

# OFM's New Employee Packet

Susan Latham  
OFM Employee Services

# Offer of Employment

✓ Included in each New Employee Packet with instructions to report to OFM Employee Services on first day of employment.

May 27, 2008

Mr. B. Good  
123 Happy Street  
Tumwater, Washington 98512

Dear Mr. Good:

I am pleased to confirm our offer of exempt employment as a Widget Maker at the Office of Financial Management effective June 16, 2008. Your monthly salary will be \$6,000.00 and you will be eligible for health benefits administered by the Public Employees Benefits Board (PEBB). In addition, your Widget Maker position has been designated as overtime exempt.

As an exempt "at will" employee you serve at the pleasure of the Director. In accordance with WAC 357-19-195, employees who left classified service to accept exempt employment shall have the right to return to the highest class of position in which the employee previously held permanent status, or to a position of similar nature and salary, provided the employee was not terminated from an exempt position for gross misconduct or malfeasance.

A New Employee Packet containing various payroll and benefits forms is enclosed. Several of these forms will need to be completed within the first few days of your employment. Please refer to the enclosed New Employee Packet and New Employee Forms checklist and have prepared to present your

# New Employee Checklist

- ✓ Checklist designed for new employee to know what is expected of them over the first few weeks of employment.
- ✓ Includes information about required and optional forms.
- ✓ Provides directions on where completed forms are to be submitted.



STATE OF WASHINGTON

## OFFICE OF FINANCIAL MANAGEMENT

*Insurance Building, PO Box 43113 • Olympia, Washington 98504-3113 • (360) 902-0555*

### NEW EMPLOYEE FORM CHECKLIST

Name: \_\_\_\_\_

Welcome to OFM! Congratulations on your new position, whether you have worked for OFM or the State in the past, please review this checklist. You will have an opportunity to go over these forms along with other important information about OFM the morning of your first day of employment.

- Offer Letter of Employment. Please review, sign and return to Employee Services as soon as possible.
- Form I-9 Employment Eligibility Verification. Section 1 of this form will need to be completed your first day of your employment. Section 2 will be completed by Employee Services staff. To expedite the verification process, please have either one document from list A or one from both list B and list C on your first day.
- Personnel Questionnaire form. Please review, complete, sign and return the form to Employee Services within the first two days of employment.
- Depending upon your position in OFM, you may be required to complete the PDC Personal Financial Affairs Statement (F1). If you are required to do so, this form must be completed within the first two weeks of your employment. Send directly to PDC or the form can be completed electronically on the Public Disclosure Commission's website. (Only employees designated as professional staff of the Governor are required to complete and submit this form. Questions should be directed to Dan Myers, OFM or Governor's General Counsel.)

# Personnel Questionnaire

- ✓ Voluntary form.
- ✓ Does ask for information necessary to complete the appointment in the Personnel/Payroll System.
- ✓ <http://www.dop.wa.gov/NR/rdonlyres/E260F72B-DD8F-4670-B3E4-B7A1B3774C2A/0/PersonnelQuestionnaire.doc>

<b>PERSONNEL QUESTIONNAIRE</b>						
<p>Government agencies require periodic reports on the gender, ethnic origin, and veteran status of employees. Providing such information about yourself is voluntary. It will be used only in accordance with Washington State's equal opportunity and affirmative action efforts.</p>						
<b>Personnel Information</b>						
Employee Last Name		First Name		Middle Name or Initial	Suffix	
Social Security Number		Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status	Since (mm/dd/yyyy)	Phone
Residential Address:			City	State	Zip	County
Mailing Address (If different)				Alternate Way To Contact You (Cell, FAX, Pager, Message Phone)		
<b>Ethnicity/Hispanic Origin</b>						
<p>Hispanic Origin includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. It does not include persons from Portuguese speaking cultures such as Portugal or Brazil. The Spanish/Hispanic/Latino question is about ethnicity, not race.</p> <p>Are you of Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<b>Race Information (check all that apply)</b>						
<input type="checkbox"/> <b>American Indian or Alaskan Native</b> - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.						
<input type="checkbox"/> <b>Asian</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.						
<input type="checkbox"/> <b>Black/African-American</b> - A person having origins in any of the Black racial groups of Africa.						
<input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.						
<input type="checkbox"/> <b>White/Caucasian</b> - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.						
<b>Disability Information</b>						
<p><b>Disability Definition</b> - For affirmative action data reporting purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss of a part of the body; or (b) any mental or psychological condition, impairment, or disorder.</p>						

# Form I-9, Employment Eligibility Verification

- ✓ Required form.
- ✓ Purpose is to document that each new employee, both citizen and non-citizen, hired after November 6, 1986 is authorized to work in the United States.
- ✓ Must be completed within three business after employment begins.
- ✓ Transfer to another state agency will require completion of a new I-9 form.
- ✓ <http://www.uscis.gov/files/form/I-9.pdf>

OMB No. 1615-0047; Expires 06/30/09  
**Form I-9, Employment Eligibility Verification**

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

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**Instructions**  
Please read all instructions carefully before completing this form.

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**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

**When Should the Form I-9 Be Used?**

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are**

# Form W-4

- ✓ Required form.
- ✓ Transfer to another state agency will require completion of a new I-9 form.
- ✓ <http://www.irs.gov/pub/irs-pdf/fw4.pdf>

## Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

### Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	A	<input type="text"/>						
B	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="2">} . . . . .</td><td rowspan="2">B</td><td rowspan="2"><input type="text"/></td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . .	B	<input type="text"/>	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.		
• You are single and have only one job; or	} . . . . .	B				<input type="text"/>			
• You are married, have only one job, and your spouse does not work; or									
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.									
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	C	<input type="text"/>						
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	D	<input type="text"/>						
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	E	<input type="text"/>						



# Personal Financial Affairs Statement

- ✓ Public Disclosure Commission form.
- ✓ Mandatory for employees who advise the Governor.
- ✓ [http://www.pdc.wa.gov/filers/candidates/state/e\\_file.aspx](http://www.pdc.wa.gov/filers/candidates/state/e_file.aspx)

The screenshot displays the Public Disclosure Commission website interface. At the top, it reads "Building Confidence in the Political Process" and "Public Disclosure Commission". Below this are navigation tabs for "PUBLIC RESOURCES" and "FILER RESOURCES". Under "FILER RESOURCES", there are sub-tabs for "LOCAL / JUDICIAL" and "STATE EXECUTIVE / LEGISLATIVE". The main content area is titled "Electronic Filing Option for State Executive and Legislative Candidates". It includes a note: "These filing options will help candidates meet their reporting requirements to file electronically." Below this is a section for "F-1 Account Login" with instructions: "If you are not currently enrolled with our online service, you'll need to create a user account." To the right of the main content is a sidebar with several links and descriptions:

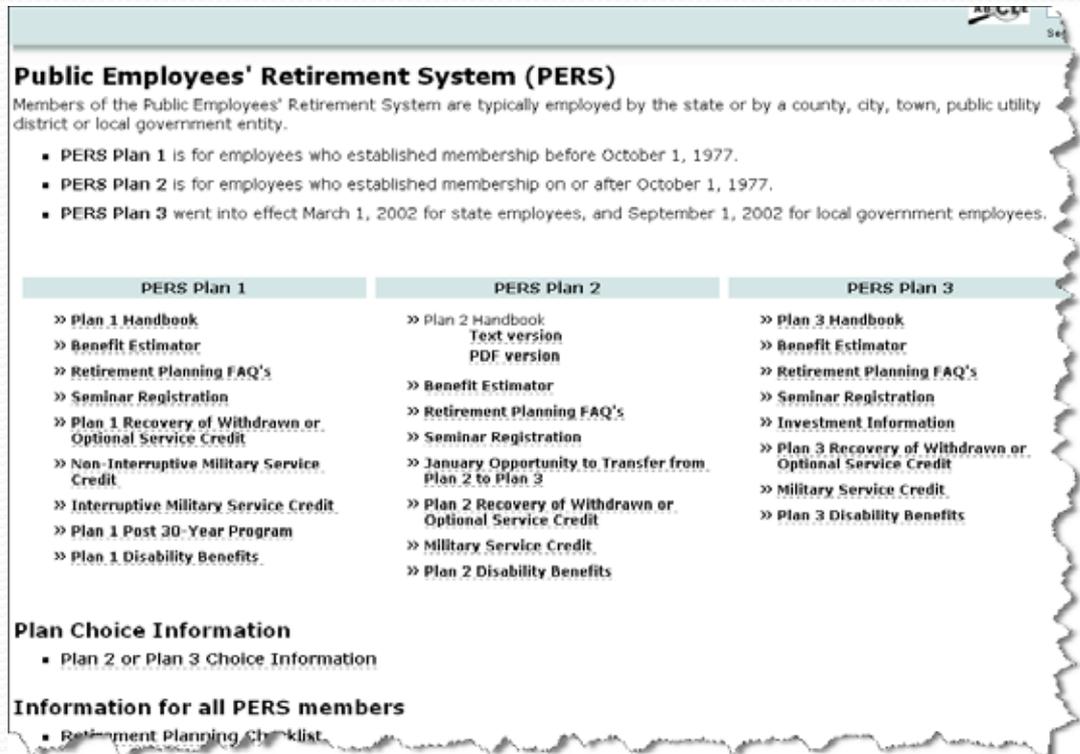
- F1 Personal Financial Affairs Statement** [Login](#)  
This form is used to report sources of income, real estate, and business customers.  
**Due Date:** Within 2 weeks of becoming a candidate or annually between January 1 - April 15.
- Personal Financial Affairs Supplement Page** [Login](#)  
Identifies relationships with businesses, associations, and appointed officials also disclose receipt of food, travel.  
**Due Date:** File with F-1 and F-1A.
- C3 Cash Receipts** [\(ORCA Software\)](#)  
This form is used to report names of contributors, amount, and date.  
**Due Date:** All monetary contributions must be deposited by the 15th of each month. C-3 is due monthly; after July 1, file C-3 reports weekly.
- Schedule L Loans** [\(ORCA Software\)](#)  
Details regarding loan payments and loans forgiven.  
**Due Date:** File with C3 when loan is deposited.
- Attachment Au Auction Report** [\(ORCA Software\)](#)  
Identifies contributors donating and purchasing auctioned items. Also reports purchase price of the auctioned item or service.  
**Due Date:** File with C4
- C4 Summary, Full Report** [\(ORCA Software\)](#)  
This form is used to report total contributions and expenditures.  
**Due Date:** Summary of Receipts and Expenditures due prior to registration and on the 10th of each month commencing 21 days before primary.

At the bottom left of the sidebar, there is a box titled "ORCA Links" containing a list of links:

- [Download Software](#)
- [Registration and Filing Instructions](#)
- [Frequently Asked Questions](#)
- [Technical Support](#)
- [On-Line Help](#)
- [Training Schedule](#)

# Public Employee Retirement System

- ✓ Mandatory enrollment.
- ✓ Plan choice for PERS Plan 2 or PERS Plan 3.
- ✓ <http://www.drs.wa.gov/member/Plans/PERS/default.htm>



**Public Employees' Retirement System (PERS)**  
Members of the Public Employees' Retirement System are typically employed by the state or by a county, city, town, public utility district or local government entity.

- PERS Plan 1 is for employees who established membership before October 1, 1977.
- PERS Plan 2 is for employees who established membership on or after October 1, 1977.
- PERS Plan 3 went into effect March 1, 2002 for state employees, and September 1, 2002 for local government employees.

PERS Plan 1	PERS Plan 2	PERS Plan 3
<ul style="list-style-type: none"><li>» <a href="#">Plan 1 Handbook</a></li><li>» <a href="#">Benefit Estimator</a></li><li>» <a href="#">Retirement Planning FAQ's</a></li><li>» <a href="#">Seminar Registration</a></li><li>» <a href="#">Plan 1 Recovery of Withdrawn or Optional Service Credit</a></li><li>» <a href="#">Non-Interruptive Military Service Credit</a></li><li>» <a href="#">Interruptive Military Service Credit</a></li><li>» <a href="#">Plan 1 Post 30-Year Program</a></li><li>» <a href="#">Plan 1 Disability Benefits</a></li></ul>	<ul style="list-style-type: none"><li>» <a href="#">Plan 2 Handbook</a> <a href="#">Text version</a> <a href="#">PDF version</a></li><li>» <a href="#">Benefit Estimator</a></li><li>» <a href="#">Retirement Planning FAQ's</a></li><li>» <a href="#">Seminar Registration</a></li><li>» <a href="#">January Opportunity to Transfer from Plan 2 to Plan 3</a></li><li>» <a href="#">Plan 2 Recovery of Withdrawn or Optional Service Credit</a></li><li>» <a href="#">Military Service Credit</a></li><li>» <a href="#">Plan 2 Disability Benefits</a></li></ul>	<ul style="list-style-type: none"><li>» <a href="#">Plan 3 Handbook</a></li><li>» <a href="#">Benefit Estimator</a></li><li>» <a href="#">Retirement Planning FAQ's</a></li><li>» <a href="#">Seminar Registration</a></li><li>» <a href="#">Investment Information</a></li><li>» <a href="#">Plan 3 Recovery of Withdrawn or Optional Service Credit</a></li><li>» <a href="#">Military Service Credit</a></li><li>» <a href="#">Plan 3 Disability Benefits</a></li></ul>

**Plan Choice Information**

- [Plan 2 or Plan 3 Choice Information](#)

**Information for all PERS members**

- [Retirement Planning Checklist](#)

# Medical and Dental Enrollment

✓ Medical enrollment is optional.

✓ Dental coverage is required.

✓ [http://www.pebb.hca.wa.gov/employeepacket\\_meddental.html](http://www.pebb.hca.wa.gov/employeepacket_meddental.html)

The screenshot shows the Public Employees Benefits Board website. The header features the organization's logo and a mountain landscape. A navigation menu on the left includes sections like 'PEBB Program', 'Group Participation', 'How Do I', and 'PEBB Board'. The main content area is titled '2008 NEW EMPLOYEE ONLINE ENROLLMENT PACKET' and contains a search bar, a 'Print this page' button, and a questionnaire for new employees. The questionnaire asks if the user is a new employee in 2008 and provides instructions on how to proceed based on their employment status. It also lists various resources and forms available for employees with medical and dental benefits.

**Public Employees Benefits Board**

Health Bene

Search:  GO

**2008 NEW EMPLOYEE ONLINE ENROLLMENT PACKET**

Print this page

Are you a new employee in 2008? Here's your enrollment packet.

This information describes the benefits available to you through the Public Employees Benefits Board, personnel, payroll, or benefits office within 31 days of eligibility to receive coverage, or you will lose your current coverage.

If you have questions, contact your personnel, payroll, or benefits office.

Select the description that fits you:

I am an employee of a state agency, higher-education institution, community/technical college, or other public employer.

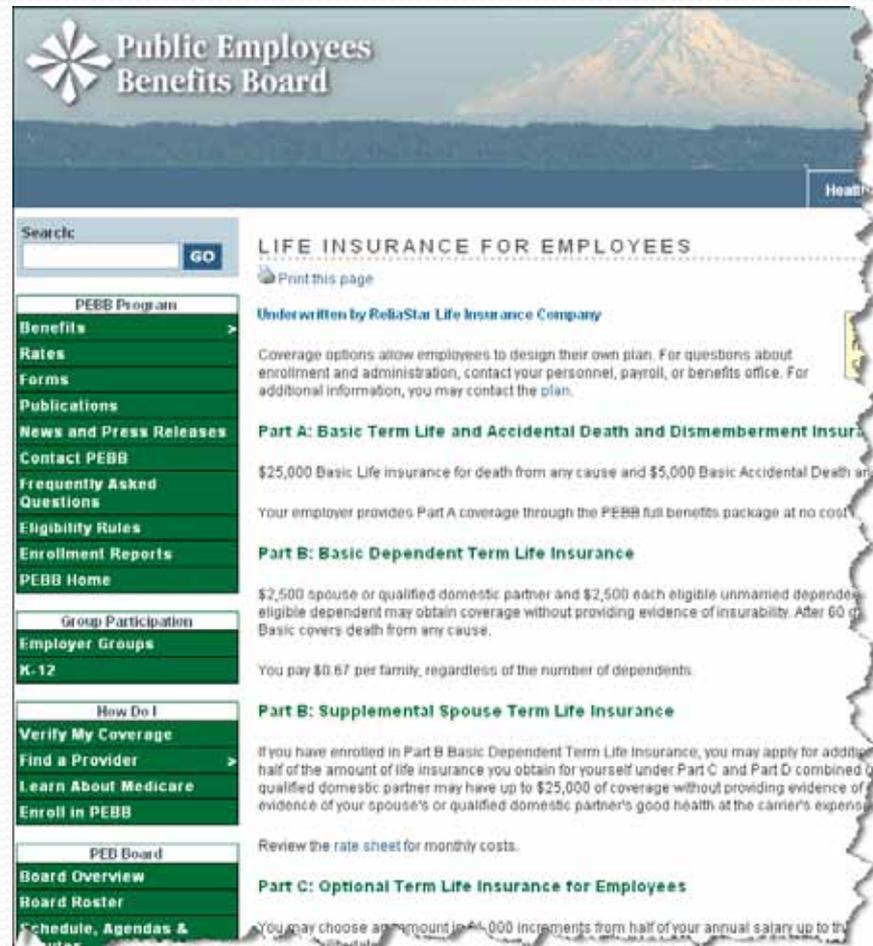
I am an employee of a group that offers PEBB medical benefits only.

For employees with medical and dental benefits:

- 2008 Employee Enrollment Guide (1.7 MB)
- Contact the plans
- Browse benefits
- Compare plan costs
- Find a plan in my county
- Employee Enrollment/Change form (722.9 KB)
- Covering family members on your account? Complete the appropriate forms:
  - Spouse or qualified domestic partner (706.2 KB)
  - Student over age 19 (59.5 KB)
  - Dependent with disabilities (314.1 KB)
  - Extended (legal) dependent (336.5 KB)
- Medical Flexible Spending Account (FSA) - Summary (97.6 KB)

# Life Insurance Enrollment

- ✓ State offers a \$50,000 term life policy at no cost to the employee.
- ✓ Additional supplemental insurance is offered at a group rate.
- ✓ [http://www.pebb.hca.wa.gov/life\\_employee.html](http://www.pebb.hca.wa.gov/life_employee.html)



The screenshot displays the Public Employees Benefits Board (PEBB) website. At the top left is the PEBB logo, a stylized flower. The header features a scenic image of a mountain range. A search bar with a 'GO' button is located on the left. The main content area is titled 'LIFE INSURANCE FOR EMPLOYEES' and includes a 'Print this page' link. Below the title, it states 'Underwritten by ReliaStar Life Insurance Company'. The text explains that coverage options allow employees to design their own plan and provides contact information for enrollment and administration. Three insurance options are listed: Part A (Basic Term Life and Accidental Death and Dismemberment Insurance) for \$25,000 basic life and \$5,000 basic accidental death, provided at no cost; Part B (Basic Dependent Term Life Insurance) for \$2,500 spouse or qualified domestic partner and \$2,500 each eligible unmarried dependent, with a \$0.67 per family cost; and Part B (Supplemental Spouse Term Life Insurance) for an additional half of the amount of life insurance obtained under Part C and Part D, with up to \$25,000 of coverage. Part C (Optional Term Life Insurance for Employees) allows choosing an amount in \$4,000 increments up to the total.

**Public Employees Benefits Board**

Search:  **GO**

**LIFE INSURANCE FOR EMPLOYEES**  
Print this page

Underwritten by ReliaStar Life Insurance Company

Coverage options allow employees to design their own plan. For questions about enrollment and administration, contact your personnel, payroll, or benefits office. For additional information, you may contact the plan.

**Part A: Basic Term Life and Accidental Death and Dismemberment Insurance**  
\$25,000 Basic Life insurance for death from any cause and \$5,000 Basic Accidental Death and Dismemberment insurance.  
Your employer provides Part A coverage through the PEBB full benefits package at no cost.

**Part B: Basic Dependent Term Life Insurance**  
\$2,500 spouse or qualified domestic partner and \$2,500 each eligible unmarried dependent. An eligible dependent may obtain coverage without providing evidence of insurability. After 60 days of enrollment, Basic covers death from any cause.  
You pay \$0.67 per family, regardless of the number of dependents.

**Part B: Supplemental Spouse Term Life Insurance**  
If you have enrolled in Part B Basic Dependent Term Life Insurance, you may apply for additional half of the amount of life insurance you obtain for yourself under Part C and Part D combined. A spouse or qualified domestic partner may have up to \$25,000 of coverage without providing evidence of insurability of your spouse's or qualified domestic partner's good health at the carrier's expense.  
Review the [rate sheet](#) for monthly costs.

**Part C: Optional Term Life Insurance for Employees**  
You may choose an amount in \$4,000 increments from half of your annual salary up to the total available.

**PEBB Program**

- Benefits
- Rates
- Forms
- Publications
- News and Press Releases
- Contact PEBB
- Frequently Asked Questions
- Eligibility Rules
- Enrollment Reports
- PEBB Home

**Group Participation**

- Employer Groups
- K-12

**How Do I**

- Verify My Coverage
- Find a Provider
- Learn About Medicare
- Enroll in PEBB

**PEB Board**

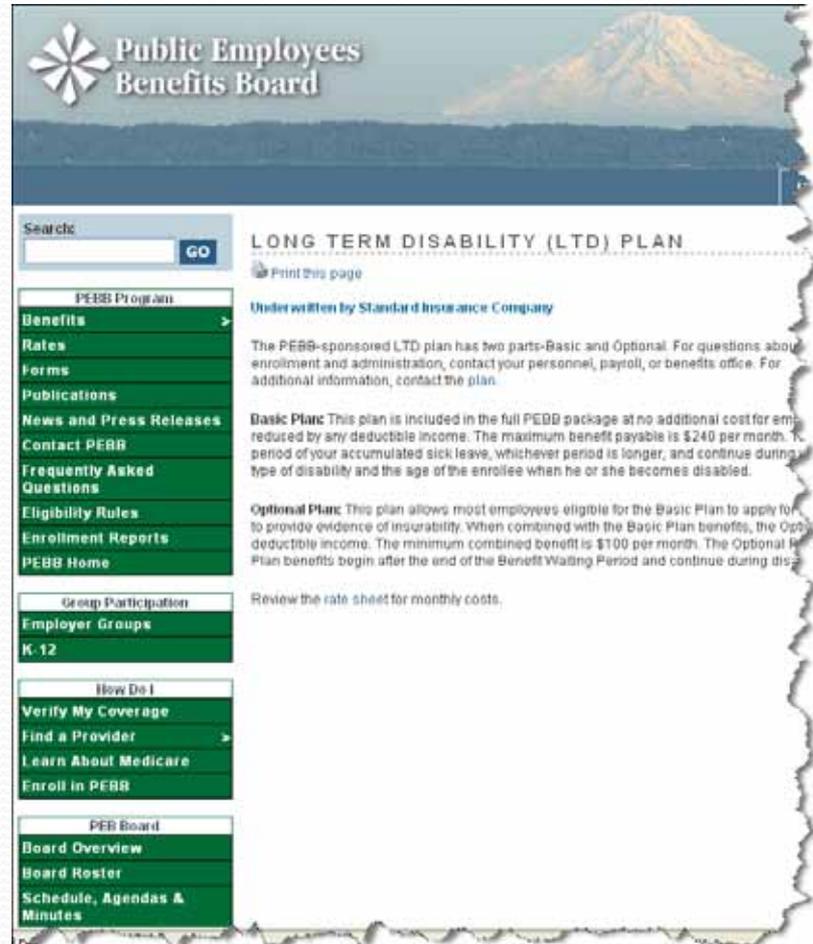
- Board Overview
- Board Roster
- Schedule, Agendas & Minutes

# Long Term Disability Plan

✓ State offers a minimum benefit at no cost to the employee.

✓ Additional optional coverage is available.

✓ <http://www.pebb.hca.wa.gov/ltd.html>



The screenshot shows the Public Employees Benefits Board website. At the top, there is a logo for the Public Employees Benefits Board and a background image of a mountain. Below the logo is a search bar with a "GO" button. The main heading is "LONG TERM DISABILITY (LTD) PLAN". There is a "Print this page" link and a note that the plan is "Underwritten by Standard Insurance Company". The page is divided into two main sections: "Basic Plan" and "Optional Plan". The "Basic Plan" section states that the plan is included in the full PEBB package at no additional cost for employees reduced by any deductible income. The "Optional Plan" section states that the plan allows most employees eligible for the Basic Plan to apply for to provide evidence of insurability. On the left side, there is a navigation menu with various links such as "Benefits", "Rates", "Forms", "Publications", "News and Press Releases", "Contact PEBB", "Frequently Asked Questions", "Eligibility Rules", "Enrollment Reports", "PEBB Home", "Group Participation", "Employer Groups", "K-12", "How Do I", "Verify My Coverage", "Find a Provider", "Learn About Medicare", "Enroll in PEBB", and "PEBB Board".

# Social Security Verification Service

✓ An option to verify that your employee's name and Social Security Number match with Social Security's records.

✓ <http://www.ssa.gov/employer/ssnv.htm>

**Social Security Number Verification Service (SSNV)**

Home Questions? Contact Us

**Information and Instructions**

➔ **Overview**

There are two Internet verification options you can use to verify that your employee names and Social Security numbers match Social Security's records. You can:

- Verify up to 10 names and SSNs (per screen) online and receive immediate results. This option is ideal to verify new hires.
- Upload overnight files of up to 250,000 names and SSNs and usually receive results the next government business day. This option is ideal if you want to verify an entire payroll database or if you hire a large number of workers at a time.

While the service is available to all employers and third-party submitters, it can only be used to verify current or former employees and only for wage reporting (Form W-2) purposes.

➔ **Why Should I Verify Names and SSNs Online**

- Correct names and SSNs on W-2 wage reports are the keys to the successful processing of your annual wage report submission.
- It's faster and easier to use than submitting your requests paper listings or using Social Security's telephone verification option.
- Results in more accurate wage reports.
- Saves you processing costs and reduces the number of W-2cs.
- Allows Social Security to properly credit your employees' earnings record, which will be important information in determining their Social Security benefits in the future.

➔ **Steps to Register for SSNVS**

1. Register to Use SSNVS - Registration is required through [www.ssa.gov/bso/bsowelcome.htm](http://www.ssa.gov/bso/bsowelcome.htm). Third-party preparers need only register once in their own firm's name. Complete the registration form and select your own password. Social Security will verify your identity against our records and display a User ID. Make note of your the User ID, password and expiration date. [www.ssa.gov/employer/ssnvs\\_handbk.htm](http://www.ssa.gov/employer/ssnvs_handbk.htm)
2. Request Access and Activation Code - Return to [www.ssa.gov/bso/bsowelcome.htm](http://www.ssa.gov/bso/bsowelcome.htm) and login in with your User ID and password. Select "Request Access and Activation Code."
3. Activation Code is Mailed to Your Employer - Your employer should give you the activation code which allows you access to SSNVS.
4. Login to Use the Service - Go to [www.ssa.gov/bso/bsowelcome.htm](http://www.ssa.gov/bso/bsowelcome.htm), select Login, input your User ID, password and activation code and you will be able to use the service.

# OFM's New Employee Brochure

Contains information on:

- ✓ Benefits & Support
- ✓ Holidays & Leave
- ✓ Policies & Procedures
- ✓ Compensation
- ✓ Ethics



The image shows a brochure for the Office of Financial Management (OFM) of the State of Washington. The brochure has a blue and white color scheme. At the top, it says "WELCOME" in large blue letters, with "To the Office of Financial Management" below it. A circular seal of the State of Washington is in the top right corner. The central part of the brochure features the word "MISSION:" followed by a paragraph describing the office's role. Below this, there is a graphic of the state of Washington with the words "BETTER INFORMATION", "BETTER DECISIONS", and "BETTER GOVERNMENT" overlaid. At the bottom, it says "GOALS:" followed by three bullet points describing the office's goals. The background of the brochure has faint, stylized text: "Welcome" at the top, "Better Information" in the middle, and "Better Decisions" and "Better Government" at the bottom.

**WELCOME**

To the  
**Office of Financial Management**

**MISSION:**

The Office of Financial Management provides accurate, timely, objective information, fiscal services and leadership to support the Governor, Legislature and state agencies to serve the people of Washington.

**BETTER INFORMATION**

**BETTER DECISIONS**

**BETTER GOVERNMENT**

**GOALS:**

- Support** the Governor in establishing policies, and proposing and implementing budgets and policies that benefit the people of Washington.
- Provide** financial and management expertise to help state government meet its goals and responsibilities.
- Provide** information that is accessible, consistent, objective, timely and accurate to state agencies, the Legislature and the people of Washington.
- Create** a culture that is supportive, constructive and healthy for our own employees.