New Employee Welcome

Orientation to Payroll



HealthEast Payroll Department

Location:

- Midway Campus
- 1700 University Avenue West
- 6th Floor
- St. Paul, MN 55104

Main Payroll #: 651-232-1160

Office Hours: Monday-Friday 8:00 – 4:30

Manager:

Connie Klein, #21168

Payroll Specialist:

• Debbie Scott, #21165

Lawson Payroll System Specialist:

• Kim Vanguilder, #21166

Payroll Representatives:

- Kristi Kemp, #21128
- T.J. Finch, #21164
- Bow Xiong, #21167



HealthEast Organizations

B1 Cycle (Acute)

Entities:

- Bethesda Hospital (BH)
- St. John's Hospital (JN)
- St. Joseph's Hospital (SJ)
- Hospice (HOS)
- Woodwinds Hospital (WW)

B2 Cycle (Non Profit)

Entities:

- HealthEast/Shared Services (HE)
- HealthEast Companies, Inc./ Physician Services (PS)
- Research Institute (RI)
- HealthEast Medical Transportation (HT)
- Home Care (HC)
- Professional Services (SP)



Payroll Information

HealthEast pays bi-weekly (26 times a year) alternating bi-weekly

Pay periods are two weeks and start with the day shift on Monday and end at the end of the night shift on Sunday

Friday is payday!

A payday schedule can be found in MyHR: MyHR > Pay Information > [Year] Payroll Schedule



Payroll Information

- All checks are mailed to your home address
 - Make sure your address is always current
 - Address changes can be made via MyHR or contact Benefits for assistance @ 651-232-1300 (option 4)
- If you do not receive your check in the mail or if you lose your check, replacement checks will not be issued until two weeks after the original check was issued.
- You will not receive a paper copy of your direct deposit unless you fill out the "Direct Deposit Opt Out Form," found under Payroll Forms in MyHR.

> MyHR > Pay Information > Direct Deposit Opt Out Form



Recording time

- If your schedule is in MyTime, it automatically flags late starts and early departures.
- Remember: You should be ready to begin your work shift at your appointed start time. Your leader will cover this in more depth in your department.
- The system automatically rounds your time to the nearest quarter hour.
 - ▶2:53 = 3:00
 ▶3:07 = 3:00
 ▶3:08 = 3:15





Employee's Responsibility in MyTime

- **Review** your timecard. This can be done at any point in the pay period.
- **Approve** (by clicking "Approve") your timecard at end of the pay period.
- If corrections to your timecard are needed, use the Time Stamp Adjustment Form. Check with your manager and/or preceptor if you have questions regarding filling out the TSAF.
- There are MyTime education modules on the Infonet.
 >Infonet > Education > MyEducation > Catalog > Search for "MyTime"
 >There are four modules: Badge Terminal, Expectations for All Employees, Expectations for Managers and Approvers, and Salaried Employees
- Additional MyTime Information can be found on the Infonet under:
 >Infonet > Employee Tools > MyTime Resources



Your Badge ID



- After swiping your badge at the Badge Terminal, you will get a message that says whether or not your punch was recorded. The badge terminal records and reports your Badge ID, not your Employee ID.
- The Badge ID is a 6 digit number found on your HealthEast Employee ID Badge.
- If your punches are not registering, contact Payroll to verify we have the correct badge number in our system.







Logging in to Mytime

Click on the MyTime link on the Infonet

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		▼ Quik links ▼ Login			
	Home My email M	/ly team spaces MyTime MyHR			
	Search	Infonet V go			
lanagers	For Physicians				
		Quick links			
VALUES		Café Menus			
		Classifieds			
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		Forms			
		Guest Wi-Fi password			
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Logging in to MyTime





Logging into MyTime – Hourly Employees

Snipping Tool	
File Edit Tools Help	
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TIME STAMP	
Record Time Stamp Primary Account	E
Wednesday, July 20, 2016 10:26AM (GMT -06:00) Central Time	
Transfer	



Snipping Tool		
File Edit Tools Help		
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My Timecard	♦ MyTime Resource Page	
➔ My Reports		
My Actions		
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Home > Employee Tools > Forms > Time Stamp Adjustment Form

Time Stamp Adjustment form (TSAF)

Missed meal
FMLA



Instructions

If you made an error in the electronic reporting of your time, forgot to electronically report your time, have a change from your scheduled shift, or are unable to log your time electronically because you are at a site that does not have MyTime, please complete this form immediately. Please use only one form per occurrence.

* Denotes required field.

Employee information		
Today's date:	1/19/2017	
Enter your Employee ID number and hit search. Do n	ot include an "h" when entering your Employee ID number. Please verify that the correct name is populated below.	
*Employee ID number:	Search	
*Employee name:		
*Date of occurrence:	calendar	
*Department name: Please enter your department name.		
*Select your home site: Select Job 1, if you work more than one job.	Please select	
Adjustment		
*Type of adjustment:	Missed punch	
	Adjust/correct punch	
	Remove/Double punch	
 Low need - indicate the benefits time used/number of credit hours below Uneven exchange - indicate the benefits time used below 		
	Differentials	
	Meeting/Committee	
	Union activity	



Hourly Timecard Example



昭 FAIRVIEW

EXEMPT Timecard Example





Click on the MyHR link on the Infonet

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		🔻 Quick links 👢 🦿 Login
	Home My email	My team spaces MyTime MyHR
	Search	Infonet V go
lanagers	For Physicians	
		Quick links
VALUES		Café Menus
		Classifieds
		Epic
		Forms
		Guest Wi-Fi password
		lobe at HealthEast/Eainview



Logging in to myHR





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HealthEast MyHR



Search

Home



Health and Wellness

View coverage details, provider information, download forms, learn more, and enroll.

Discounts

Financial Benefits

Life and Disability



Benefits Enrollment

Welcome to Health East! For information on Benefit enrollment click on the link above.



Pay Information

View your paycheck and other payroll information including direct deposit and tax withholding (W4). **Payroll changes are not available Wednesday (payroll processing)**.

Enroll or Update Direct Deposit MyTime Update Tax Withholding (W4) View My Paycheck



Careers

Use these links to manage your career journey.

Learning & Development Performance Management

Search Internal Job Postings



Leaves and Time Off

Q

View time off balances, accruals, and leave of absence information.

Instructions to view your time off balances in MyHR

View My Time Off Balances



My Information

Change of Address, Name, Phone, Emergency Contact Employee Education Update Request Form Employment Verifications

B FAIRVIEW

Payroll Information on MyHR

Pay Information

Overview

Pay Information

Related Links

HealthEast Credit Union

Find a Form

- Direct Deposit Opt Out Form
- Employee Parking Agreement Cancellation
- Payroll Deduction Cafeteria Form All Forms



Employees are paid bi-weekly / every other Friday according to the alternating payroll cycle (see below for B1/B2 schedule). Use the self-service links to view your paycheck history and current hourly rate (printable paystub). Questions? Contact Payroll at 651-232-1160 or email payroll@healtheast.org.

Payroll Processing

2018 Payroll Calendar Alternating Pay Cycles Instructions - MyHR Payroll Pay Code Listing Payroll Q & A

My Paycheck

Set up and change your Direct Deposit and W-4 Tax Withholding. These changes cannot be made on Wednesdays as the system is locked for payroll processing. Direct Deposit Opt Out Form Enroll or Update Direct Deposit Tax Documents: Instructions for Authorizing Online W-2 and 1095-C Web Delivery

Compensation

Imputed Income Payment Modeling

Action Items

MyTime View My Paycheck Year to Date



Tax Withholding

Tax Withholding								
Deductions								
Description	Resident Status	Marital Status	Exemptions	Exempt	Additional Exemptions	Additional Amount		
Federal	Resident	Single	0	No	0			
🕖 State Income Tax Minnesota	Resident	Single	0	No	0			



Tax Withholding - Federal

W-4 Form						
Department of the Treasury Internal Revenue Service	Treasury For Privacy Act and Paperwork Reduction Act Notice, see page 2 of paper form. ZUI3					
1 Type or print your first name, middle initial and last name			2 Your social security number			
Home address (number and street or rural route)	3 O Single Married Married, but withhold at higher Single rate Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.					
City or town, state, and ZIP code 4 If your last name differs from that on your social security card, call 1-800-772-1213 for a new card.						
5 Total number of allowances you are claiming						
6 Additional amount, if any, you want withheld from each paye	check	6				
7 I claim exemption from withholding for 2013, and I certify th	at I meet BOTH of the following conditi	ons for exemption:				
 Last year I had a right to a refund of ALL Federal incomentation This year I expect a refund of ALL Federal income tax If you meet both conditions, enter "EXEMPT" here.(Conditions) 	me tax withheld because I had NO tax withheld because I expect to have NO intact your Payroll department to claim	liability AND tax liability. EXEMPT).				
Under penalties of perjury, I declare that I have examined this	s certificate and to the best of my know	ledge and belief, it is tru	e, correct, and complete.			
Employoo'e eignaturo	Data					
8 Employee's name and address	Date	9 Office code	10 Employer identification number			
(Employer: Complete 8 and 10 only if sending to the IRS)		(optional)				
Continue Model Back Print W-4 Instructio	ns			-		



Tax Withholding - State

State Income Tax Minnesota	
Residency	Resident
Status	Married 🚽 *
Exemptions	3
	Minnesota allowances cannot exceed the number of federal allowances.
Additional Amount	25.00
	Continue Back
*Required	



Direct Deposit

HealthEast My	HR						
Home	Search		Q *	8			
	Home > Pay Information						
Direct Deposit							- x
Accounts							
You may open up to 3 account(s).							
	Bank	Order	Account	Description	Туре	Amount	
ASSOCIATED HEALTHCARE CREDIT U		1	6	HE CU	Savings	60.00	Close Account
WELLS FARGO BANK (Minnesota)		2	Default	Checking	Checking	100.00%	Close Account
Add Select New Default							
Authorization							
1 hereby authorize my employer, HealthEast Care System, to initiate credit entries and if necessary, to initiate debit entries and adjustments for any credit entries in error to my accounts. This authority is to remain in full force until HealthEast Care System has received written notification from me of its termination in such timely manner as to give HealthEast Care System and my financial institution a reasonable opportunity to act on it, or until the termination of my employment.							
		O I agree	with this statement.				
O I do not agree with this statement.							
		Continue	Cancel				



Direct Deposit





Printable Pay Stub





New Employee Welcome

Questions?

