==Entering the Employee Personal Information, Self-Identification of Disability and Veterans form.==

Reminder: <u>You cannot access Oracle until you receive your badge.</u>

Please enter your Personal Information the first week of hire to avoid any delay in your benefits.

1. Log into the LANL internal page, https://int.lanl.gov. Scroll down to Quick Links and click on Oracle/T&L.
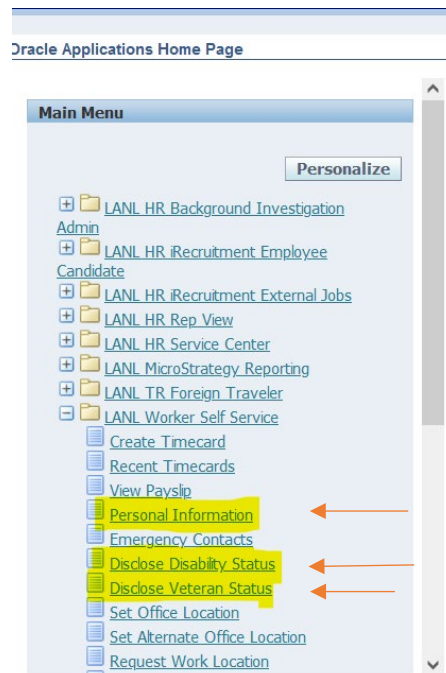

2. From the Oracle application, click on the folder labeled, Worker self-service (Screenshot A.). Use the drop-down folder to access the personal information, Disclose Disability status, Disclose Veteran status tabs (Screenshot B.).

3. **<u>Entering Personal information:</u>**
   Provide the best mailing address because all imperative documentation is sent to this address, such as Insurance documents, retirement information, paycheck (if you do not sign up for direct deposit) and W-2 at end of year. Your Tax record is tied to your mailing address. For Tax related questions, email **tax@lanl.gov**.

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Personal Information

Back

Employee Name [redacted]   Employee Number [redacted]
Organization Email Address [redacted]

Basic Details

Update Click "Update" to modify Basic Details including Mailstop

Full Name [redacted]
Marital Status [redacted]
Date of Birth [redacted]
Social Security [redacted]
Employee Number [redacted]
Organization Email Address [redacted]

Phone Numbers

Update

Work Mobile [redacted]

Primary Address - determines resident tax withholding and benefit options

Update

Address Line 1 [redacted]
Address Line 2
Address Line 3
City [redacted]
State New Mexico
Zip Code [redacted]
County Rio Arriba
Type **Mailing Address**

Other Address

Update

Address Line 1 [redacted]
Address Line 2
Address Line 3
City [redacted]
State [redacted]
Zip Code [redacted]
County Rio Arriba
Type **Home Address**

Other Address

Add

Other Contacts

Contacts listed here may include a spouse/domestic partner, children and other dependents, however these contacts may or may not be enrolled in benefits. For benefit changes, updates or questions please send an email to benefits@lanl.gov.

Name	Relationship	Date of Birth	Home Number
[redacted]			

- Provide at least one emergency contact.

- U.S. telephone numbers only (Include area code).

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4. **Disclose Disability status:** Please select the option that applies to you.

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US Person Disability Form

Cancel Submit

Employee Name [redacted]   Employee Number [redacted]
Organization Email Address [redacted]

Voluntary Self-Identification of Disability

Form CC-305   OMB Control Number 1250-0005
Page 1 of 1   Expires 05/31/2023

Name: [redacted]   Date: [redacted]
Employee ID: [redacted]

Why are you being asked to complete this form?

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

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

How do you know if you have a disability?

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

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy

- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability

- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia PTSD, or major depression

Please check one of the boxes below:

Last Submitted Date:

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

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

Cancel Submit

5. **Disclose Veteran status:** Please select the option that best applies to you.

If you have any questions or need assistance, feel free to contact the New Hire Contact Line: 505-667-1888 or email newhires@lanl.gov .

For issues in Oracle, please contact the AskIt team directly at 505-665-4444 or click on the link: https://int.lanl.gov/computing/askit.shtml?source=toolkit

Respectfully,

New Hires