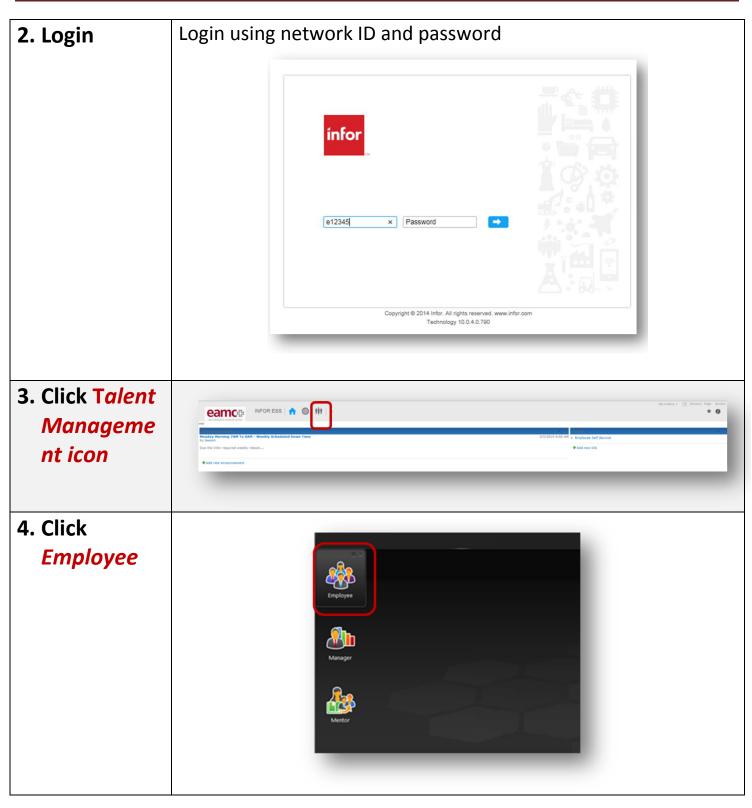
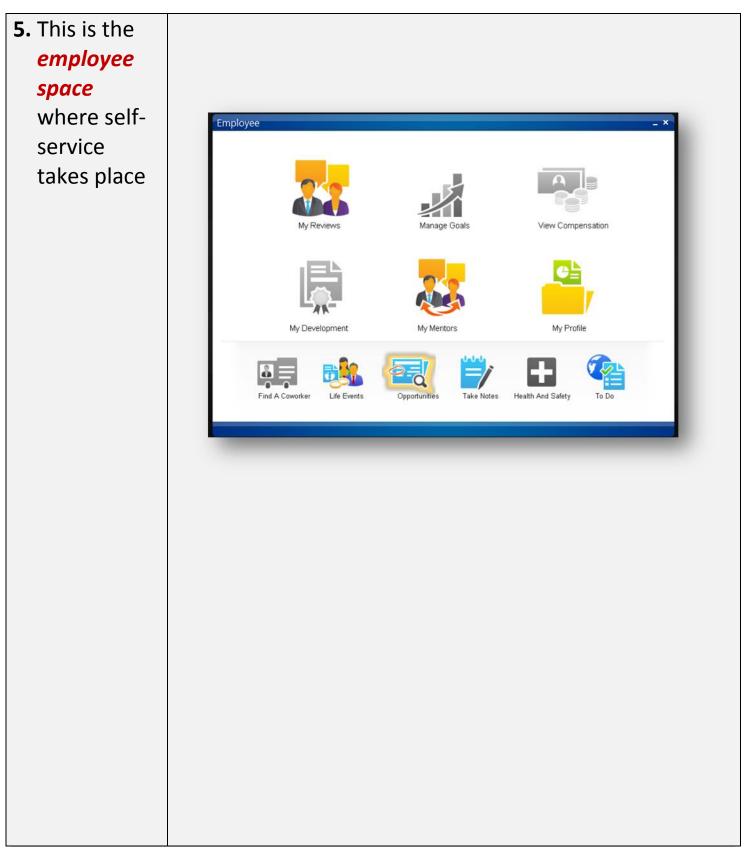
infor	HR Information System Employee Guide
What is infor?	<ul> <li>The new Human Resources &amp; Financial Information System</li> <li>It will help to automate a lot of manual processes in the areas of HR and Accounting</li> <li>This new system will have some self service functions that will allow you go online and personalize your life changes yourself, updating information like address change, taxes, and direct deposit.</li> </ul>
	Table of Contents
1	How to Log In
2	How to Access Infor
3	How to View Work Assignments
4	Adding An Address
5	Changing or Updating an Address
6	Updating Your Contact Information
7	Adding an Emergency Contact To Your Profile
8	Viewing and Printing Your Compensation
9	Adding a Dependent
10	Changing Marital Status
11	Changing Spouse's Employment
12	Accessing Action Requests
13	Accessing Your Pay and Benefits Information
14	Viewing Paychecks
15	Viewing and Changing Direct Deposit Information
16	Viewing and Updating Tax Information
17	Viewing Current Benefits (View Only)
18	Viewing Leave Balances

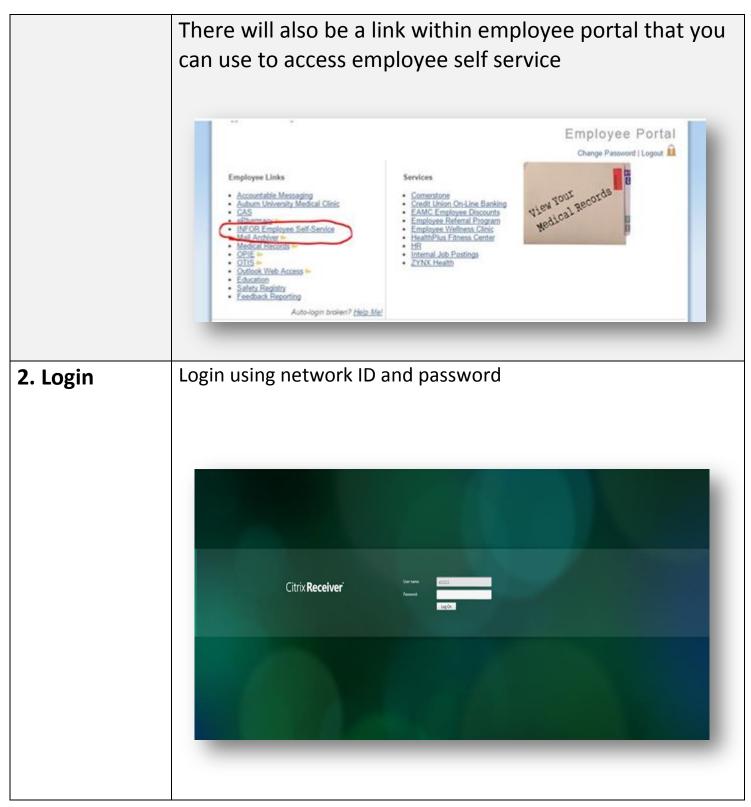
1	Logging In to Infor
2	<ul> <li>Login using network ID and password (same as email)</li> <li>Login =e and employee # (example: e12345)</li> <li>Password=network secure password</li> <li>Call the MIS helpdesk at ext. 6850, if you need assistance</li> </ul> Accessing Infor
	Accesing Infor from EAMC Computer
Action	Details
1. Click Self Service icon	

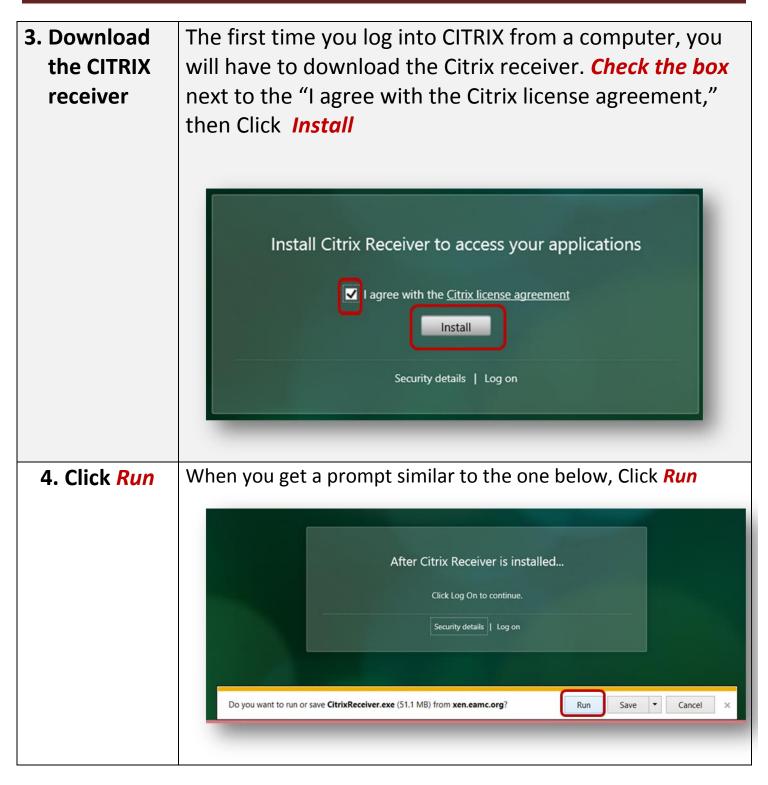


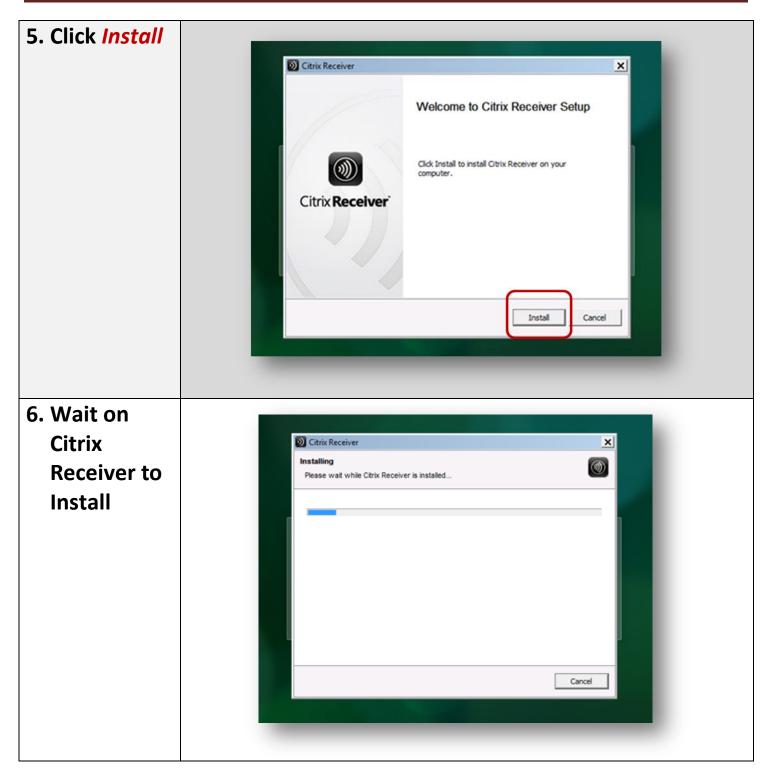


Accessing Infor from Home								
Step	Action							
1. Access Infor	1. Use the following link: <u>https://xen.eamc.org/</u>							
	OR							
	2. Go to the employee portal login page https://www.eamc.org/portal and click on infor Employee Self Service icon							
	east alabama medical center							
	Patients & Visitors Programs & Services Your Health Find a Physician Careers Employee Portal							
	Employee Portal Login Usemanne: Password: Login Please use your <u>lieteorit Cendentail</u> Colick to Launch Dease use your <u>lieteorit Cendentail</u> Colick to Launch Dease use your <u>lieteorit Cendentail</u>							

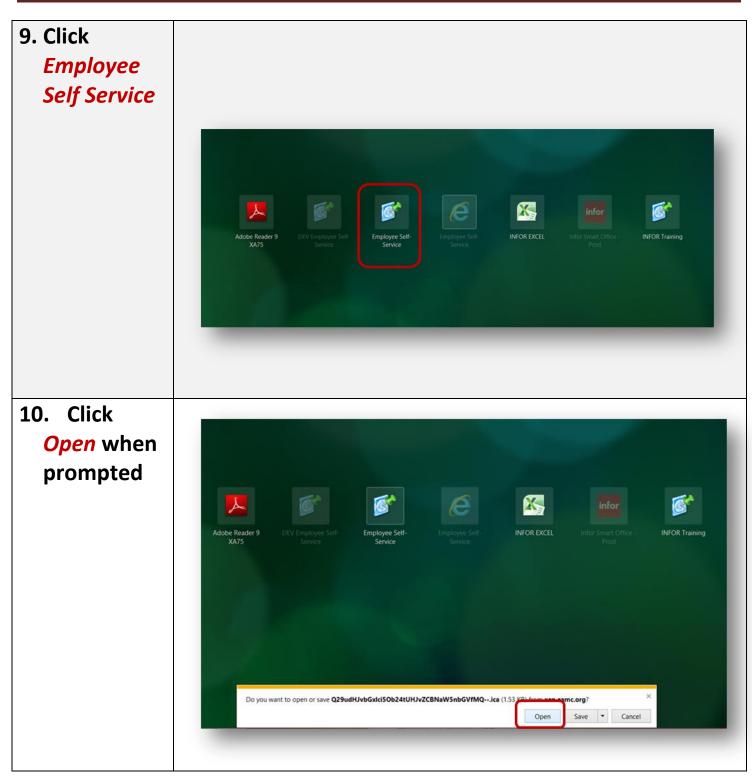


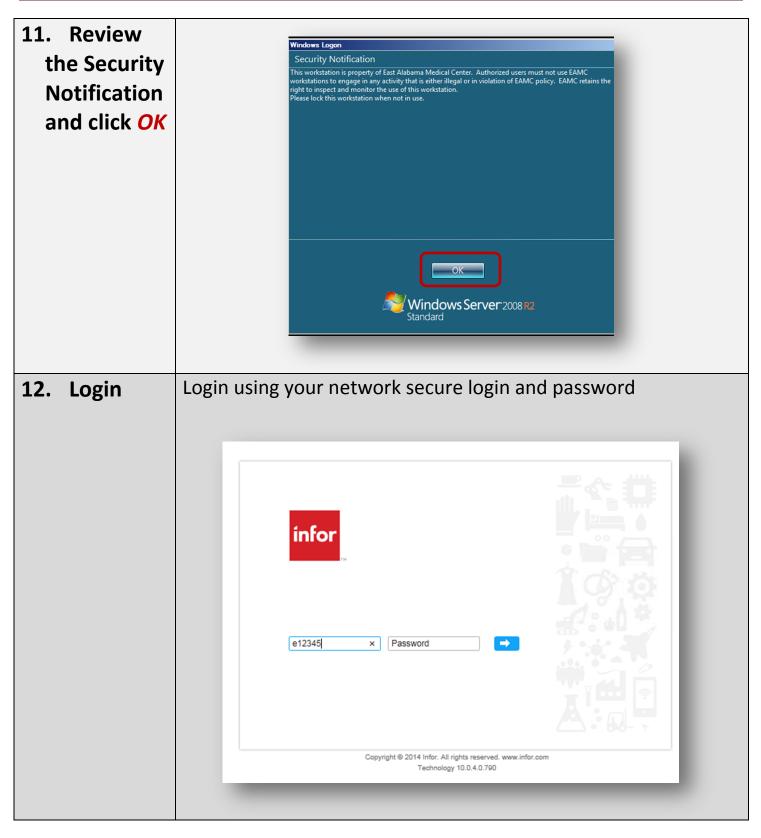


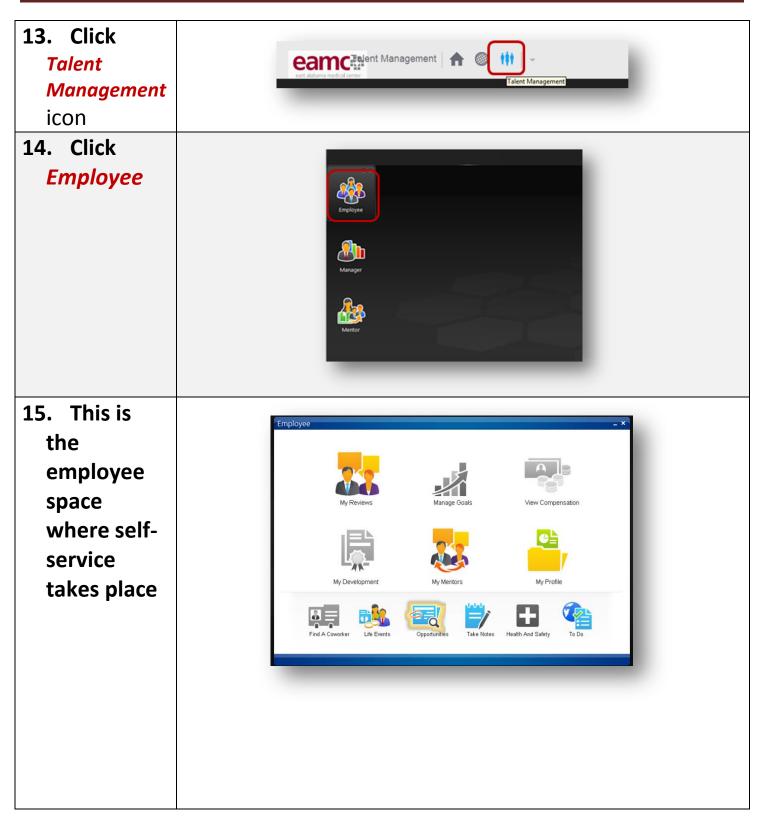




7. Click <i>Finish</i>	Citrix Receiver V Citrix Receiver Citrix Receiver Installed successfully! You received instructions to set up Receiver with your email or a server address, dick Add Account. Add Accourt
8. Click Log on	Install Citrix Receiver to access your applications I agree with the <u>Citrix license agreement</u> Install Security details Log on



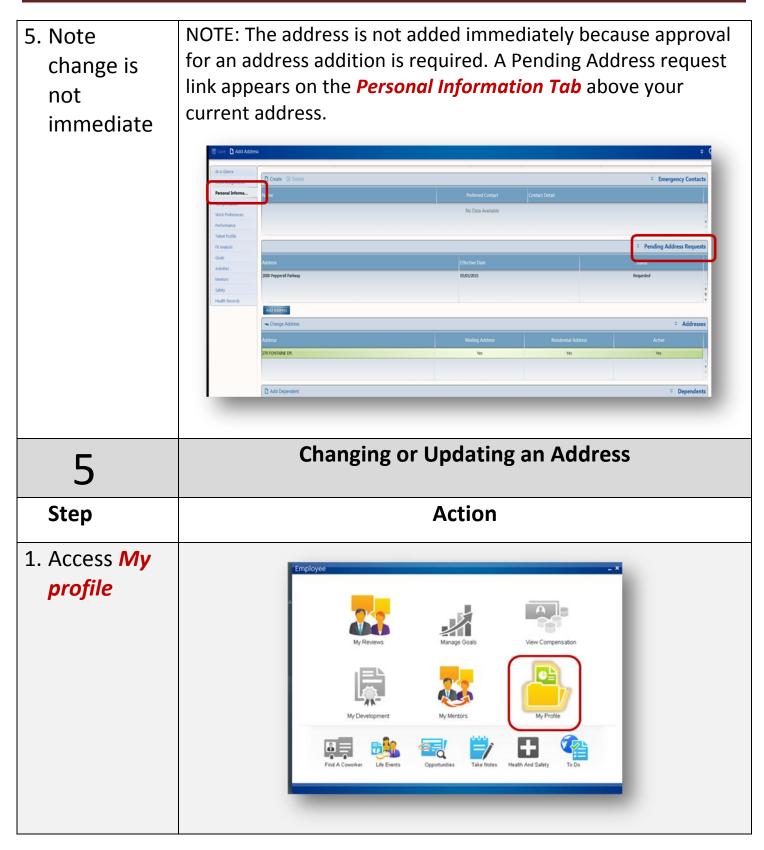




3	How to View Your Work Assignments You can have multiple work assignments. For each assignment you can view a position description, a position history, and a compensation profile.					
Step 1. Access <i>My Profile</i>	<section-header><complex-block></complex-block></section-header>					
<ol> <li>On the Navigation bar, select</li> <li>Work</li> <li>Assignments.</li> </ol>	Add Address         At a Clance         Work Assignments         Personal Informati         Compensation         Work Preferences					

3. Open a work assignment to view the work assignment detail.	Save Add Address At A Glance Work Assignments Personal Informati Compensation	C Print to File Primary Yes	Organization Unit HUMAN RESOURCES	Position EMPLOYMENT COORDINATOR	My Direct Supervisor Multiple managers
	Work Preferences				
4		nanager ( nay be no	can also a otified by	email of any a	in address on your ction related to
1. Access <i>My Profile</i>	- Employee	Image: Second	Manage Manage My Meni eres Opportunities	A construction       Image: Construction         A construction       Image: Construction <td< th=""><th></th></td<>	

2. Click on <i>Personal</i>	🔚 Save 🗋 Add Addre	255	
Information	At A Glance Work Assignments Personal Informa	Landline Email	334-528-4188 hrhelpdesk@eamc.org
	Compensation Work Preferences Performance Talent Profile	Create S Delete	
3. Above the Addresses	🖫 Save 🗋 Add Addres	55	
panel, click the Add Address button	At A Glance Work Assignments Personal Informa	Landline	334-528-4188 hrhelpdesk@eamc.org
	Compensation Work Preferences Performance Talent Profile	Create ③ Delete	
4. Enter the address and other required information and click <b>OK</b>		Asson, country, street add on are all required inform	dress (first line), city, state, nation.



2. Click on							
Personal	At A Glance	Add Phone Add Email Add IM					
Information	Work Assignments						
	Personal Informa	Method	Detail				
	Compensation	Landline	334-528-4188				
	Work Preferences	Email	hrhelpdesk@eamc.org				
	Performance						
	Talent Profile	Create					
	Fit Analysis	Create O'Delete					
	Goals	Name					
	Activities						
	Mentors Safety						
	Health Records						
	PREMUT RECORDS	Add Address		ы.			
3. Select the							
address				-			
	Add Address						
	Change Address						
	Address						
	2000 PEPPERELL PARKWAY						

4. Select the Change Address button	Add Address Address 2000 PEPPERELL PARKWAY
5. Enter your changes (including the required effective date) and click OK	Options • Related •      Effective Date     OS/01/2015     Reason     ADDRESS CHANGE     Description     Description     Enter The Address Changes   Country   US   US   United States   "Street Address   2000 PEPPERELL PARKWAY     "City   OPELIKA   State / Province   AL)   Post Code   2000 I     Country / District     Image: Control of Code     Country / District     Image: Control of Code     Country / District     Image: Control of Code     Image: Control of Code     Country / District     Image: Control of Code     Image: Control of Code     Image: Control of Code     Image: Control of Code     Image: Code     Image: Control of Code     Image: Code

 Note Pending Address Requests

NOTE: EAMC requires approval for an addresss change. So, the address change is not made immediately. A Pending Address Requests link appears on the *Personal Information Tab*, above your current address on file. <u>Address changes will be reviewed</u> within 2 business days.

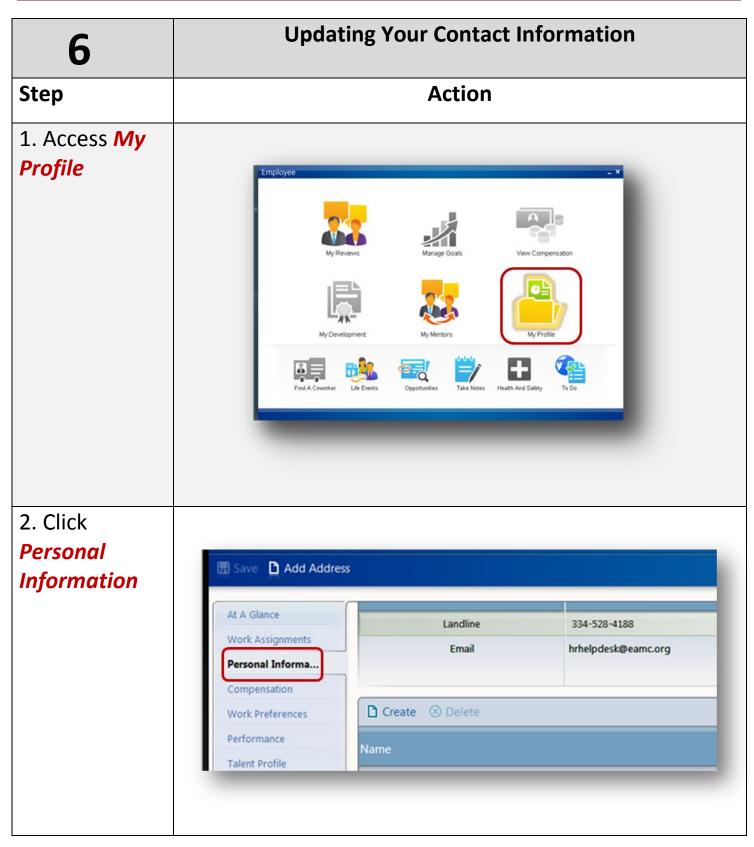
Note: If your manager requests an address change, this link will also appear. You can see and modify your manager's pending request. Also, your manager can see and modify your pending request. You can have more that one pending address changes and additions. But only one address can be flagged as a mailing address and/or home address.

Click the Pending Address Requests link to view and update your request or your manager's request, or to cancel your request or your manager's request (Actions > Cancel Request). You can make changes to the address change request until the address is approved. When the address is approved, the link disappears and the address is changed on your profile.

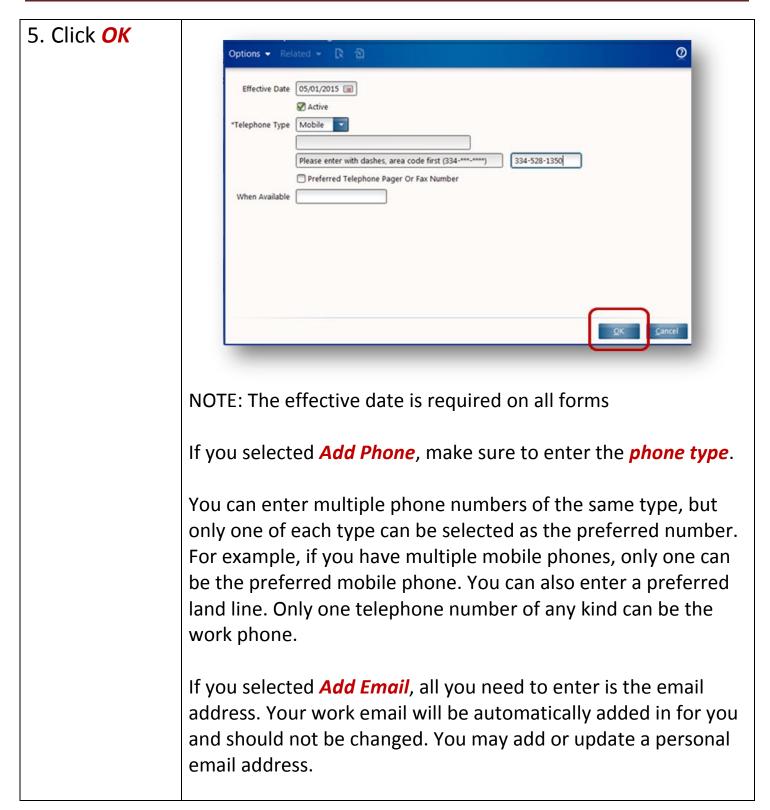
If the administrator returns the address change request, when you click the *Pending Address Requests* link, a red flag appears next to the address request. You can make the changes requested by the administrator, save the changes, and resubmit the request. Or, you can cancel the request.

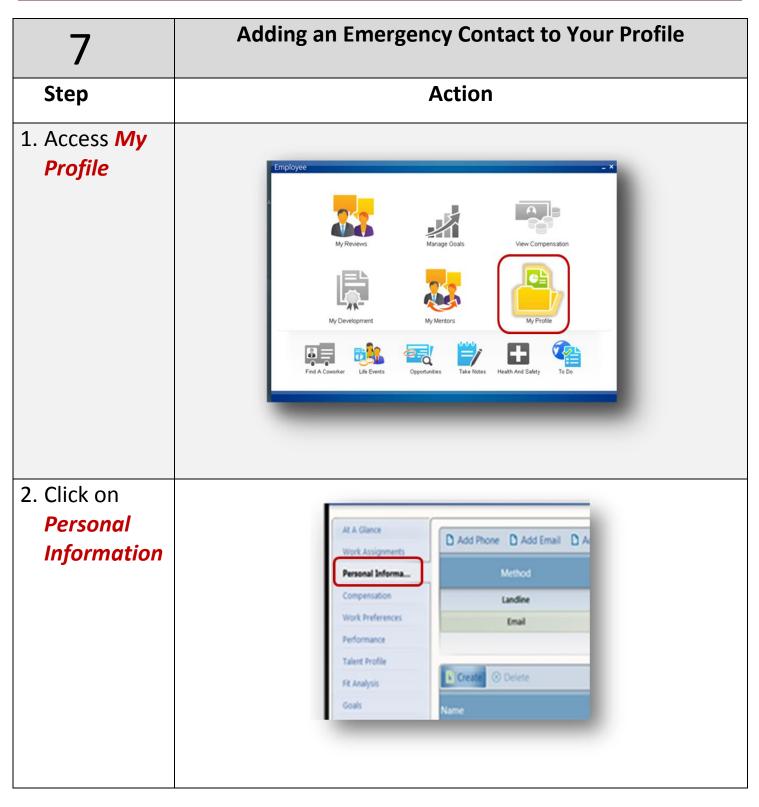
If the administrator rejects the request, the Pending Address Requests link disappears and no change is made.

If anyone cancels the request, the Pending Address Requests link disappears and no change is made.

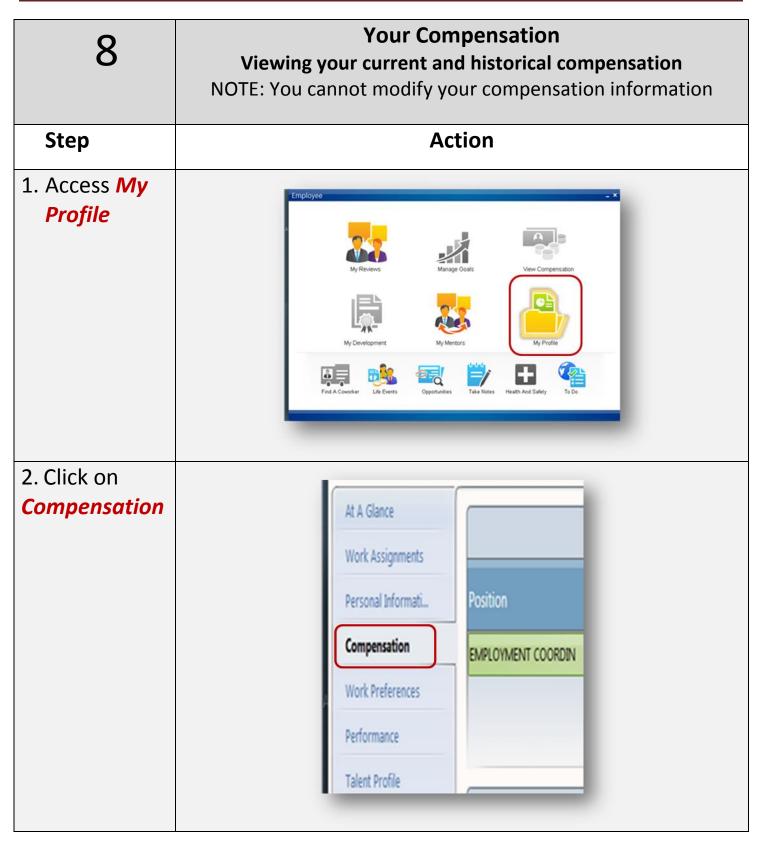


3. On the contacts panel, Select	At A Glance Work Assignments	Add Phone Add Email	) Add IM			
Add Phone OR	Personal Informa	Method	Detail		Preferred Contact	When Available
Add Email	Compensation	Landine	334-528-4188		Yes	
	Work Preferences	Email	e75395@eamc.net		Yes	
	Performance Talent Profile					_
	Fit Analysis	Create Oclete				
	Goals	Name			referred Contact	Contact Detail
4. Enter the appropriate information		Please enter with das	.hes, area code first (334-***/ ne Pager Or Fax Number	334-528-1350	QK	②





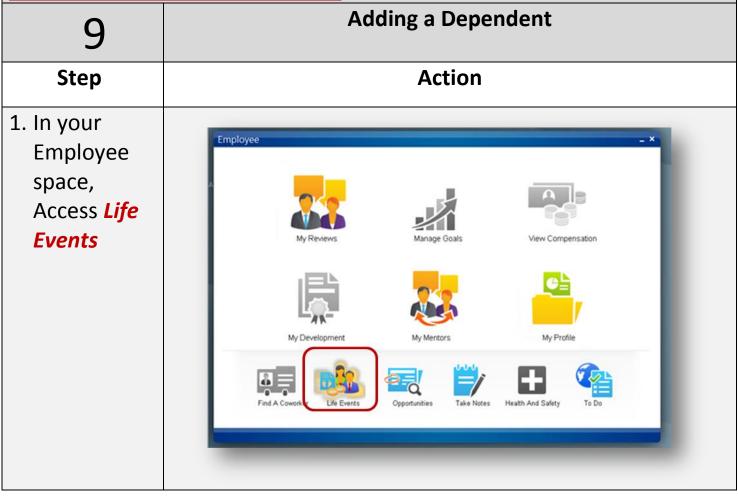
3. On the Emergency Contacts panel, select <i>Create</i> .	Made finant       Add finant       Add finant       Add finant       Add finant       Contact Information         Made finant       Add finant       Add finant       Contact Information       Contact Information         Made finant       Add finant       Contact Information       Contact Information         Made finant       Encode of Contact       Contact Information       Contact Information         Made finant       Encode of Contact       Finanty Named and Model and Contact       Contact Information         Made finant       Encode of Contact       Finanty Named and Model and Contact       Contact         Made finant       Encode of Contact       Finanty Named and Model and Contact       Contact         Made finant       Encode of Contact       Encode of Contact       Contact         Made finant       Encode of Contact       Encode of Contact       Encode of Contact         Made finant       Encode of Contact       Encode of Contact       Encode of Contact       Encode of Contact         Made finant       Encode of Contact       Encode of Contact       Encode of Contact       Encode of Contact         Made finant       Encode of Contact       Encode of Contact       Encode of Contact       Encode of Contact         Made finant       Encode of Contact       Encode of Contact
4. Enter	
required	Options → Related → R 🖄
information	Effective Date 05/03/2015  Given Name(First) MICKEY Family Name(Last) MOUSE
and click <b>OK</b>	Relationship FRIEND Preferred Contact
	Phone Information
	Mobile PhoneNumber 334-528-4188 Home PhoneNumber
	Work PhoneNumber
	Please enter phone numbers with dashes, area code first
	Email Address
	· · · · · · · · · · · · · · · · · · ·
	Enter the Effective data the context's first and last service the
	Enter the Effective date, the contact's first and last name, the preferred contact method, and as much of the contact
	information that is available to you.
	The Emergency Contact appears immediately.



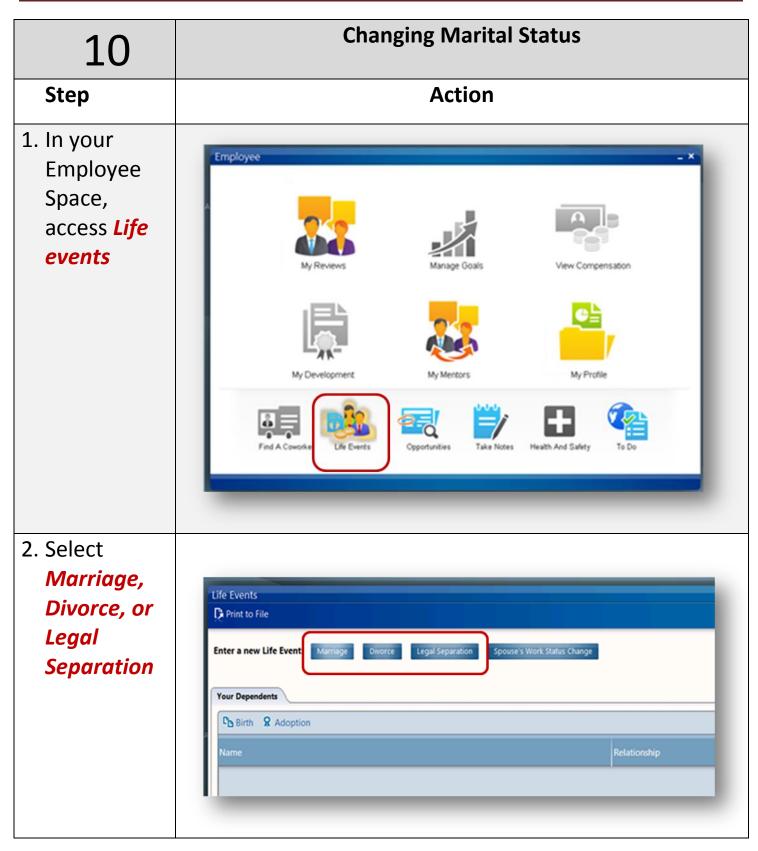
3. On <i>Compensation</i> <i>by Work</i> <i>Assignment,</i> open the position.	<ul> <li>Your</li> <li>Any a comp</li> <li>Any a</li> </ul>	ccess the following i current and historic allowances and othe pensation current or historical or were enrolled in	cal pay rates er pay rates includ	
4. Save or Print the file, if desired.	select Prin	a PDF version of yo atable Current Comp ne system also store	pensation. You car	save or print
	ION SYSTEMS	My Direct Supervisor PTTS, CLARA Begin No Data Available	Data	My Point Files My Actions My Actions My Personalizations Set Vas Of Date' Clear 'As Of Date' Proxy Management Switch To Proxy > Settings Spaces User Configure > Help >

#### **Life Events**

\*\*Note: You have 30 days from the date of the life event to make changes to medical, dental, vision and/or FLEX spending accounts\*\* <u>Submitting your life</u> event does not change your benefits. Please submit changes online or call HR to schedule an appointment (528-4188).



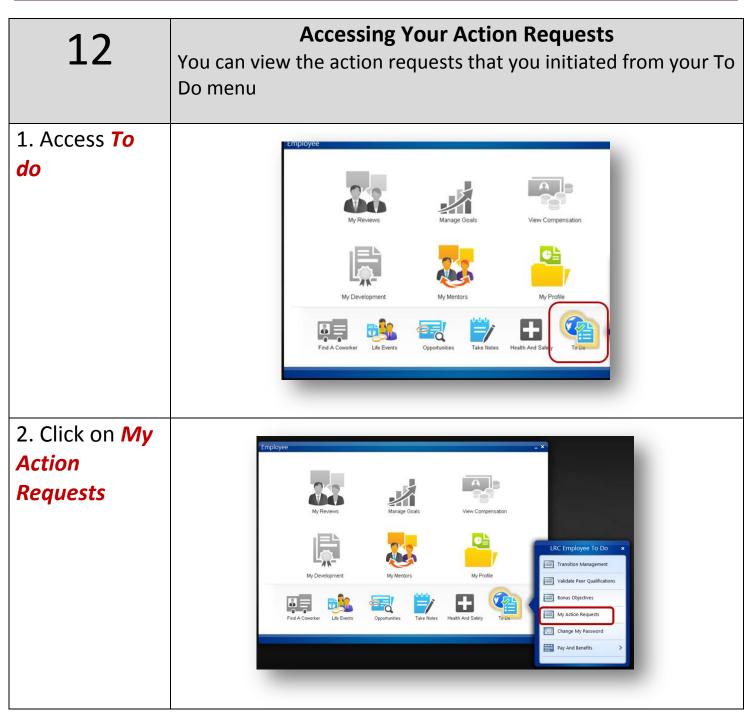
2. On the Your	
Dependents	Life Events
tab, <b>select</b>	C Print to File
the	
appropriate	Enter a new Life Event: Marriage Divorce Legal Separation Spouse's Work Status Change
event—	
Birth or	
Adoption	Your Dependents
	Birth & Adoption
3. Enter the	
information	*Birth ×
for the new	Options ▼ Related ▼  문
dependent	Name
and click	Title
ОК.	*Given Name(First) NEW Middle Name
	*Family Name(Last) BABY Suffix
	Preferred Given Name
	Preferred Family Name
	Additional Identification Number 111-11-1111
	*Birthdate 05/15/2015 💼
	*Relationship CHILD → *Gender Female ▼
	Enter the identification number for the dependent (his or her
	social security number).

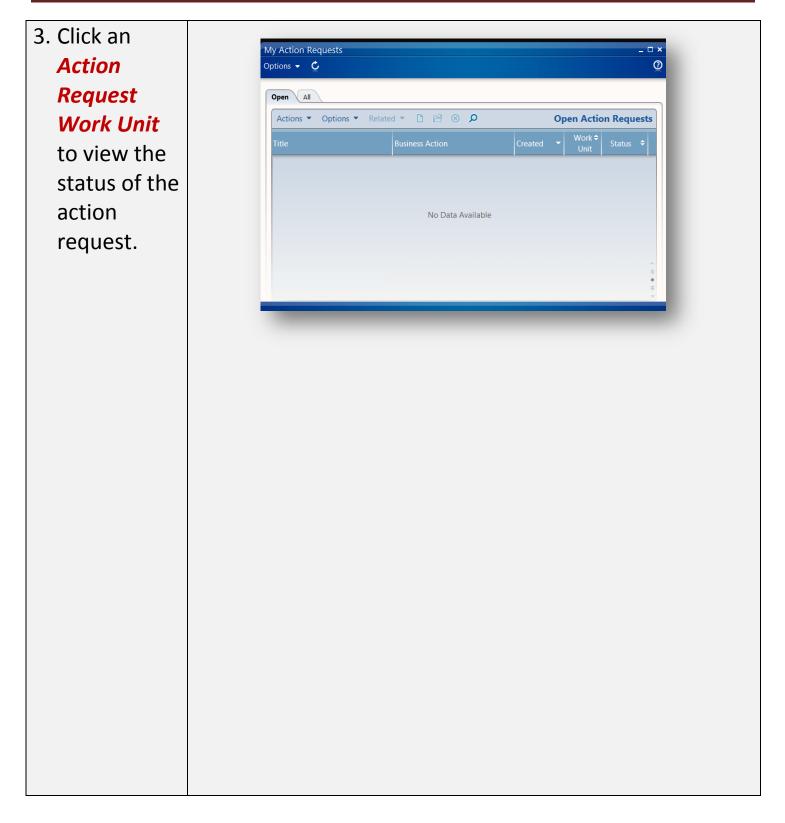


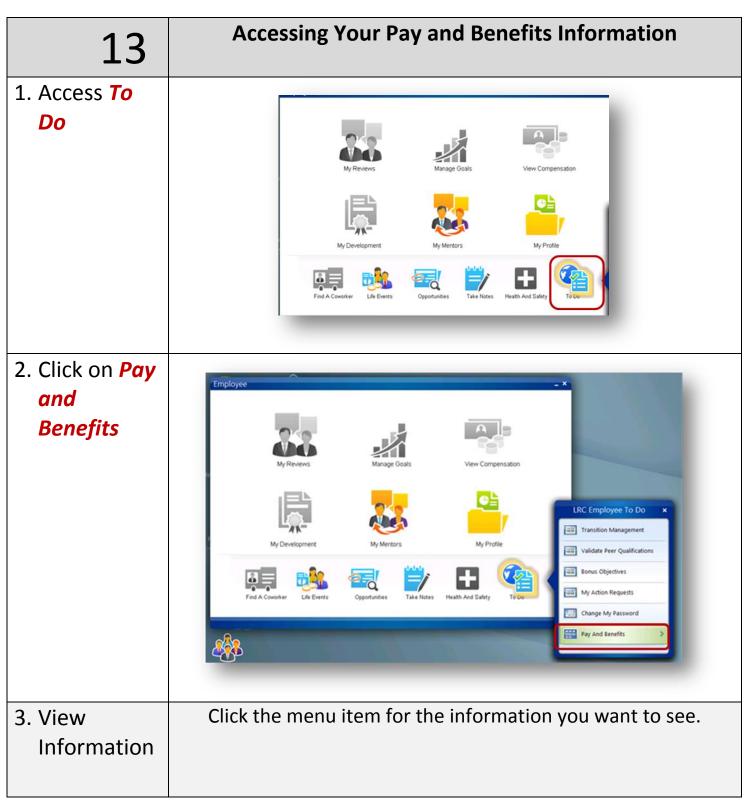
3. Enter <b>the</b>	
<b>date</b> of the	**Marriage     ×       Options ▼ Related ▼      №
marriage,	*Date Of Marriage 05/01/2015 (iii)
divorce, or	If Your Name Changed, Make Changes Below
legal	Title Given Name(First) MICKEY
separation.	Middle Name
	Family Name(Last) MOUSE Suffix
	Former Name
	Given Name(First)
	Family Name(Last)
	Attachment
	QK Cancel
4. If you	*Marriage
changed	Options • Related • 🕞 🖄 🔘
your name	*Date Of Marriage 05/01/2015 (a)
due to a	If Your Name Changed, Make Changes Below
change in	Title Given Name(First) MICKEY
marital	Middle Name
	Family Name(Last) MOUSE
status,	Suffix
enter your	Given Name(First)
new last	Middle Initial
and first	Family Name(Last)
name, and	Attachment
your former	QK Cancel
last and	
first name	
and click OK	

5. Visit HR	If your name is changing, you MUST bring documentation to Human Resources in order for the change to go into effect. Your changes do not appear immediately in your profile. They appear on the Pending tab of the Life Events form. They will NOT be approved until Human Resources receives copies of your supporting documentation to change your name.
11	Changing Spouse's Employment
	If your spouse has a change in employment circumstances, such as losing his or her employment, you can enter a life event that will allow you to update your benefits if necessary.
1. Click on <i>Life</i> <i>Events</i>	$\left  \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$

2. Select Spouses' Work Status Change	Life Events         Print to File         Enter a new Life Event:       Marriage         Ovorce       Legal Separation         Spouse's Work Status Change         Your Dependents         Pb Birth       & Adoption         Name       Relationship         Smith, John       SPOUSE         Smith, Sara       DEPENDENT CHILD         Smith, Jack       DEPENDENT CHILD	
3. Enter the date of the event, and click OK	Spouse Employment Change   Options • Related • P   Date Of Even   OSISSOIS     Concel	





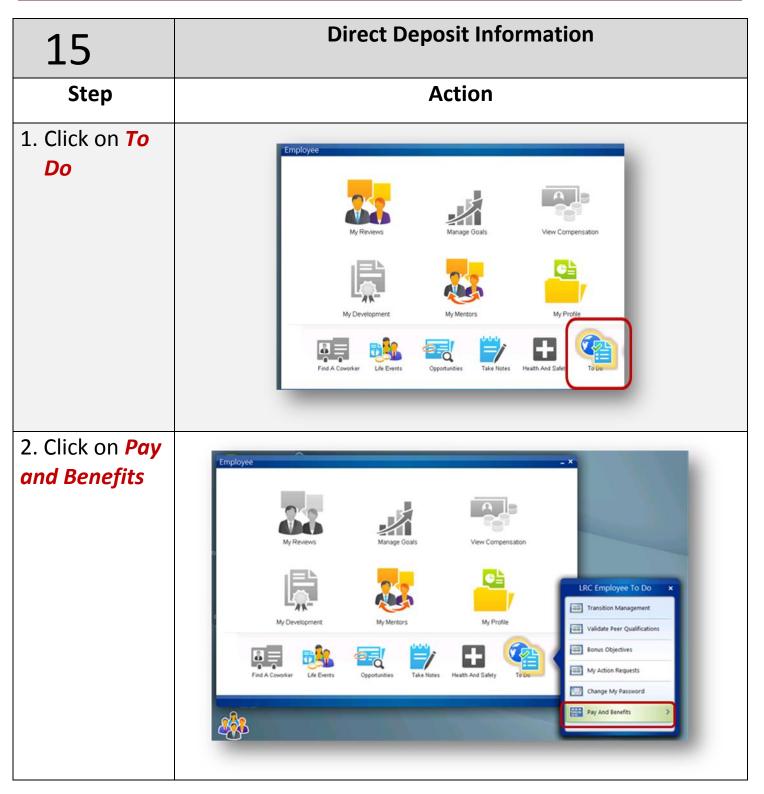


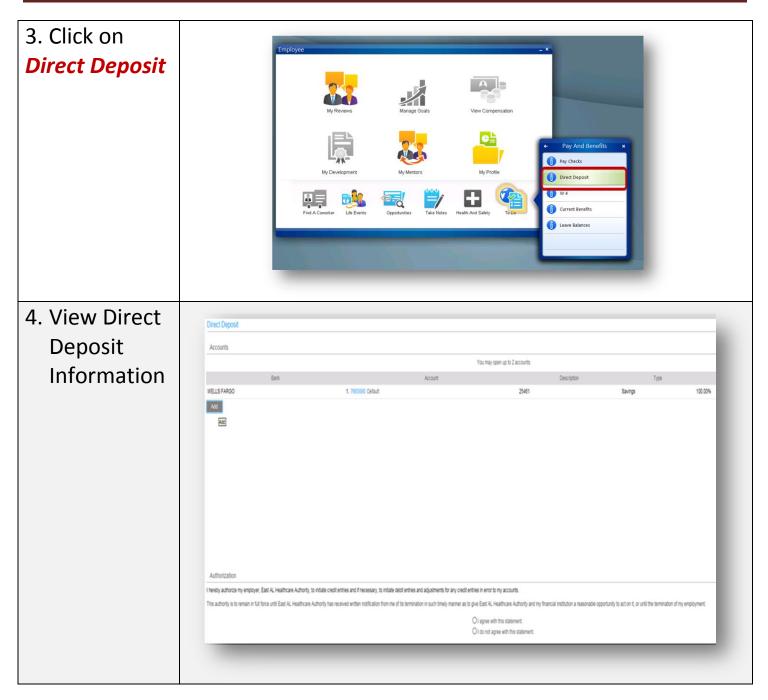
14	<b>Viewing Paychecks</b> You will no longer view your Paycheck or ETO/SK balances in the OPIE System. The first paycheck you will view in INFOR Employee Self Service will be the July 3, 2015 pay check. You will continue to use the OPIE System to view your time entry/clock punches.
Step	Action
1. Click <i>To Do</i>	Employee   W Reviews
2. Click on	Employee _ X
Pay Checks	Image: A constructionImage: A constructionImage

Payments         Net         Reg           Date         Gross         Net           0.4/42/2015         1833.60         920.76           0.4/102015         1833.60         990.76           0.3/13/2015         1833.60         990.66           0.2/27/2015         1833.60         946.78           0.2/27/2015         1833.60         946.78           0.2/27/2015         1833.60         945.73           0.2/27/2015         1833.60         945.73           0.1/3/2015         1833.60         945.73           0.1/3/2015         1833.60         945.73           0.1/3/2015         1833.60         945.73           0.1/3/2015         1833.60         945.73           0.1/3/2015         1833.80         945.73           0.1/3/2015         1833.80         945.73           0.1/3/2015         1833.80         945.73           0.1/3/2015         1833.80         945.73           0.1/3/2015         1833.80         945.73           0.1/3/2015         1833.80         945.74           0.1/3/2015         1833.80         945.74           0.1/3/2015         1833.80         945.74           0.1/3/2015	3. Click on	0	omc dev/	test Lawson	▲ ◎ ≭	→ ₩ <b>⇔</b> ₩	1 -	1.1
date	the specific				04	-7 III 946 III		
4. View Paycheck details       Protects         Image: state		Bookma	irks 👻					
A. View Paycheck details       View Paycheck	date	Pay Che	ecks					
4. View Paycheck details		Paymer	nts					
A. View Paycheck details			Date		Gross	Net	^	
A. View Paycheck details		6	01/16/2015		1958.00	1259.23		
View Paycheck details         Product         Prode         Product         Product <td></td> <td></td> <td>01/02/2015</td> <td></td> <td>1833.60</td> <td>933.43</td> <td></td> <td></td>			01/02/2015		1833.60	933.43		
A. View Paycheck details         Frencest 100/2014         Masses 100/2014         Masses 100/2014         Masses 100/2014         Masses 100/2014           ************************************			12/31/2014		600.00			
Image: second			12/19/2014		1833.60	820.08		
Image: state stat			12/05/2014		1833.60	858.68		
A. View Paycheck details         Products         Products         Products         Products           13024014         191200         93170         •           4. View Paycheck details         Products         Products         Products         Products           13024014         191200         95170         •         •           90120014         191200         95170         •			11/21/2014		1833.60	855.12		
Note         Note           Paycheck details         Protect         Note           Note         Note         Note           Paycheck details         Note         Note           Note         Note         Note			11/20/2014		940.46	737.64		
4. View Paycheck details yrcs excepts subset yrcs			11/07/2014		1764.84	888.75		
Image: state			10/24/2014		1833.60	920.28		
Product         1912 001         1912 001         951.70         V           4. View Paycheck details         Product         No         No         No         No           9. View Paycheck details         Product         No         No         No         No         No           1. View Paycheck details         Product         No         No <th></th> <th></th> <th>10/10/2014</th> <th></th> <th>1812.00</th> <th>951.70</th> <th></th> <th></th>			10/10/2014		1812.00	951.70		
Paycheck details         Pyr Checks         Yas           1         Pyratch         Name         Name           1         1         Name         Name           1         1         1         1         1           1         1         1         1         1         1           1         1         1         1         1         1         1           1			09/26/2014		1812.00	823.15		
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Payments         Vages           Dia         Orosa         National         Statistical		Day Chaster						
Date         Gross         Net           0.2423015         1583.80         920.78           0.4420315         1583.80         990.71           0.372015         1583.80         990.74           0.372015         1583.80         990.74           0.372015         1583.80         992.78           0.372015         1583.80         992.78           0.372015         1583.80         992.78           0.372015         1583.80         992.78           0.372015         1583.80         993.92           0.372015         1583.80         993.92           0.372015         1583.80         993.92           0.372015         1583.80         993.92           0.372015         1583.80         993.92           0.372015         1583.80         993.92           0.372015         1583.80         993.92           0.372015         1583.80         993.92           0.372015         1583.80         993.92           0.3720215         1583.80         993.92           0.3720215         1583.80         993.92           0.3720215         1583.80         993.92           0.3720216         1620.92         1	actans							*
64/24/2015         1833.60         920.78         REG PAY FIRST SHIFT         20.20         0.60           0.01/202015         1833.60         980.04         Total         0.00         10.00           0.02/27/2015         1833.60         980.04         Total         0.00         10.00           0.02/27/2015         1833.60         982.78         0.00         Total         0.00         10.00           0.02/27/2015         1833.60         982.78         0.00         FEDERAL WINTAX         0.01         10.02           0.01/202015         1833.60         983.92         0.00         FEDERAL WINTAX         0.01         10.02           0.01/202015         1833.60         0.88.52         0.00         FEDERAL WINTAX         0.015         10.02           0.01/202015         1833.60         0.88.52         0.00         FEDERAL WINTAX         0.015         10.02           0.01/202014         600.00         FEDERAL WINTAX         0.015         10.02         10.02         10.02           0.01/202015         1833.60         0.88.52         10.02         10.02         10.02         10.02           0.01/202015         FEDERAL WINTAX         0.015         Med Pin Emplayee         10.02         10.02			Gross	Not	wages	Рау	Hours	Wages
10000016       160300       1601       1000       1833.60       980.06         000707015       1833.60       986.70       1000       100001					^			183.36
Image: Note of the section of the s		04/10/2015	1833.60	950.17				1650.24
Diduction         Amount         Taxable Wages           0.07102015         1933.60         992.39         PEDERAL WH TAX         91.01         1027           0.07102015         1933.60         9945.70         PEDERAL WH TAX         99.01         1027           0.07102015         1933.60         99.92         PEDERAL WH TAX         99.01         1027           0.0702015         1933.60         99.92         PEDERAL WH TAX         100.1         1027           0.0702015         1933.60         99.92         PEDERAL WH TAX         100.1         1037           0.0702015         1933.60         933.43         PEDERAL WH TAX         10.01         1037           0.0702015         1933.60         933.43         PEDERAL WH TAX         10.01         1037           0.0702015         1933.60         933.43         PEDERAL WH TAX         10.01         1037           0.0702015         1933.60         933.43         PEDERAL WH TAX         10.02         1037           0.0702015         10000         PEDERAL WH TAX         10.02         10.02         10.02           Vision Filan         0.01102015         PEDERAL WH TAX         10.00         10.00         10.00         10.02         10.01 <t< th=""><th></th><th>No. Constant of the</th><th></th><th></th><th>Taxes</th><th>Total</th><th>80.00</th><th>1833.60</th></t<>		No. Constant of the			Taxes	Total	80.00	1833.60
02/13/2015       1833.60       945.70       FEDERAL VIN TAX       91.01       1327.         01/02/2015       1833.80       939.92       OPELIKA LOCALTAX       20.15       1833.80         01/02/2015       1833.80       933.43       FICA TAX       44.34       1327.         01/02/2015       1833.80       933.43       FICA TAX       44.34       1327.         01/02/2015       1833.80       933.43       FICA MEDICARE       20.05       1437.         12/31/2014       600.00       FICA MEDICARE       20.05       1437.         Summary       FICA MEDICARE       20.05       1437.         Privetale Pay Stub       01/02/2015       160.00       Total       272.85         Summary       Objection       Amount       10.02       1407.         Privetale Pay Stub       01/02/2015       110.02       10.02       10.02         Check Number       11002015       Med Plan Employee       10.02       10.02         Payment Date       01/02/2015       Outside Ope Care       10.02       10.02         Check Amount       Usion Plan Employee       10.02       10.02       10.02       10.02         Check Amount       Debit Employe       10.02       10.02 </td <td></td> <td></td> <td></td> <td></td> <td>a second s</td> <td></td> <td></td> <td></td>					a second s			
01/00/2015         1833.60         939.92           01/02/2015         1833.60         686.52           01/02/2015         1833.60         933.43           12/31/2014         660.00         Total         272.65           Summairy         Total         272.85         1437.           Summairy         Pre-Tax Deductions         Amount         1002.01           Check Number         1167063         44.34         1327.           Summairy         Total         272.85         1437.           Check Number         1167063         457% Plan Employee         10.02           Check Number         011/62015         467% Plan Employee         10.04           Check Number         011/62015         Maount         100.0           Pers-Tax Deductions         110.02         100.0         100.0           Check Number         1167.065         Maount         100.0         100.0           Check Amount         011/62015         Maount         100.0         100.0         100.0           Check Amount         Usion Plan         0.84         100.0         100.0         100.0         100.0         100.0         100.0         100.0         100.0         100.0         100.0								1327.89
0 102/2015         1833.60         933.43         Galary         FICA MEDICARE         20.25         13.27           12/31/2014         6600.00         FICA MEDICARE         20.26         14.37           Summary         Pre-Tax Deductions         20.26         110.02         10.02           Pre-Tax Deductions         Interview         1167/053         457% FIRe Employee         110.02         10.02           Pre-Tax Deductions         Outside Dep Care         1950.46         10.02         10.02         10.02           Pre-Tax Deductions         Med Flan Employee         110.02         10.02								1833.60
12/31/2014         600.00         FICA MEDICARE         20.85         1437.           Summary         Total         272.85         729						STATE TAX	44.34	1327.89
Summary         Pre-Tax Deductions           Printable Pay Stub         Deduction         Amount           Check Number         1167032         Adouting           Check Number         1167023         Adouting           Otheck Number         1167023         Adouting           Otheck Number         01/16/2015         Med Plan Employee         110.02           Outside Degrad         01/16/2015         Outside Degrad         109.04           Outside Degrad         01/16/2015         Outside Degrad         109.02           Cross Wages         103.03         Outside Degrad         10.02           Net Pay         188.52         Outside Degrad         10.00           Cross Wages         10.00         10.00         10.00           Bank Account         Bank Account         Degrad         0.84           Deposit Amount         88.52         Total         505.71				333.43	~			1437.91
Printable Pay Stub         Deduction         Amount           Check Number         1167063         4457% Plan Employee         110.02           Payment Date         011/62015         Med Plan Employee         150.46           Printable Pay         0110.0215         Med Plan Employee         192.30           Outside Date         0110.0215         Destal Employee         42.09           Check Amount         Destal Employee         42.09           Check Amount         Destal Employee         40.00           Routing Number         Health Care Spending Account         10.00           Bark Account         Vision Plan         0.84           Deposit Amount         886.52         Total         505.71							272.85	
Pprior         01/10/2015         Med Plan Employee         150.45           Prior of End Date         01/10/2015         Med Plan Employee         192.30           Gross Wages         1833.80         G/Usite/Dep Care         192.30           Net Pay         886.52         Dental Employee         42.09           Check Amount         Total         10.00           Bain Account         Vision Plan         0.84           Deposit Amount         Total         505.71		Summary			Pre-Tax Deductions	1000		
Gross Wages         1833.60         Outside Dep Care         192.30           Nrk Pay         886.52         Dental Employee         42.09           Check Amount         Dental Employee         42.09           Churency         USD         Health Care Spending Account         10.00           Bain Account         Vision Plan         0.84           Depost Amount         S88.52         Total         505.71		Summary			(	Deduction		
Net May     388 5.2     Dental Employee     42.09       Check Amount     USD     Health Care Spending Account     10.00       Routing Number     Vision Plan     0.84       Deposit Amount     888.52     Total     505.71		Summary	Check Number Payment Date	01/16	7063 2015	Deduction 457% Plan Employee	110.02	
Routing Number     Health Care Spending Account     10.00       Bank Account     Vision Plan     0.84       Deposit Amount     886.52     Total     505.71		Summary	Check Number Payment Date Period End Date Gross Wages	01/16 01/10 18	2015 2015 33.60	Deduction 457% Plan Employee Med Plan Employee	110.02 150.46	
Description Deposit Amount 888.52 Total 505.71		Summary	Check Number Payment Date Period End Date Gross Wages Net Pay Check Amount	01/16 01/10 18 8	7063 2015 2015 33.60 36.52	Deduction 457% Plan Employee Med Plan Employee Outside Dep Care	110.02 150.46 192.30	
		Summary	Check Number Payment Date Gross Wages Net Pay Check Amount Currency Routing Number	01/16 01/10 18 8	7063 2015 2015 33.60 36.52	Deduction 457% Plan Employee Med Plan Employee Outside Dep Care Dental Employee Health Care Spending Account	110.02 150.46 192.30 42.09 10.00	
		Summary	Check Number Payment Date Period End Date Gross Wages Net Pay Check Amount Currency Routing Number Bank Account Description	01/16 01/10 18 8	7063 2015 2015 33.60 86.52 USD	Deduction 457% Plan Employee Med Plan Employee Outside Dep Care Dental Employee Health Care Spending Account Vision Plan	110.02 150.46 192.30 42.09 10.00 0.84	

	Pay Checks					
	Payments				Outside Dep Care	192.30
	Date	Gross	Net		Dental Employee	42.09
	04/24/2015	1833.60	920.78	1	Health Care Spending Account	10.00
	04/10/2015	1833.60	950.17		Vision Plan	0.84
	03/27/2015	1833.60	930.06		Total	505.71
	03/13/2015	1833.60	896.78	After-Tax Deductions		
	02/27/2015	1833.60	912.39	D	CORNERSTONE FUND	Amount 1.00
	02/13/2015	1833.60	945.70		MISC.RELIEF FUND	1.00
	01/30/2015	1833.60 1833.60	939.92 886.52		GIFT SHOP DEDUCT	38.34
	01/02/2015	1833.60	933.43		PHARMACY DEDUCTION	15.06
	12/31/2014	600.00			Short Term Disability	20.82
	Summary				529 Plan	92.30
	Cumury	Printable Pay Stub			Total	168.52
		Check Number	116706			
		Payment Date Period End Date	01/16/201 01/10/201		Vision Plan Company	Amount 1.94
		Gross Wages Net Pay	1833.6	)	Med Plan Company	247.38
		Check Amount			Dental Employer	20.31
		Currency Routing Number	US		Basic Life ER	4.87
		Bank Account Description			Long Term Disability	9.71
		Deposit Amount	886.5	2	457B% Company	82.51
					Total	366.72
5. Click on						
5. Click on	Pay Checks					
	Pay Checks Payments				Outside Dep Care	192.30
printable		Gross	Net		Outside Dep Care Dental Employee	192.30 42.09
printable	Payments	Gross 1833.60	Net 920.78			
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015	1833.60 1833.60	920.78 950.17		Dental Employee	42.09 10.00 0.84
printable	Payments Date 04/24/2015 04/10/2015 03/27/2015	1833.60 1833.60 1833.60	920.78 950.17 930.06		Dental Employee Health Care Spending Account	42.09 10.00
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015	1833.60 1833.60 1833.60 1833.60	920.78 950.17 930.06 896.78	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total	42.09 10.00 0.84 505.71
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015	1833.60 1833.60 1833.60 1833.60 1833.60	920.78 950.17 930.06 896.78 912.39	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan	42.09 10.00 0.84
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60	920.78 950.17 930.06 896.78 912.39 945.70	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total Deduction	42.09 10.00 0.84 505.71 Amount
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/30/2015	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60	920.78 950.17 930.06 896.78 912.39 945.70 939.92	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total Deduction CORNERSTONE FUND	42.09 10.00 0.84 505.71 Amount 1.00
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60	920.78 950.17 930.06 896.78 912.39 945.70	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total Deduction CORNERSTONE FUND MISC RELIEF FUND	42.09 10.00 0.84 505.71 Amount 1.00 1.00
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/30/2015 01/16/2015	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60	920.78 950.17 930.06 896.78 912.39 945.70 939.92 888.52	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total Deduction CORNERSTONE FUND MISC.RELIEF FUND GIFT SHOP DEDUCT	42.09 10.00 0.84 505.71 Amount 1.00 1.00 38.34
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/72/2015 03/13/2015 02/72/2015 02/13/2015 01/30/2015 01/16/2015 01/02/2015	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60	920.78 950.17 930.06 896.78 912.39 945.70 939.92 888.52	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total Deduction CORNERSTONE FUND GIFT SHOP DEDUCT PHARMACY DEDUCTION Short Term Disability 529 Plan	42.09 10.00 0.84 505.71 Amount 1.00 1.00 38.34 15.06 20.82 92.30
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/10/2015 01/10/22015 12/31/2014	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60	920.78 950.17 930.06 896.78 912.39 945.70 939.92 888.52	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total Deduction CORNERSTONE FUND MISC RELIEF FUND GIFT SHOP DEDUCT PHARMACY DEDUCTION Short Term Disability	42.09 10.00 0.84 505.71 Amount 1.00 1.00 38.34 15.06 20.82
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/10/2015 01/10/22015 12/31/2014	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 900.00 Printable Pay Stub Const. Inst.	920.78 950.17 930.06 896.78 912.39 945.70 939.92 886.52 933.43	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total Deduction CORNERSTONE FUND MISC.RELIEF FUND GIFT SHOP DEDUCT PHARMACY DEDUCTION Short Term Disability 529 Plan Total	42.09 10.00 0.84 505.71 Amount 1.00 1.00 38.34 15.06 20.82 92.30 168.52
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/10/2015 01/10/22015 12/31/2014	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 Printable Pay Stub Payment Date Periot End Date	920.78 950.17 930.06 896.78 912.39 945.70 939.92 886.52 933.43	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total Deduction CORNERSTONE FUND GIFT SHOP DEDUCT PHARMACY DEDUCTION Short Term Disability 529 Plan	42.09 10.00 0.84 505.71 Amount 1.00 1.00 38.34 15.06 20.82 92.30
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/10/2015 01/10/22015 12/31/2014	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 Printable Pay Stub Payment Date Period End Date Gross Wages Net Pay	920.78 950.17 930.06 896.78 912.39 945.70 939.92 886.52 933.43	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total Deduction CORNERSTONE FUND GIFT SHOP DEDUCTION GIFT SHOP DEDUCTION Short Term Disability 529 Plan Total Deduction	42.09 10.00 0.84 505.71 Amount 1.00 1.00 1.00 38.34 15.06 20.82 92.30 168.52 Amount
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/10/2015 01/10/22015 12/31/2014	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 Printable Pay Stub Orient Names Payment Date Period End Date Orient Names Net Pay Check Amount	920.78 950.17 930.06 896.78 912.39 945.70 939.92 888.52 933.43 11670 01/16/22 01/10/22 1833 886	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total  Deduction CORNERSTONE FUND GUFT SHOP DEDUCT PHARMACY DEDUCTION Short Term Disability S29 Plan Total  Deduction Vision Plan Company	42.09 10.00 0.84 505.71 1.00 1.00 1.00 38.34 15.06 20.82 92.30 168.52 4mount 1.94
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/10/2015 01/10/22015 12/31/2014	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 800.00 Printable Pay Stub Payment Date Period End Date Gross Wages Net Pay Check Amount Currency Routing Number	920.78 950.17 930.06 896.78 912.39 945.70 939.92 888.52 933.43 11670 01/16/20 01/16/20 01/16/20 1833	After-Tax Deductions	Dental Employee Health Care Spending Account Vision Plan Total  Deduction CORNERSTONE FUND GUFT SHOP DEDUCTION GUFT SHOP DEDUCTION Short Term Disability S29 Plan Total  Deduction Vision Plan Company Med Plan Company	42.09 10.00 0.84 505.71 1.00 1.00 1.00 38.34 15.06 20.82 92.30 168.52 Amount 1.94 247.38
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/10/2015 01/10/22015 12/31/2014	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 Printable Pay Stub Payment Date Period End Date Orros Wages Net Pay Check Amount Currency Routing Number Bank Account Description	920.78 950.17 930.06 896.78 912.39 945.70 939.92 886.52 933.43 11677 01/1622 01/1022 1833 886	After-Tax Deductions	Dental Employee Heath Care Spending Account Vision Plan Total  Deduction CORNERSTONE FUND GIFT SHOP DEDUCT OHARMACY DEDUCTION Short Term Disability S29 Plan Total Deduction Vision Plan Company Med Plan Company Dental Employer Basic Life ER Long Term Disability	42.09 10.00 0.84 505.71 Amount 1.00 1.00 38.34 15.06 20.82 92.30 168.52 Amount 1.94 247.38 20.31 4.87 9.71
<i>printable</i> <i>pay stub,</i> if	Payments Date 04/24/2015 04/10/2015 03/27/2015 03/13/2015 02/27/2015 02/13/2015 01/10/2015 01/10/22015 12/31/2014	1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 1833.60 Printable Pay Stub Printable Pay Stub Payment Datle Gross Wages Net Pay Check Amount Currency Routing Number Bank Account	920.78 950.17 930.06 896.78 912.39 945.70 939.92 888.52 933.43 11670 01/16/22 01/10/22 1833 886	After-Tax Deductions	Dental Employee Heath Care Spending Account Vision Plan Total  Deduction CORNERSTONE FUND GUFT SHOP DEDUCTION GUFT SHOP DEDUCTION FHARMACY DEDUCTION Short Term Disability S29 Plan Total Deduction Vision Plan Company Dental Employer Basic Life ER	42.09 10.00 0.84 505.71 1.00 1.00 1.00 38.34 15.06 20.82 92.30 168.52 Amount 1.94 247.38 20.31 4.87

6. Print	Summary				
		Description	Hours	Current	Year to Date
		Total Gross	80.00	1833.60	3667.20
		Total Deductions		947.08	1847.25
		Total Net		886.52	1819.95
	Earnings				
		Description	Hours Rate	Current	Year to Date
		EARNED TIME OFF	8.00	183.36	550.08
	Deductions	REG PAY FIRST SHIFT	72.00	1650.24	3117.12
		Description		Current	Year to Date
		CORNE	ERSTONE FUND	1.00	2.00
		MIS	C.RELIEF FUND	1.00	2.00
		GIFT	SHOP DEDUCT	38.34	75.89
		FE	DERAL W/H TAX	91.01	188.40
			FICA TAX	89.15	180.94
		OPEL	IKA LOCAL TAX	27.50	55.00
			STATE TAX	44.34	90.49
			FICA MEDICARE	20.85	42.32
			NEMPLOYMENT		
			rt Term Disability	20.82	41.64
			on Plan Company	1.94	4.30
			6 Plan Company	247.38	494.76 220.04
		45/1	re rall chiployee	110.02	
		Me	d Plan Employee Dutside Dep Care	150.46 192.30	300.92 384.60
		Me	d Plan Employee	150.46	300.92
		Me	d Plan Employee	150.46	300.92
		Me	d Plan Employee	150.46	300.92
		Me	d Plan Employee	150.46	300.92
		Me	d Plan Employee	150.46	300.92
		Me	d Plan Employee	150.46	300.92
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		Me	d Plan Employee	150.46	300.92
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		Me	d Plan Employee	150.46	300.92
		Me	d Plan Employee	150.46	300.92
		Me	d Plan Employee	150.46	300.92
		Me	d Plan Employee	150.46	300.92



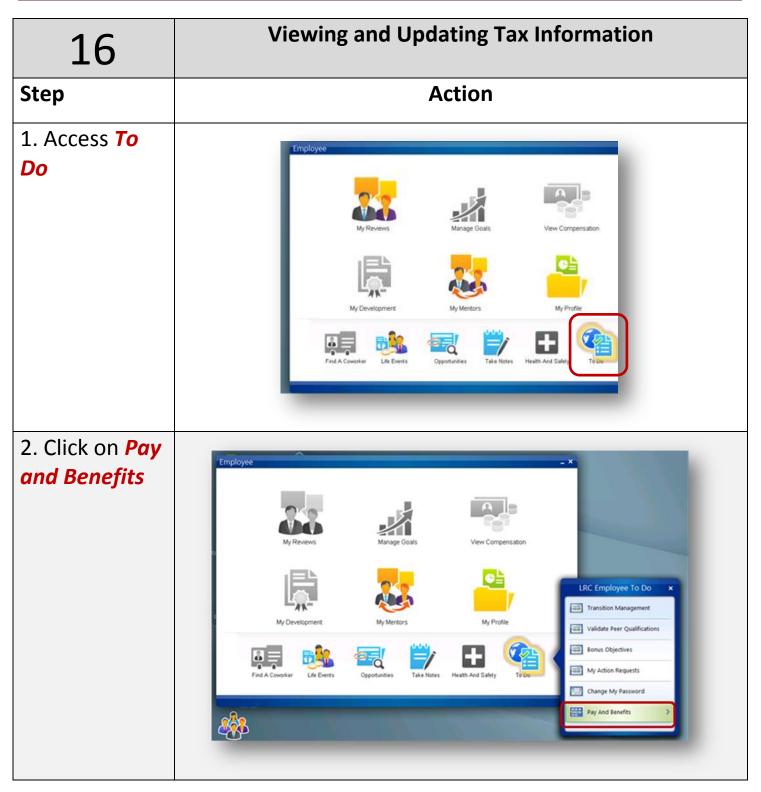


5. To change	
your current	
direct	Add Account  Required
deposit, you	Bank* BANK OF AMERICA
must first	Description® Vacation Account Type® Checking @ Savings KowEERLY K RODERS
ADD a new	20 Fox Pariway Opelika, AL 30001
account and	US Depost AMOUNT Routing Number* Account Number*
THEN close	01100138 52152151218
the old	
account.	
6. Add all	Required information is noted with red dots.
required	
information.	
7. Search for	
Bank by	
clicking the	
magnifying	
glass on the	Bank" BANK OF AMENICA
right side of	Description <sup>®</sup> Vacation
the box	

8. Type your routing number and click filter	Routing Nurr *       is       Filter       Close         Routing Number       Bank         11000138       BANK OF AMERICA         21101108       WELLS FARGO         21200339       BANK OF AMERICA         21407912       NORTH FORK BANK         21409169       JP MORGAN         21909478       FLA AIRCRAFT FED CR         22302766       STEUBEN TRUST CO         View       25         Previous       Not
9. If your bank does NOT	Please call 528-4188
exist	
8. Type a name in the <i>description</i> <i>field</i> : this is a free text field. Some examples are checking,	Bank* C Description* VACATION DepositAMOUNT
savings, vacation, kids fund, etc.	Aumber*

9. Check the	Bark* Q
<i>checking or</i>	Description* VACATION
<i>savings</i> field	DeposeAMOUNT
10. Choose the flat amount or the % of pay you would like to go into that account. If you only have one account, ensure that it is set up for 100 Percent of Net.	Effective Date <sup>®</sup> (651202015 MM/OC/YYYY Flat Amount or Percent of Net 100.00 Lipidate Concel

11. Enter	
	Add Account
your	*Required
account	Bank* NORTH FORK BANK
number.	
Carefully	Description* VACATION KIMBERLY K. ROGERS
check to	20 Fox Parloway Opelika, AL 36801
ensure this	US DepositAMOUNT
is entered	Routing Number Account Number* 021407912 54545465
correctly as	
if it is	
incorrect,	
this can	
affect you	
getting paid	
timely.	
12. Click	
Update	Account Type * Checking ) Savings



3. Click W4	Imployee       Imployee       Imployee       Imployee       Imployee         Wy Revers       Imployee       Imployee       Vex Compensator         Wy Developmer       Imployee       Imployee       Imployee         Wy Developmer       Imployee       Imployee       Imployee       Imployee         Wy Developmer       Imployee       Imployee       Imployee       Imployee       Imployee         Wy Developmer       Imployee       Imployee       Imployee       Imployee       Imployee       Imployee         Wy Developmer       Imployee       Imployee       Imployee       Imployee       Imployee       Imployee       Imployee       Imployee         Wy Developmer       Imployee
4. Click on the <i>envelope to</i> <i>the left</i> of the Federal or State Tax description to update your taxes	Tax Withholding         Deductions         Oescription         Image: PEDERAL WH TAX         Resident         Image: Imag
5.Make needed changes and Click <i>Continue</i>	Internation       **         Tartime

