After you are hired, you will receive an email with information about your Workday user account. A second email is sent with your temporary password along with the link to login at https://www.myworkday.com/wasteconnections

If you have any issues logging in or you did not receive your Workday account information, please call 855-929-6236 or email helpdesk@wcnx.org.
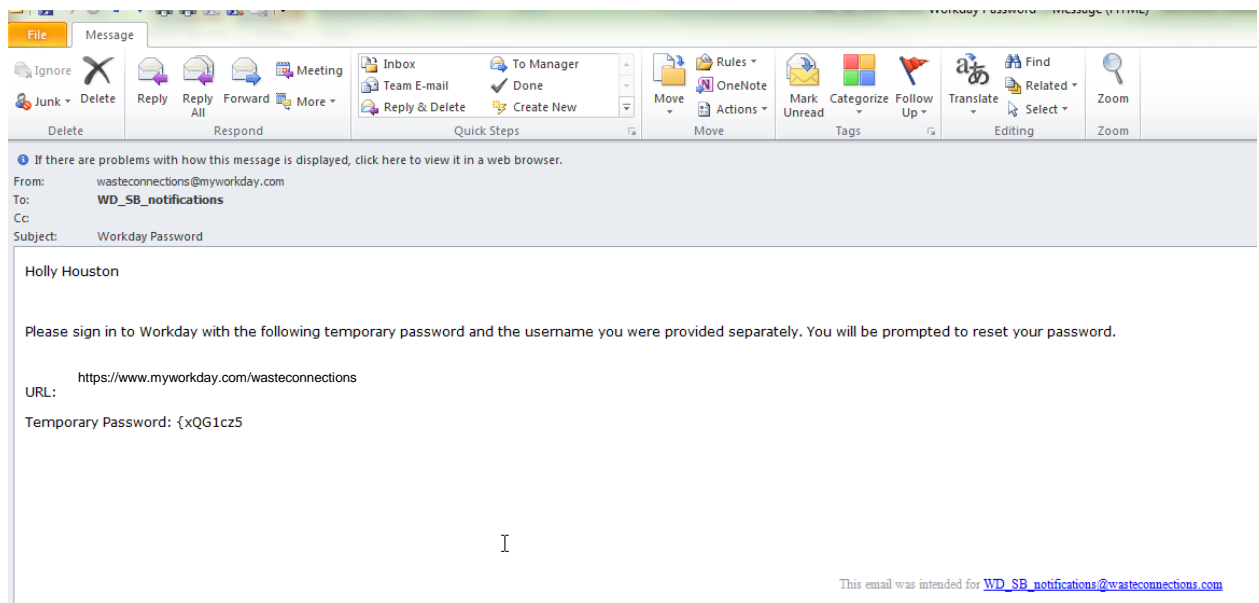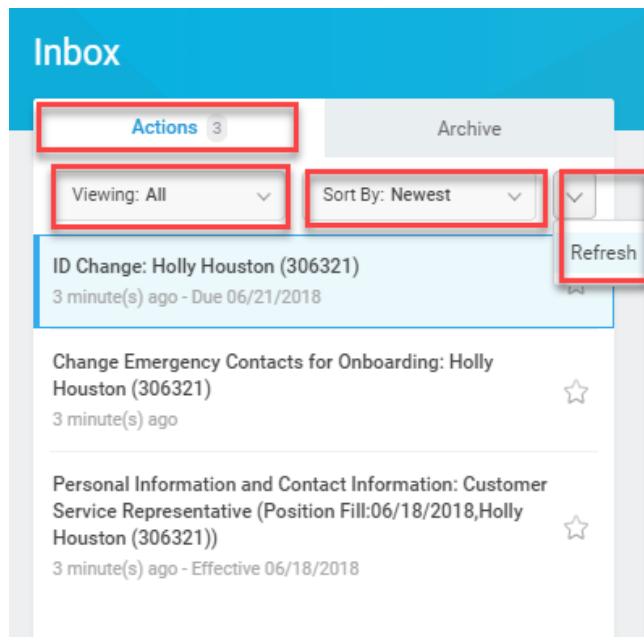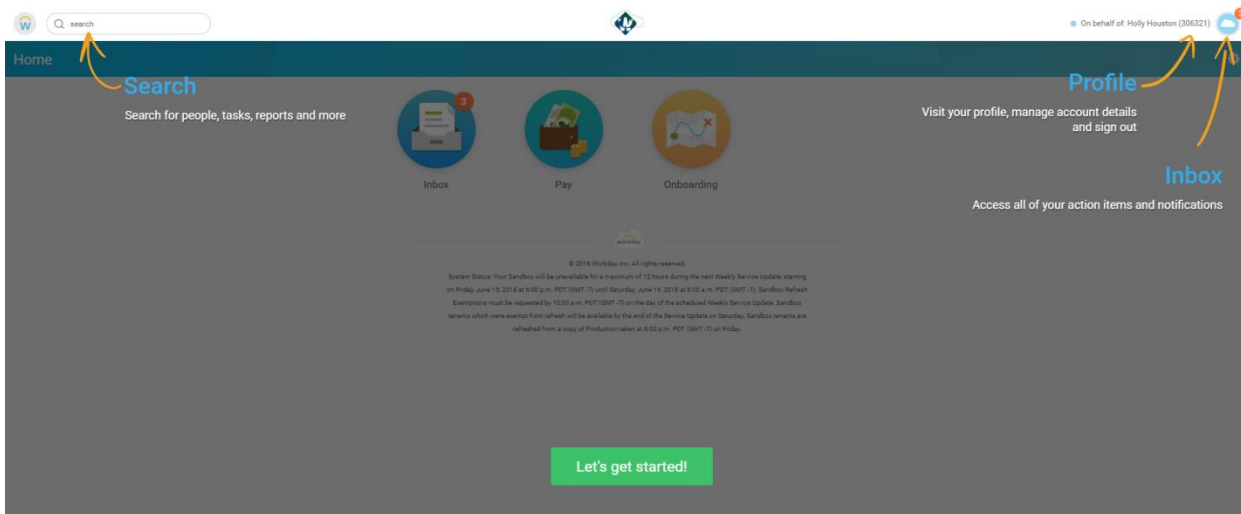
Workday New User Account - Message (HTML)

File   **Message**

Ignore | Delete | Reply | Reply All | Forward | More ▾ | Meeting | Inbox | Team E-mail | Reply & Delete | To Manager | Done | Create New | Move | OneNote | Rules ▾ | Actions ▾ | Mark Unread | Categorize | Follow Up ▾ | Translate | Find | Related ▾ | Select ▾ | Zoom

Delete | Respond | Quick Steps | Move | Tags | Editing | Zoom

ⓘ If there are problems with how this message is displayed, click here to view it in a web browser.

From: wasteconnections@myworkday.com
To: **WD_SB_notifications**
Cc:
Subject: Workday New User Account

Holly Houston

An account has been created in the Workday system for you. Your password has been sent in a separate email.

URL: https://www.myworkday.com/wasteconnections

Username: 306321

Workday Password - Message (HTML)

File   **Message**

Ignore | Junk ▾ | Delete | Reply | Reply All | Forward | More ▾ | Meeting | Inbox | Team E-mail | Reply & Delete | To Manager | Done | Create New | Move | OneNote | Rules ▾ | Actions ▾ | Mark Unread | Categorize | Follow Up ▾ | Translate | Find | Related ▾ | Select ▾ | Zoom

Delete | Respond | Quick Steps | Move | Tags | Editing | Zoom

ⓘ If there are problems with how this message is displayed, click here to view it in a web browser.

From: wasteconnections@myworkday.com
To: **WD_SB_notifications**
Cc:
Subject: Workday Password

Holly Houston

Please sign in to Workday with the following temporary password and the username you were provided separately. You will be prompted to reset your password.

URL: https://www.myworkday.com/wasteconnections

Temporary Password: {xQG1cz5

This email was intended for WD_SB_notifications@wasteconnections.com

View the Required Onboarding Tasks in the Inbox

From the Home page:

1. At initial login, arrows are pointing to the Search bar as well as the My Account button to access the Employee Profile and Inbox. Click **Let's get started!**

2. Access the inbox by clicking the **Inbox Worklet** or the **My Account** button in the upper right corner. Both will reflect the number of tasks currently in the inbox.

3. The inbox has two tabs: Actions tab and the Archive tab. The Actions tab shows all tasks in the inbox. It contains the Viewing filter which allows you to view all, favorite, overdue or special tasks and an Edit Filters button which can be used to make custom filters for your inbox. It also contains the Sort By filter which filters tasks from newest, oldest, or due date as well as a refresh button which can be used to manually update your inbox. The Archive tab houses completed tasks.

## Edit Government IDs

From Inbox:

1. Click the **Edit Government IDs** task in the inbox. It may already appear on your screen.

2. Click ⊕ to insert a new line (if needed) and complete all applicable fields.

3. Click the **prompt** icon ☰ to select United States and make a National ID Type selection. This field may already be populated due to an acquisition or if you are a re-hire. Once done or if pre-populated, click **Submit.**

Edit Government IDs Holly Houston

3 minute(s) ago - Due 06/21/2018

Proposed IDs

National IDs 1 item

⊕	*Country	*National ID Type	Identification #	Is
⊖	✕ United States of America ☰	✕ Social Security Number (SSN) ☰	___-__-____	
		search		
		⦿ Social Security Number (SSN)		
		◯ U.S. Individual Taxpayer Identification Number (ITIN)		

Additional Government IDs 0 items

Change Emergency Contacts

From the Inbox:

1. Click on the **Change Emergency Contacts To Do**.

2. Click the edit ✏ icon and complete all required and applicable fields. Once done, click **Submit.**

Change Emergency Contacts Holly Houston (306321) (Actions)   ☆ 🖶 ⚙ ⤢

3 minute(s) ago

Primary Emergency Contact

Legal Name

Legal Name ✶   ✏

Relationship

Relationship ✶   ✏

Preferred Language

Preferred Language   ✏

Primary Address

Add

Primary Phone

Add

Personal Information and Contact Information

1. From the Inbox:

2. Click the **Personal Information and Contact Information task**.

3. Click the **edit** icon ✏️ and complete all required and applicable fields. Once done click **Submit.**

Personal Information and Contact Information Onboarding for Holly Houston (306321) (Actions)   ⭐🖨⚙↗

3 minute(s) ago - Effective 06/18/2018

Legal Name

Legal Name

Legal Name ★
Holly Houston   ✏️

Preferred Name

Preferred Name

Use Legal Name As Preferred Name
Yes   ✏️

Preferred Name
Holly Houston

Home Contact Information

Primary Address

Address
123 Longhorn Road, Houston, TX 77380   ✏️

Usage
Mailing

Change Personal Information

Gender

Gender
Female   ✏️

Date of Birth

Date of Birth
06/12/1990   ✏️

Age
28 years, 0 months, 0 days

Marital Status

Marital Status
Married (United States of America)   ✏️

Marital Status Date

Race/Ethnicity

Hispanic or Latino
☐   ↩ ✓

Race/Ethnicity
✕ American Indian or Alaska
  Native (Not Hispanic or
  Latino) (United States of
  America)

Note: *Address, gender, and date of birth are required to receive benefits.*

Federal Tax Election

From the Inbox:

1. Click on the **Federal Tax Election.**

2. Enter all required and applicable information. Once done click **Submit.**

Complete Federal Withholding Elections

4 second(s) ago - Effective 06/18/2018

Company	Waste Connections, Inc.
Effective Date	06/18/2018
Name	Holly Houston
Social Security Number	123456784
Address	123 Longhorn Road Houston, TX 77380 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 may be required to send a copy of this form to the IRS.

W-4 Data

View Blank Form

Nonresident Alien ☐

If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Last Name Differs from SS ☐

If your last name differs from that shown on your social security card, check here.
You must call 1-800-772-1213 for a replacement card.

Marital Status *

If married, but legally separated, or spouse is a nonresident alien, choose "Single".

Number of Allowances [0]

Total number of allowances you are claiming (from the applicable worksheet on the Form W-4 instructions).

Additional Amount [0.00]

Additional amount, if any, you want withheld from each paycheck

Exempt ☐

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

1. Under penalties of perjury, you declare that you have examined this certificate and to the best of your knowledge and belief, it is true, correct, and complete.
2. You understand that your payroll tax withholding election is a legal and binding transaction.
3. 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 * ☐

Veteran Status

From the Inbox:

1. Click **Veteran Status**. Enter all required and applicable information.
2. Once done click **Submit**

Change Veteran Status Identification Holly Houston (306321)   ⭐ ⚙ ↗

4 second(s) ago - Effective 06/18/2018

We are a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows and are hereafter referred to all together as "protected veterans":

A Disabled Veteran is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An Active Duty Wartime or Campaign Badge Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with VEVRAA as amended. We are an equal opportunity employer. We do not discriminate in hiring or employment against any individual on the basis of race, color, gender, national origin, ancestry, religion, physical or mental disability, age, veteran status, sexual orientation, gender identity, marital status, pregnancy, citizenship, or any other factor protected by anti-discrimination laws.

Select a veteran status

☰

Disability Self-Identification

From the Inbox:

1. Click **Disability Self Identification** Task, Enter all applicable information.
2. Once done click **Submit**

Change Self-Identification of Disability   ⭐ ⚙ ↗

4 second(s) ago - Effective 06/18/2018

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.[1] 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)

Waste Connections Onboarding Documents

From the Inbox:

1. Click on the **Waste Connections Onboarding Documents To Do.**

2. Click on each of the document links to open each document. Thoroughly review the document and when done click on the **I Agree** checkbox.

3. Once all documents have been reviewed and agreement boxes have been checked, click **Submit.**

Waste Connections Onboarding Documents Review Documents for Onboarding for Holly Houston (306321) (Actions)

4 second(s) ago - Effective 06/18/2018

Documents

Document	Employee Handbook_English and Spanish
Instructions	**EMPLOYEE HANDBOOK RECEIPT**

Document	Employee Confidentiality Agreement
Signature Statement	By checking the below box, I acknowledge that I have read and understand the aforementioned policies, links, and/or documents. I also agree and authorize this electronic submittal to serve as my legal signature for these documents. Al marcar esta casilla, hago constar haber leído y entendido las políticas, vínculos y/o documentos citados. También acepto y autorizo para que sirva de mi firma legal, esta comunicación electrónica.
I Agree	☐

Document	Substance Abuse Policy and Acknowledgement
Signature Statement	By checking the below box, I acknowledge that I have read and understand the aforementioned policies, links, and/or documents. I also agree and authorize this electronic submittal to serve as my legal signature for these documents. Al marcar esta casilla, hago constar haber leído y entendido las políticas, vínculos y/o documentos citados. También acepto y autorizo para que sirva de mi firma legal, esta comunicación electrónica.
I Agree	☐

Document	Sexual and Unlawful Harassment Policy and Acknowledgement Form
Signature Statement	By checking the below box, I acknowledge that I have read and understand the aforementioned policies, links, and/or documents. I also agree and authorize this electronic submittal to serve as my legal signature for these documents. Al marcar esta casilla, hago constar haber leído y entendido las políticas, vínculos y/o documentos citados. También acepto y autorizo para que sirva de mi firma legal, esta comunicación electrónica.
I Agree	☐

Document	Time Keeping Policy and Acknowledgement Form
Signature Statement	By checking the below box, I acknowledge that I have read and understand the aforementioned policies, links, and/or documents. I also agree and authorize this electronic submittal to serve as my legal signature for these documents. Al marcar esta casilla, hago constar haber leído y entendido las políticas, vínculos y/o documentos citados. También acepto y autorizo para que sirva de mi firma legal, esta comunicación electrónica.
I Agree	☐

Document	Consent, Waiver, Release of Claims Photographic Images
Signature Statement	By checking the below box, I acknowledge that I have read and understand the aforementioned policies, links, and/or documents. I also agree and authorize this electronic submittal to serve as my legal signature for these documents. Al marcar esta casilla, hago constar haber leído y entendido las políticas, vínculos y/o documentos citados. También acepto y autorizo para que sirva de mi firma legal, esta comunicación electrónica.
I Agree	☐

The Employment Center Onboarding documents (outside of Workday)

A few onboarding documents are completed outside of Workday in the Employment/Compliance Center. You will receive a separate email with the following information:

Welcome to Waste Connections!

Congratulations on joining our team. To make sure your new career gets off to a great start, we ask that you please provide us with information we need to establish your employment in our payroll system in advance of your first day of work.

Go to the: Employment Center

If you experience trouble with the hyperlink, you may copy and paste the following URL into your browser's address bar. _____

Use the following login id and password for authentication:

Login ID:

Password: 10-Digit primary telephone number (xxxxxxxxxx) used on application. Please note that when you reset your password, your password must be 8-15 NUMBERS only.

Note: Please configure your web browser to **allow Pop-ups** for this site. You may need to turn your Pop-up Blocker off. If you experience technical issues please contact your recruiter or hiring manager.

The Employment Center is supported in the current versions of Microsoft Internet Explorer, Mozilla Firefox, Google Chrome, and Apple Safari.

Please plan on spending about 30 minutes to an hour to complete all of the new hire documents. Please make sure to complete the entire package. It is essential you complete these documents. Please read the instructions at the top of each page carefully. You will need to read and electronically initial each form, designating that you have read and/or agree with each of the documents. Your initials indicate that you accept each of the terms and conditions of employment.

As part of your new hire paperwork you will be completing Section 1 of Form I-9. You will need to bring in documents that establish identity and employment authorization within your 1st three days of your 1st day of work for us to complete Section 2 of the form.

If you have any difficulty accessing the site or questions on the new hire documents, please contact your hiring manager. We look forward to seeing you on your first day!

Sincerely,

Human Resources

Once you login using your assigned Login ID and your 10 digit primary telephone number that you used on your employment application, click on the Get Started button:

Complete all applicable personal information and add your initials, then click continue.

WASTE CONNECTIONS, INC.
Connect with the Future

R360
ENVIRONMENTAL
SOLUTIONS

Location: 1011-The Woodlands
Position: Standard Workday

Online New Hire Packet

| Instructions | Summary | **Personal Information** ☒ |

Personal Information

I-9

Affordable Care Act

*Social Security Number	123456789
*Confirm Social Security Number	123456789
*First Name	Holly
Middle Initial	J
*Last Name	Houston
*Street Address	3755 S.Royal Palm Rd
Apt	
*Zip code	77380
*City	Spring
*State	TX ▼
*County	Montgomery ▼
*Telephone	(832) 442 - 2200
Email Address	hollyhouston@invalid.com
*Date of Birth	1 ▼ / 1 ▼ / 1980
*Gender	Female ▼
*Marital Status	Married ▼

By electronically signing this document below, you:

- **Agree that your initials, in conjunction with your personal password that you used to gain access to the system, will identify that record or transaction as yours.**
- **Agree that because an electronic record or transaction undertaken with your password will be attributed to you, it is essential that you keep it secure. You also agree that you will not disclose your password to another person.**
- **Understand that a record or signature may not be denied legal effect or enforceability solely because it is in electronic form.**
- **Attest that the information you have provided is correct to the best of your knowledge, and understand that such information may be used to auto-fill other required documentation.**

*Your Initials: hh

As part of your new hire paperwork you will be completing Section 1 of Form I-9. You will need to bring in documents that establish identity and employment authorization within your 1st three days of your 1st day of work for us to complete Section 2 of the form. Click on the Form I-9 instructions in the Employemt Center for more details on this form and to see a list of acceptable documents.

Enter all required information on the form, initial the attestation, and click the appropriate box if you did or did not use a preparer to complete the form. Click continue.

Online New Hire Packet

| Instructions | Summary | I-9 ☒ |

✓ Personal Information

I-9

Affordable Care Act

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► START HERE. Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Form I-9 Instructions – English   Form I-9 Instructions – Spanish

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)
Houston	Holly	J	

Address (Street Number and Name)	Apt. Number	Zip Code	City or Town	State
3755 S.Royal Palm Rd		77380	Spring	TX ▼

Date of Birth	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
01/01/1980 (mm/dd/yyyy)	123-45-6789	hollyhouston@ (optional)	8324422200 (optional)

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.

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

◉ A citizen of the United States

○ A noncitizen national of the United States(see instructions)

○ A Lawful Permanent Resident (Alien Registration Number/USCIS Number)

○ An alien authorized to work

Employee Electronic Signature

By checking this checkbox I attest to the following.
*By initialing I attest to the following hh

- By clicking Continue, I agree to electronically sign this document.
- 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.
- I understand that the employer may electronically verify my work authorization with the United States government.

Review the Healthcare Marketplace Notice and select how you agree to receive this information. Enter initials and click continue.

WASTE CONNECTIONS, INC.
Connect with the Future·

R360
ENVIRONMENTAL
SOLUTIONS

Location: 1011-The Woodlands
Position: Standard Workday

Online New Hire Packet

| Instructions | Summary | Affordable Care Act ⊠ |

✓ Personal Information

✓ I-9

Affordable Care Act

Fast, Easy, Safe and Secure Access to Your Healthcare Marketplace Notice

Please read the following information regarding receipt of your Healthcare Marketplace Notice via this electronic process.

This consent applies only to the Affordable Care Act required Healthcare Marketplace Notice, which must be distributed under Fair Labor Standards Act, section 18b, as modified by the ACA.

By consenting to receive your Healthcare Marketplace Notice online, you will not receive an additional paper notice from your employer, unless requested. Your consent will remain in effect for delivery of this notification electronically until you withdraw it, and you may withdraw consent at any time by contacting your supervisor. Upon withdrawal of your consent, future notices will be delivered in hard copy, unless you elect to provide consent for electronic delivery again.

Consent withdrawals are effective only for future issues of Healthcare Marketplace Notices.

If consent for an electronic Healthcare Marketplace Notices is provided and you need a paper copy, free of charge, you can request a paper copy from your supervisor/HR Representative (re-issued paper copies will not withdraw your consent for the electronic notice) or print it through this on-line process.

To access, print, and retain your Healthcare Marketplace Notice online, you will need the following hardware and software:

Access to a computer with Internet access.

- The computer must have a Web browser with functionality equivalent to Microsoft Internet Explorer 7.0 and Firefox 2.0 .
- The computer must have a printer connected to it that is capable of printing Adobe Acrobat files from Adobe Acrobat Reader version 7.0 (or higher).
- The computer must have Adobe Acrobat Reader Version 7.0 (or higher) software installed and operational to read and print your Healthcare Marketplace Notice.
- The computer must have adequate storage space available to download and store a copy of your electronic notice.

○ **I AGREE** to receiving the ACA Notification electronically. This option will move you to the next step where you will see your notification and can print it if you choose. You can also request a hard copy of the notification from your employer at any time.

○ **I DO NOT AGREE** to viewing and/or printing the ACA Notification electronically. I would like a paper copy delivered to me. Note choosing this option will end this on-line process and you will not be presented the ACA Notification as your next step. The notification will instead be delivered to you in print form by your employer.

| < Previous Form | Cancel and Return to Summary | Finished with Packet > |

Once all documents (including any specific State documents, if applicable) are completed and submitted, you will receive the notification that your completed packet was successfully submitted.

If you want printed copies of the documents you completed, click on the Summary tab, select the documents you want, then click Print Checked.