee has completed their emergency contacts task, but next needs to **Edit Government IDs**.



The screenshot shows a notification window titled "Success! Event submitted". Below the title is a link "Complete Form I-9: Alana Smith" with an "Actions" button. The notification is dated "30 minute(s) ago - Effective 10/05/2019". Underneath, there are two columns: "Up Next" and "Do Another". The "Up Next" column shows a profile icon for "Alana Smith" and the task "Complete Federal Withholding Elections" with an "Open" button. The "Do Another" column shows the task "Complete Form I-9". At the bottom, there is a link "> Details and Process".

Complete Your Workday Tasks

Use this reference guide with your checklist to complete all tasks prior to your start date



ID Change - Government IDs

Enter all fields that apply to you – **the only required field for employment is National ID under Proposed IDs.**

1. Click on **+** under National IDs. The Country field will open a drop-down list to select the country where you will be working.

Note: The National ID type will automatically populate.

2. Below **Add/Edit**, type the appropriate ID. For U.S. employees, enter your Social Security Number.

Note: Dates are not required.

3. **Issued Date** and the **Expiration Date**.
4. Select **Submit** to move forward.

Complete Your Workday Tasks

Use this reference guide with your checklist to complete all tasks prior to your start date

Complete State and Local Withholding Elections

30 minute(s) ago - Effective 10/05/2019

Worker	Alana Smith
Company	<input type="text" value="WEX Inc"/>
Effective Date	10/05/2019
State	<input type="text" value="Maine"/>
Withholding Form Type	<input type="text" value="W-4ME - Withholding"/>

Complete State & Local Withholding Elections

Complete Form I-9

Note: only complete Section 1

Complete Your Workday Tasks

Use this reference guide with your checklist to complete all tasks prior to your start date



Complete Form I-9
(note: only complete Section 1)
See Further I-9 Instructions

Complete Form I-9
32 minutes ago • Effective 10/05/2015

Employment Eligibility Verification
Department of Homeland Security, U.S. Citizenship and Immigration Services
USCIS Form I-9
OMB No. 1615-0047
Expires 05/31/2018
IMPORTANT: Download and read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employees are liable for errors in the completion of this form.

Form I-9 Instructions
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employees CANNOT specify which document(s) an employer may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because for documentation presented has a future expiration date may also constitute illegal discrimination.

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) First Name (Given Name) Middle Initial Other Last Names Used (if any)

Address (Street Number and Name) Apt. Number City or Town State ZIP Code

Date of Birth U.S. Social Security Number Employee's E-mail Address Employee's Telephone Number

I attest, under penalty of perjury, that I am (check one of the following bases):

A citizen of the United States.
 A lawful permanent resident of the United States (Show Form I-905).
 A lawful permanent resident (Alien Registration Number/IDDD Number)
 An alien authorized to work and expiration date. If applicable, enter IDDD form number and expiration date. (See the expiration date field.) (See instructions)

Alien authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:
OR:

2. Form I-94 Admission Number:
OR:

3. Foreign Passport Number:
Country of Issuance:

Signature of Employee
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. 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

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator.
 A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
How Many?

Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.

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)

Address (Street Number and Name) City or Town State ZIP Code

enter your comment

Process History
Alexa Smith
Complete Form I-9 - Awaiting Action

Submit Save for Later Cancel

Complete Your Workday Tasks

Use this reference guide with your checklist to complete all tasks prior to your start date

Payment Election

Manage Payment Elections

30 minute(s) ago - Due 10/06/2019

Worker: Alana Smith

Default Country: United States of America

Default Currency: USD

Preferred Payment Method

US Regular *

Account Setup

Worker: Alana Smith

Sample Check

Account Information

Account Nickname (optional)

Routing Transit Number *

Bank Name *

Bank Identification Code

Account Type * Checking Savings

Account Number *

Company and Benefits Documents

Company and Benefits Documents

Review Documents for Onboarding for Alana Smith (Actions)

30 minute(s) ago - Effective 10/05/2019

Documents

Document About WEX

Instructions: Please read the attached.

Note: you are just reviewing and acknowledging this task. You will enroll in benefits AFTER you start.

Document Benefit Enrollment User Guide

Instructions: Please read the attached.

Document Benefit Program Overview

Instructions: Please read the attached.

Comment

Federal Tax Election for Onboarding

Complete Federal Withholding Elections

30 minute(s) ago - Effective 10/05/2019

Company: WEX Inc

Effective Date: 10/05/2019

Name: Alana Smith

Social Security Number: XXX-XX-XXXX

Address: 1 Hancock, Portland, ME 04101, United States of America

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer is required to send a copy of this form to the IRS.

W-4 Data

Nonresident Alien

Last Name Differs from SS

Marital Status *

Number of Allowances: 0

Additional Amount: 0.00

Exempt

LEGAL NOTICE

I claim exemption from withholding for 2019 and I certify that I meet both of the following conditions for exemption:
1. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
2. This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
If you meet both conditions, click the Exempt Box.

Your Name and Password are considered as your "Electronic Signature" and will serve as your confirmation of the accuracy of the being submitted. When you click in the "I Agree" checkbox, you are certifying that:

- Under penalties of perjury, you declare that you have examined this certificate and to the best of your knowledge and belief, it is true and complete.
- You understand that your payroll tax withholding election is a legal and binding transaction.
- You understand that all submissions are contingent upon acceptance by your Payroll representative.

If you do not wish to use the electronic signature option, please contact your Payroll Department for a paper copy of the form. The form is not valid without a signature.

I Agree *

Complete Your Workday Tasks

Use this reference guide with your checklist to complete all tasks prior to your start date

Disability Self-Identification

Change Self-Identification of Disability

30 minute(s) ago - Effective 10/05/2019

Voluntary Self-Identification of Disability

Form	CC-305
OMB Control Number	1250-0005
Expires	01/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please select one of the below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

[1] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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

401K Acknowledgement – Check “I agree” box and submit upon review

401k Acknowledgement

Review Documents for Onboarding for Alana Smith (Actions)

30 minute(s) ago - Effective 10/05/2019

Documents

Document Summary Plan Description Prospectus

Instructions Please read the attached.

Signature Statement Wex Inc. maintains the WEX Inc. Employee Savings Plan (401(k) Plan) for eligible employees of WEX Inc. and certain subsidiaries. WEX Inc. provides certain legally required materials to newly hired employees who are eligible to participate in the 401(k) Plan. These materials currently consist of the following:

- o Summary Plan Description Prospectus and any Appendices thereto
- o Participant Disclosure Notice
- o Safe Harbor Design Notice

The following is also provided:

- o 401(k) Enrollment Brochure

Your electronic signature is required below to acknowledge receipt of the WEX Inc. Employee Savings Plan (401(k) Plan) materials as outlined above. WEX Inc. urges you to read these materials carefully and retain them for future reference.

I Agree

Document Appendix A

Instructions Please read the attached.

Document Appendix B

Instructions Please read the attached.

Document Participant Disclosure Notice

Instructions Please read the attached.

Document Safe Harbor Design Notice

Instructions Please read the attached.

Document 401(k) Enrollment Brochure

Instructions Please read the attached.

Comment

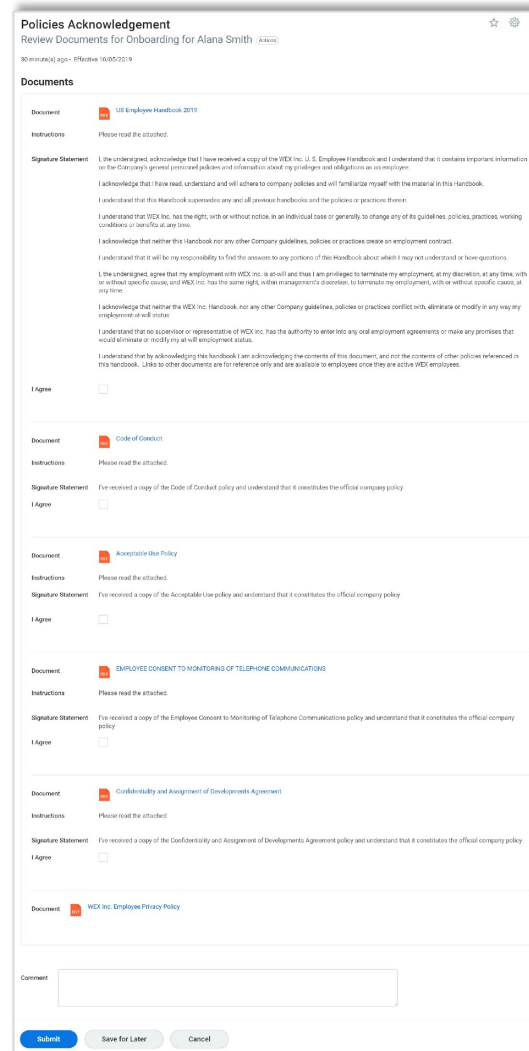
Note: you are just reviewing and acknowledging this task. You can enroll in 401(k) a few weeks AFTER you start.

Complete Your Workday Tasks

Use this reference guide with your checklist to complete all tasks prior to your start date

WEX policies:

1. Review
2. Agree
3. Submit



Complete To Do Change My Photo

Actions

30 minute(s) ago - Due 10/06/2019; Effective 10/05/2019

For Content Marketing Manager (high visibility with growth potential!)

Overall Process Hire: Alana Smith

Overall Status Successfully Completed

Due Date 10/17/2019

Change My Photo

Change my Photo



Completing Your Workday Tasks

CONGRATULATIONS!
You have completed your Workday onboarding!



To ensure completion of all tasks, review your inbox. If it's empty, you are ready to attend New Hire Orientation!