

## **EMPLOYEE SELF SERVICE INSTRUCTIONS**

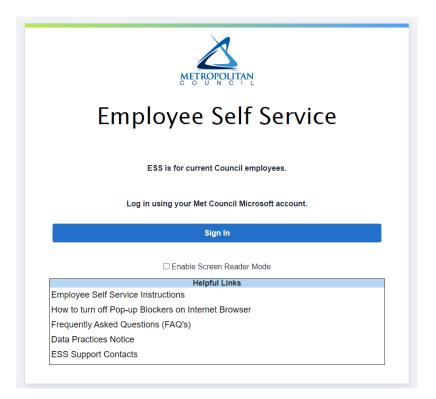
The Employee Self Service (ESS) site provides access to view and update your information. You can view and print your paystubs and W-2s and update your direct deposit information and other personal information, such as your address.

Access is available for current employees and employees who left employment within the last 30 days.

This document covers the tools within the ESS application. There are also other informational documents available via the hyperlinks in the "Helpful Links" box at the bottom of the login page.

## Accessing ESS:

- Internal Access (within Met Council network):
   On MetNet, choose Employee Resources > Employee Self Service or use URL below.
- External Access (outside Met Council network): https://pspess.metc.state.mn.us



#### **IMPORTANT:**

It is your responsibility to protect your information by keeping your login information private. Do not share your login information or allow the browser to save your password when using a shared device. Always log out of ESS when you're done using it.

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### Login Information

#### Username / Password

ESS uses your Met Council Microsoft account (your work email address and password). Even if you don't have access to the Met Council email system (Outlook), your user ID will look like an email address.

When you are not on the Council network, multi-factor authentication (MFA) is used when accessing ESS. MFA requires two steps to log in: in addition to entering your user ID and password, an additional step (i.e. a text or call for a security code) must be completed.

## Login Help

If you are unable to log in, contact the Service Desk at **651-602-1498** or <u>ServiceDesk@metc.state.mn.us</u>.

All other questions about ESS should be directed to ESS.HRIS@metc.state.mn.us.

## Logging Out

To log out, click on the three vertical dots **I** located at the far right side of the screen.

Do not click the "X" in the far upper right corner of the window to close the window before signing out.

S Employee-facing registry conte	ent × + Do not click here.
$\leftrightarrow$ $\rightarrow$ C $\triangle$ $\triangleq$ psper	ss.metc.state.mn.us:8026/psp/ps/EMPL 🖻 🖈 🔲 😩
Favorites  Main Menu	
METROPOLITAN	Click here to sign out.
METROPOLITAN	Click here to sign out.

### If the screen is idle for five minutes, you will be automatically logged out.

#### Access post-employment

Former employees have access to ESS for 30 days after leaving employment in order to view their last pay stub. Before leaving employment, you should ensure your address is up to date. Your final W-2 will be mailed to that address. If your address changes after you leave employment, contact Payroll to provide a current address: 651-602-1620 or Payroll@metc.state.mn.us.

#### **Personal Information**

You can view and update your address, phone numbers, email addresses, emergency contacts, name, veteran status, disability identification, and digital image consent. You can review ethnic group and job history.

Personal Information menus when selected from Main Menu at the top:

Search Menu:     Self Service   Change My Password     Payroll and Compensation   Change My Password     Payroll and Compensation   Add/Modify/Submit Exp   Add/Modify/Submit Exp   Email Addresses   Emergency Contacts   Name Change   Ethnic Groups   Veteran Status
Change My Password     Change My Password     Payroll and Compensati     Benefits   Add/Modify/Submit Exp   ELOD Request     Email Addresses   Name Change   Ethnic Groups
Disability         Job History         METC Digital Image Consent

Personal Information menus when selected from the Main Menu box on the home page:

Favorites	rvice	
		ଜ <b>፡</b>
Main Menu		-
Personal Information Review and update your personal information.		
Personal Information Summary Review a summary of your personal information.	Home and Mailing Address Review and update your home and mailing addresses.	Add or update phone numbers, or specify your primary phone number.
Add or update your email addresses.	Add or update your emergency contact information.	Review or update your name information.
Add or update ethnic groups, or specify your primary ethnic group.	Add or update protected veteran status, and identify classifications of which you belong to.	Add or update disability status.
Job History Job History Description for each employee	METC Digital Image Consent METC Digital Image Consent	

## Personal Information Summary

The Personal Information Summary displays on a single screen many of the sections available in the Personal Information menu.

## Employee Information such as Salary and Grade are displayed at the bottom of the screen.

Collapse a section by clicking the  $\square$  next to it; expand a section by clicking the  $\square$  next to it.

Use Expand All or Collapse All at the upper right to expand or collapse all sections.

Personal Information Su	ummary		
		Expand All	Collapse All
Job Title Actions -	ee		
Name			
Home/Mailing Addresses			
Phone Numbers			
Emergency Contacts			
Email Addresses			
Ethnic Groups			
Employee Information			
	Example		
Date of Birth			
Military Status			
Original Start Date Salary Grade			
Step			
Step Description			
Position			
Contact the Human Resources de	epartment if any of your Employee Information is incorrect.		

## Home Address

Favorites -Main Menu -> Self Service -> Personal Information -> Home and Mailing Address Click here to change Home Address your Home Address. Chris Employee Addresses Address Address Type Status As Of Country Edit 1234 Main St USA Current 06/13/2022 Ì Home St Paul, MN 55101 \* Required Field

Click on the *P* icon in the "Edit" column to update your address.

Enter your new address and the date you would like it to become effective and click Save.

Edit Home Add	Iress	
		Change As Of 06/13/2022
Country	United States	Future dated entries cannot exceed 60 days , from today.
*Address 1	1234 Main St	nom today.
Apt		
*City	St Paul *State MN Q Minnesota	
*Postal	55101	
County		ntered here will be used for payroll with caution.
	Save Cancel	

\*Street, City, State, and Postal (zip) are required fields.

 $!! \rightarrow$  The address entered here is used for payroll and benefit purposes.

Note: If an address entry is linked to an Emergency Contact, you will not be able to delete it until *after* you have updated the contact's information.

Before leaving employment, be sure to review your address and verify it is up to date. This address will be used to mail your final W-2. If your address changes after you leave employment, contact Payroll to provide a current address (651-602-1620 or <u>Payroll@metc.state.mn.us</u>).

## Phone Numbers

- Change a phone number by typing over the existing number.
- Add a phone number by clicking the Add Phone Number button.
- Delete a phone number by clicking the 💼 trashcan icon in the "Delete" column.

Pat Employee				
Enter your phone numbers.				
Phone Numb	ers			
Phone Type	*Telephone	Extension	Preferred	Delete
Personal Cell	651/123-4567			Î
Home	612/765-4321			Î
Work	651/602-1234			â

- \* Phone number must have 10 digits.
- \* One phone number must be marked as Preferred.

Note: If a phone number entry is linked to an Emergency Contact, you will not be able to delete it until *after* you have updated the emergency contact's information.

### Email Addresses

- Change an email address by typing over the existing email address.
- Add an email address by clicking the **Add Email Address** button. Choose "Work" or "Home" for the Email Type when adding an additional email address.
- Delete an email address by clicking on the 🗍 icon in the "Delete" column.

Please note that the email address marked "preferred" will be used for system generated notifications and may be passed to other Metropolitan Council applications/systems (example: the "preferred" email address is being passed to the LearnCenter). Email Addresses				
Pat Employee Email Addresses				
*Email Type *Email Address Preferred Delete				
Home Pat.Empl1@gmail.com				
Work Pat.Employee@metc.state.mn.us				
Add Email Address				
Save				

- \* One email address must be marked as Preferred.
- !!→ The "Preferred" email address will be used for system-generated notifications such as alerts about direct deposit changes.

## Emergency Contacts

- Update an existing contact by clicking on the 🥟 icon in the "Edit" column.
- Add an additional contact by clicking the Add Emergency Contact button.
- Delete a contact by clicking on the  $\hat{\blacksquare}$  icon in the "Delete" column.

Emergency Contacts				
Pat Employee				
Emergency Contacts				
Contact Name	Relationship to Employee	Primary Contact	Edit	Delete
Chris Employee	Spouse		0	Î
John Doe	Sibling		0	â
Sally Smith Parent 🗌 🦉				
Add Emergency Contact				
Salve				
Save				

\*One contact must be marked as the Primary Contact.

When adding a new contact, you must select "Relationship to Employee" from the drop-down menu.

If the contact has the same address or phone number as you, check the box for "Contact has same..." and select the address/phone type. If the "Contact has same..." boxes are left unchecked, there will be fields in the sections below for entry of your contact's address/phone information.

Address and Telephone	
*Contact Name	Chris Employee
*Relationship to Employee	Spouse V
	Contact has the same address as the employee
Address Type	Home 🗸
	$\square$ Contact has the same telephone number as the employee
Address	
Country United States	
Address 567 Oak St St Paul, MN 55101	
Phone	
Telephone 952-123-4567	Extension

Note: If an emergency contact is marked as having the same address or phone as you, you will not be able to delete that entry on the main address or phone pages until *after* the contact is updated.

## Name Change

## II→ The database will not be updated with your new name until you provide documents verifying the change to Human Resources.

Change the effective date if desired. Click on Edit Name button.

Name Change
Pat Smith
Note: You will be required to send proof of the name change to Human Resources.
Email documents or direct questions to the following individuals:
ES/RA @metc.state.mn.us
Transit@metc.state.mn.us
The database will not be updated with your name change until you have provided Human Resources with documents verifying the change.
Click Submit after you have entered your new name.
Current Name
Pat Smith
New Name
Date Change Will Take Effect 04/22/2020 Future dated entries cannot exceed 60 days from today
*Name Format English V Edit Name
Name Pat Smith

Update the name fields and click OK.

Name	
English Name Format	
Prefix V	
First Name Pat	
Middle Name M	
Last Name Jones	
Suffix	
Display Name Pat Jones	
Formal Name Pat Jones	
Name Jones,Pat M	
Refresh Name	
OK Cancel	

#### Then click **Submit** button.

Current Name
Pat Smith
New Name
Date Change Will Take Effect 04/22/2020 Future dated entries cannot exceed 60 days from today
*Name Format English    Edit Name
Name Pat Jones
Submit
* Required Field

## II→ The database will not be updated with your new name until you provide documents verifying the change to Human Resources.

## Ethnic Group

This section of the menu is view-only and cannot be edited. To update your Ethnic Group designation, contact the appropriate Human Resources contact listed on this screen.

Ethnic Groups
Your Name
The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.
Multiple Ethnic Groups may be selected from the following list (one must be designated as "primary"): American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Black/African American, Hispanic/Latino, and White.
Direct any Ethnic Group designation questions to:
Council Wide
To update the system with Ethnic Group designation(s), please contact:
ES/RA @metc.state.mn.us
Transit <u>@metc.state.mn.us</u>
Ethnic Groups
Description
White

## Veteran Status

This section of the menu enables you to voluntarily self-identify veteran status.

t Employe	e
Definitio	ons
nended by th firmative acti	is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as e Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take on to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active r campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as
• A "disa	bled 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.
<ul> <li>A "rece dischar</li> </ul>	ntly separated veteran" means any veteran during the three-year period beginning on the date of such veteran's ge or release from active duty in the U.S. military, ground, naval, or air service.
ground	ive duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, , naval or air service during a war, or in a campaign or expedition for which a campaign badge has been zed under the laws administered by the Department of Defense.
ground	ned Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, , naval or air service, participated in a United States military operation for which an Armed Forces service medal arded pursuant to Executive Order 12985.
ights Act. In p ntitled to be re bsence due to	rans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment particular, if you were absent from employment in order to perform service in the uniformed service, you may be semployed by your employer in the position you would have obtained with reasonable certainty if not for the o service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service e, at 1-888-4-USA-DOL.
Self-Identi	fication
ach year iden	ent contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option
ou belong to a elow.	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply):
ach year iden ou belong to a elow. O I belong Disa	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran
ach year iden ou belong to a elow. O I belong Disa Rec	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran
ach year iden ou belong to a elow. I belong Disa Rec Acti	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran ive Duty Wartime or Campaign Badge Veteran
oh year iden ou belong to a elow.	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran
oh year iden ou belong to a elow. I belong Disa Rec Acti Arm O I am a pr	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran ive Duty Wartime or Campaign Badge Veteran ed Forces Service Medal Veteran
oh year iden ou belong to a elow. I belong Disa Rec Acti Arm O I am a pr	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran ive Duty Wartime or Campaign Badge Veteran ted Forces Service Medal Veteran otected veteran, but I choose not to self-identify the classifications to which I belong. teran but NOT a protected veteran as described above.
oh year iden ou belong to s elow. I belong Diss Rec Acti Arm O I am a pr O I am a ve O I am NOI	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran ive Duty Wartime or Campaign Badge Veteran ted Forces Service Medal Veteran otected veteran, but I choose not to self-identify the classifications to which I belong. teran but NOT a protected veteran as described above.
ach year iden ou belong to a elow.	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran ive Duty Wartime or Campaign Badge Veteran ted Forces Service Medal Veteran otected veteran, but I choose not to self-identify the classifications to which I belong. teran but NOT a protected veteran as described above. If a veteran.
ach year iden ou belong to i elow.	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran ive Duty Wartime or Campaign Badge Veteran ned Forces Service Medal Veteran otected veteran, but I choose not to self-identify the classifications to which I belong. teran but NOT a protected veteran as described above. If a veteran.
ach year iden ou belong to a elow.	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran ive Duty Wartime or Campaign Badge Veteran bed Forces Service Medal Veteran otected veteran, but I choose not to self-identify the classifications to which I belong. teran but NOT a protected veteran as described above. If a veteran. charge Date
ach year iden ou belong to a elow. I belong Disa Rec Acti Arm I am a pr I am a pr I am a ve I am a ve I am NOI Military Dis Reasonabl you are a disa us to perform e way the job sist us in mal ubmission of I amended. the information strictions on t ersonnel may d (iii) Govern	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran ive Duty Wartime or Campaign Badge Veteran ted Forces Service Medal Veteran otected veteran, but I choose not to self-identify the classifications to which I belong. teran but NOT a protected veteran as described above. I a veteran. charge Date i a veteran. e Accommodation Notice abled veteran it would assist us if you tell us whether there are accommodations we could make that would enable the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in its customarily performed, provision of personal assistance services or other accommodations. This information will king reasonable accommodations for your disability.
ach year iden ou belong to a elow. I belong Disa Rec Acti Arm I am a pr I am a pr I am a ve I am a ve I am NOI Military Dis Reasonabl you are a disa us to perform e way the job sist us in mal ubmission of I amended. the information strictions on t ersonnel may d (iii) Govern	tifying the number of our employees belonging to each specified "protected veteran" category. If you believe any of the categories of protected veterans listed above, please indicate by selecting the appropriate option to the following classifications of protected veterans (choose all that apply): abled Veteran ently Separated Veteran ive Duty Wartime or Campaign Badge Veteran end Forces Service Medal Veteran otected veteran, but I choose not to self-identify the classifications to which I belong. teran but NOT a protected veteran as described above. If a veteran. charge Date



This section of the menu enables you to voluntarily self-identify a disability.

/oluntary Self-Identification of Disability	Form CC-305 OMB Control Number 1250-0005 Expires 101/2017
PatEmployee	
Why are you being asked to complete this form?	
In our efforts at outreach, hiring, and providing equal opportunity to measure how well we are doing. Please tell us if you have a disabilit roluntary, but we hope that you will choose to fill it out. All data cole Government Data Practices Act and any other related regulations or	y or if you ever had a disability. Completing this form is cted is subjected to the protections of the Minnesota
Please note:	
<ul> <li>If you are applying for a job, the answer that you provide will</li> <li>As an employee of the Council, your answer will <u>not</u> affect y</li> </ul>	
Because a person may become disabled at any time, we are require every five years. You may voluntarily self-identify as having a disabil as having a disability earlier.	
How do I know if I have a disability?	
You are considered to have a disability if you:	
<ol> <li>have a physical or mental impairment that substantially limits on</li> </ol>	e or more major life activities*
2) have a record of such an impairment	
3) are regarded as having such an impairment	
"Major life activities may include, but are not limited to: caring for or walking, standing, sitting, reaching, lifting, bending, speaking, breat interacting with others, and working, as well as the operation of major major statement of the	hing, learning, reading, concentrating, thinking, communicating,
Please select one of the options below:	
OYES, I HAVE A DISABILITY (or previously had a disability)	
O NO, I DON'T HAVE A DISABILITY	
OIDONT WISH TO ANSWER	
Your Name	Today'a Date
Reasonable Accommodation Notice	
Federal law requires employers to provide reasonable accommodati equire a reasonable accommodation to apply for a job or to perform making a change to the application process or work procedures, pro interpreter, or using specialized equipment. To request an accommo	your job. Examples of reasonable accommodation include widing documents in an alternate format, using a sign language
HR Manager (651-602-1398) ES and RA employees Staffing Supervisor (612-349-7071) Transit employees	
Submit	

If you choose to submit a selection, you will receive confirmation that the submission was successful.

Disability					
Submit Confirmation					
$\overrightarrow{\mathbf{M}}$ The Submit was successful.					
ОК					

Note: Your selection will not remain visible after you exit and return to this page.

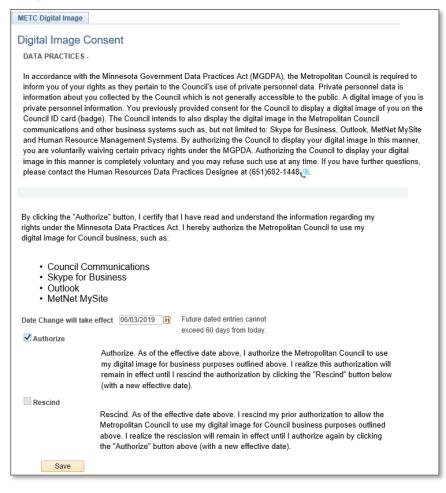
## Job History

This section of the menu is view-only.

JOB HISTORY					
Your Name					
Job Information		Personalize   Find   💷   📑	First 🕚	1-10 of 10	۲
Effective Date	Position				
12/25/2021	Senior Account Specialist				
12/26/2020	Senior Account Specialist				
10/00/0010	Contine Account Clark				

#### Digital Image Consent

You can consent to have your digital image (your badge picture) displayed within Council communications and systems. Please see the screen in ESS for more information and to authorize or rescind your consent.



## **Payroll and Compensation**

This menu section is where you can view and print your paycheck, update your direct deposit information, view your compensation summary, update your W-4, and view and print your W-2.

Payroll and Compensation menus when selected from Main Menu at the top:

Favorites 🕶	Main Menu 🗸	
METROPOLI	Search Menu:	
	<ul><li>Self Service</li><li>Change My Password</li></ul>	<ul> <li>Personal Information</li> <li>Payroll and Compensation</li> <li>Benefits</li> <li>Add/Modify/Submit Exp</li> <li>eLOD Request</li> <li>View Paycheck</li> <li>Direct Deposit</li> <li>My Total Compensation</li> <li>Federal W-4 Tax Information</li> <li>MN W-4 Tax Information</li> </ul>
		View W-2/W-2c Forms W-2/W-2c Consent

Payroll and Compensation menus when selected from the Main Menu box on the home page:

Favorites	→ Payroll and Compensation			
			ŵ	:
Main Menu				
Payroll and Compensation Review your pay and compensation history. Update your direc	t denosit and other deduction or contribution information			
		My Total Compensation		
View Paycheck Review current and prior paychecks.	Add or update your direct deposit information.	My Total Compensation View Total Compensation Statements		
Federal W-4 Tax Information Review or change your W-4 information.	MN W-4 Tax Information Review or Change MN W4 Tax Information.	View W-2/W-2c Forms View electronic W-2 and W-2c forms.		
W-2/W-2c Consent Grant or withdraw consent to receive electronic W-2 and W-2c forms.				

## View Paycheck

To view a paycheck, click on the blue <u>View Paycheck</u> hyperlink in the row you want to view.

View Payo	check						
Pat Employe	e						
Review your av	ailable paychecks. S	elect the check date of the pa	ycheck you would like to	review.			
▼ Select Pa	aycheck			Personalize	Find   View 1	00   🖾   🔜 First	④ 1-8 of 222
Check Date	View Paycheck	Company	Pay Begin Date	Pay End Date	Net Pay	Paycheck Number	PDF File
06/30/2017	View Paycheck	Metropolitan Council	06/03/2017	06/16/2017	\$1234.56	51586	$\checkmark$
06/16/2017	View Paycheck	Metropolitan Council	05/20/2017	06/02/2017	\$1234.56	47253	$\checkmark$

If the most recent check is not displayed at the top of the list, click the column header "View Paycheck" to re-sort the list (you may have to click twice to bring the most recent to the top).

Example Paycheck:

Metropolitan Council 390 Robert Street North St. Paul, MN 55101-1805	Pay	Group: MRA-Metro Reg Begin Date: 12/13/2008 End Date: 12/26/2008	jonal Admin		Business Unit: RGAD Advice #: Advice Date: 01/09/2	and the second se	
					TAX DATA:	Federal	MN State
Pat A Employee 1234 Main Street St Paul, MN 55101	Employee ID: Department: Location: Job Title:	12345			Marital Status: Allowances: Addl. Pet: Addl. Amt:	Single 0	Single 0
	HOURS A	D EARNINGS				TAXES	
Description Regular Pay Holiday (General)		rent ———— eurs Earnings	Hours	Earning:	Description Fed Withholding Fed MED/EE Fed OASD/EE MN Withholding	<u>Current</u>	VID
TOTAL:	1	0.00 1,220.12	160.00	2,468.30	TOTAL:	299.82	607.72
BEFORE-TAX DEDUC	TIONS	AFTER-TAX I	DEDUCTIONS		EMPLOY	ER PAID BENEFITS	
Description 9 MSRS Returement Plan	urreat YID	Description L668-FS Union Dues	Current	<u>71</u> D	Description Medical Insurance Dental Insurance Basic Life Basic Life Basic AD&D Insurance Long Tam Disability MSRS Retirement Plan	Current	YID
TOTAL:	10.0	TOTAL:	1.00	10.00	*TAXABLE		
Current YTD	GROSS FED	TAXABLE GROSS	TOTAL TAXE	\$	TOTAL DEDUCTIONS		NET PAY
Leave Accrual: Balance	2007 Advance	Balance			NET PAY DISTRIBUTIO		
Ann Leave CT FTHoliday Sup Sick			Advice #		<u>Account Type</u> Checking	<u>Deposit</u>	Amount
			TOTAL:				_
MESSAGE:							

## Direct Deposit

New employees should enter their direct deposit information in Employee Self Service (ESS) promptly after beginning employment to ensure there are not delays in receiving their paycheck.

If an employee does not wish to participate in direct deposit, they will be issued a debit card. The employee must complete the enrollment form available on Payroll's MetNet site. To access the form on MetNet, select EMPLOYEE RESOURCES and then Payroll. From the menu on the left, choose "Payroll Debit Card."

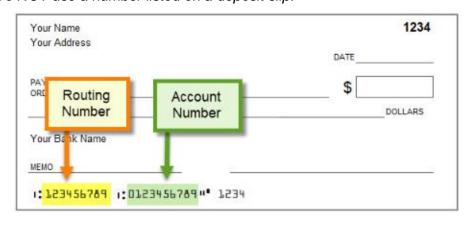
- → For questions about using Employee Self Service: ESS.HRIS@metc.state.mn.us
- → For questions about payroll and compensation: Payroll@metc.state.mn.us or 651-602-1620

Key points:

- The initial entry will default to *Deposit Type* **Balance of Net Pay** with a *Deposit Order* of **999**. This required row ensures that an employee's entire paycheck is deposited. You will not be able to remove this row or change the Deposit Type or Order, but the banking information can be updated later if needed.
- It is important to keep your email address current in ESS because changes to your direct deposit information trigger an email alert from the system to the primary email address saved in ESS.
- Changes to your direct deposit entries can only be made once a day. After making changes, the Edit and Add options will be grayed out. This happens to ensure Payroll can properly process change submissions.

Your Name Review, add o	view, add or update your direct deposit info							
Direct Depo	sit Details	_	_					
Account Type	Routing Number	Account Number	Deposit Type	Amount of Percent		Edit	Remove	
Savings	123006800	1122334455	Amount 💙	\$500.00	1	0	Î	
Checking	091000022	9988776655	Balance of Net Pay		999	0		
Add Ac	count		,					

The **Routing Number** and **Account Number** can be obtained from your personal check. Along the bottom of the check there are three groups of numbers. The first group is the 9-digit routing number; the second group is the account number; the third group is the check number. *Do NOT use a number listed on a deposit slip.* 



To add your initial Direct Deposit account, click the **Add Account** button.



Enter the following: Routing Number Bank Name Account Number Retype Account Number Account Type (select from dropdown)

The Deposit Type, Amount or Percent, and Deposit Order fields cannot be changed.

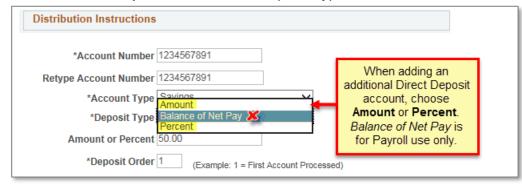
Direct Deposit	
Add Direct Deposit	Complete the fields and then
Your Name	click the Submit button.
Your Bank Information	
*Routing Number	
Distribution Instructions	
*Account Number	
Retype Account Number	
*Account Type	<b>~</b>
*Deposit Type Balance of	of Net Pay 🗸
Amount or Percent	
	eposit Order 999 is for the Balance of Net Pay entry and annot be changed. For additional direct deposit entries, use
	2, 3 and so on. They will be processed in sequential order ith the 999 entry being processed last.

Note: The Deposit Order **999** is for the *Balance of Net Pay* entry and cannot be changed. For additional direct deposit entries, use 1, 2, 3 and so on. They will be processed in sequential order with the 999 entry being processed last.

If you'd like your paycheck to be distributed to more than one account, click the **Add Account** button for each additional bank account you'd like to add.

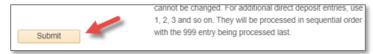
Review, add o	r update your direct d	eposit information.					
Direct Deposit Details							
Account Type	Routing Number	Account Number	Deposit Type	Amount or Percent		Edit	Remove
Checking	091000022	9988776655	Balance of Net Pay		999	0	
Add Ac	count	•					

For additional entries, you must choose a Deposit Type, Amount or Percent, and a Deposit Order.



If you are adding only one additional account, enter 1 for the Deposit Order. If you are adding more than one account, add Deposit Order numbers of 1, 2, 3, and so on.

After completing an entry, click the **Submit** button.



You will see the message below after clicking Submit. Click the **OK** button.

Dire	ct Deposit
Sub	omit Confirmation
	The Submit was successful.
	However, due to timing, your change may not be reflected on the next paycheck. In some cases you may receive a paper paycheck. Please contact Payroll if you have any questions regarding the timing of your change(s).
OK	

II→ The system will send an email to the primary email address saved in ESS any time your Direct Deposit choices are changed. Therefore, it is important to keep your email address up to date in ESS.

From: HPRD92-AppSrv@metc.state.mn.us <HPRD92-AppSrv@metc.state.mn.us> Sent: Wednesday, April 22, 2020 1:31 PM To: YourEmailAddress@emailprovider.com Subject: Direct Deposit Changes

Your BANK INFORMATION has been updated. If you did not make this change, please call the Council Payroll Department at 651-602-1620. You can view and update your profile online by logging into your account.

After making a change to your direct deposit bank account, whether you see it on the next paycheck depends on the timing of your change compared to the timing of the payroll process. Contact Payroll if you have questions.

## My Total Compensation

The *My Total Compensation* screen provides a way for employees to see their personal total compensation. Total compensation information is available by year beginning with 2018.

The screen defaults to the Summary view and will display only the Compensation types applicable to the employee. Click on the tabs to view more information about each item shown in the summary. Alternatively, click on <u>Expanded View</u> at the upper right and the information from the tabs will display vertically down the screen.

		<ul> <li>Payroll and Compensation          <ul> <li>My Total (</li> </ul> </li> </ul>	Compensation		
Espe	cially Prepared for Pat Employ	/ee			
CO	MPENSATION PERIOD 01 January 20	19 - 31 December 2019 TOTAL COMP NRC	/NRU 🗸	· 🍙	Printer Friendly Version
	your Total Compensation statement for	the statement period. As you review the state	ement, you will see		Expanded View
that your be	enefits costs are a shared partnership be	etween you and your employer. The source o	of the compensation		
data is		can be accessed in Employee Self Service.			
Viev	w Summary Chart				
Sum	mary Cash Compensation		and according		
		at where you will find expringe and herefite at			
		nt where you will find earnings and benefits su	ummary amounts.		
This is		nt where you will find earnings and benefits su	ummary amounts.		
This is	s the Summary section of your statement	nt where you will find earnings and benefits su Employer Pays	ummary amounts. Your Contribution		Employer Provide
This is Total Item	s the Summary section of your statement		,		
This is Total Item	s the Summary section of your statement	Employer Pays	Your Contribution		0.0000
This is Total Item	s the Summary section of your statement	Employer Pays 41,234.500000	Your Contribution 0.000000		0.00000
This is Total Item	s the Summary section of your statement	Employer Pays 41,234.50000 0.000000	Your Contribution 0.000000 345.000000		Employer Provide 0.00000 0.00000 0.00000 567.00000

#### There is also a printer-friendly option available in the upper right.

Comp Period 01 January 2	010 21 December 2010		V / Printer F			
Comp Period 01 January 2	018 - 31 December 2018			riendly Vers		
is your Total Compensation statement for your benefits costs are a shared partners			Expande	ed view Im		
Especially Prepared for Your	Name					
Comp Period: 01 January 2018 - 31 Dec	ember 2018					
This is your Total Compensation statement between you and your employer.	This is your Total Compensation statement for the statement period. As you review the statement, you will see that your benefits costs are a shared partnership between you and your employer.					
All amounts are shown in US Dollar curren	CY.					
Summary						
This is the Summary section of your statem	ent where you will find earnings and benefits	s summary amounts.				
Total Compensation						
Item	Company Pays	Your Contribution	Company Provided			
COMPENSATION	10,000.00	0.00	0.00			
HEALTH CARE SAVINGS	0.00	100.00	0.00			
BENEF/75	100.00	0.00	0.00			
	0.00	0.00	1,000.00			
Summary Total	10,100.00		1.000.00			

## W-4 Tax Information

You must complete Form W-4 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. You can file a new Form W-4 any time your tax situation changes or you choose to have more or less tax withheld.

Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Log into ESS to see more information on the W-4 pages.

Federal W-4 Tax Information page	MN W-4 Tax Information page
W-4 Withholding Certificate           Your Name           Metropolitan Council           You must complete Form W-4 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. You can title a new Form W-4 any time your tax situation changes or you choose to have more or less tax withheld.           Whethar you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.           Note: If you complete a 2020 Federal Form W-4, you must complete Minnesota Form W-4MN to determine the proper amount to withhold for Minnesota Income Tax.           Go To: Bet/Service - Payroll and Compensation - MN W-4 Tax Information	W-4 Tax Information           You Name           Metropollan Council           You must provide a completed Form W-4MN. Minnesots Employee Withholding Allowance/Exemption Certificate. If you:                Claim fewer Minnesota withholding allowances than federal allowances on a 2019 or prior year Form W-4                Care in every Minnesota withholding allowances.                Pageat additional Minnesota witholding allowances.                Pageat additional Minnesota witholding allowances.                Request additional Minnesota witholding in the declared ach pay period.                Cam be exemption Minnesota induction witholding to be declared ach pay period.                Cam be exemption Minnesota income tax witholding allowances.                Beginning with the year 2020, if you have completed an updated Federal Form W-4 and have not completed a Form W-4MN, we must withhold Minnesota state tax at the single filling status with zero allowances.
Step 1: Personal Information Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <u>wnw.ssa.gov</u> .	State Tax Data Section 1 - Determining State Allowances State VIN Eliferationt
Address 1234 tan St Cay, MN 55101 Filing Status Single or Married filing separately Married filing jointly (or Qualifying widow(er)) Head of Household (Check cely if you are unmarried and pay more than half the cost of keeping up a home for yoursel and a qualifying widow(as). Complete Steps 2 through 4 ONLY if they apply to you. To see if you are exempt from withholding or you have concerns their year galaxyane instructions for Four VV days in USA weights. (c) Extra Withholding	
Claim Exemption from Withholding I claim exemption from withholding for the year 2020, and I certify that I meet BOTH of the following conditions for exemption from withholding: Last year I ored no federal income tax. This year I orgetct to ove no folderal income tax. Check this box if you meet both conditions to claim exemption from tax withholding	I am an American Indian living and working on a reservation.     I am a member of the Minnesota National Oxard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay.     Inceive a military pension or other military retrement pay as calculated under U.S. Code, t86 10, sections 1401 through 1416, 1447 through 1456, and 12733     and I claim exempt from Minnesota Withholding on the retrement pay.     I certify that all information provided in Section 1 or Section 2 is correct. I understand there is a \$500 penalty for filing a failae Form W-MNN.     Submit
Under penalties of pedjury, I declare that I have examined this certificate and to the best of my knowledge and betlef, it is true, correct, and complete.	

Upon successful submission, a confirmation screen appears.



#### If you have questions, contact Payroll at 651-602-1620 or Payroll@metc.state.mn.us.

Note: The ESS change is immediate in the payroll system. However, due to the timing of check processing, the update may not be captured on the next paycheck following a change. Please monitor your paystub to verify your taxes reflect your selections going forward.

## W-2/W-2c Forms

This page allows current employees to view and print their W-2s. Employees who do not provide consent will not be able to view their W-2s electronically. Please see the next section for how to consent.

Note: Access to view W-2s online is not available after leaving employment. Your final W-2 will be mailed to your address. If your address changes after you leave employment, contact Payroll to provide a current address (651-602-1620 or <u>Payroll@metc.state.mn.us</u>).

The W-2 can be printed or viewed when selecting the hyperlink Year End Form.

Favorites	s - Main	Menu 🗸	Self Servic	e 🗸 🦻 Payroli and Con	ppensation → View W-2/W-2c Forms	
/iew V	V-2/W-2c	Forms				
Your Na	me					
Review y	our available W	-2 and W-2c f	orms. Select th	ne year end form that you	would like to review.	
	our available W Year End For		orms. Select th	ne year end form that you	would like to review. View a Different Tax Year Personalize	1 of 1
		rm	orms. Select th	ne year end form that you	View a Different Tax Year	1 of 1

#### Example:

a. Employee's social security Nu	mber OMB No. 1545-000	8 1 Wages, tips, other comp	2 FED income tax withheld
123-45-6789		30328.07	3792.65
b. Employer's Identification Num	ber	3 Social security wages	4 Social Security tax withheld
41-6008898		31708.77	1965.94
c. Employer's name, address, ar	nd ZIP code	5 Medicare wages and tips	6 Medicare tax withheld
METROPOLITAN COUN	ICIL	31708.77	459.78
390 ROBERT STREET N	NORTH	7 Social security tips	8 Allocated tips
ST. PAUL MN 55101-18	05		
		9 Advance EIC payment	10 Dependent care benefits
		11 Nonqualifed plans	12a See instruction box 12
			C I 13.08
d. Employee's first name & initia	l last name		12b
PAT A EMPLOYEE			1
1234 MAIN STREET			12c
SAINT PAUL MN 55113	1		1
			12d.
e. Employee's address, and ZIP	code		I. I.
15. State Employer's State ID N	16. State wages, tips, etc.	17. State income tax	13 Statutory Employee
MN 8034628		1628.72	X Retirement Plan
MN 8034628	30328.07	1020.72	Third-Party Sick Pay
18 Local wages, tips, etc.	19. Local income tax	20. Locality name	14 Other
			Union 372.96
			Pension 1380.70
Department of the Treasury-Inte This information is being furnish Service. If you are required to fill Penalty or other sanction may bu Income is taxable and you fail to	ed to the Internal Revenue e a tax return, a negligence e imposed on you if this	Copy C for the EMPLOYEE Employee)	Employee's FEDERAL Tax Return I'S RECORDS (See Notice to Employee's State, City or Local Tax

## W-2/W-2c Consent

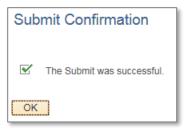
IRS regulations require that an employee must first consent to receive their W-2 electronically; this consent page meets the IRS requirements. Employees who do not provide consent will not be able to view their W-2s electronically.

Note: After you leave employment, your final W-2 will be mailed; it will not be available to view in ESS. To request a copy of your W-2, contact Payroll at 651-602-1620 or <u>Payroll@metc.state.mn.us</u>.

Be sure to carefully review the message on this page before providing your consent. To consent, check the box and click the **Submit** button.

W-2/W-2c Consent Form
Pat Employee
Submit or withdraw your consent to receive electronic W-2 or W-2c forms.
You must complete this consent form to receive/view your W-2 forms electronically. By consenting, you can view all years of your W-2 and you can print them in an IRS acceptable format for tax filing purposes. If you do not consent, Payroll will print a paper W-2 and send it to you in the mail. The electronic version of the W-2 will be available earlier in January than the paper W-2.
After you submit your consent, it will remain valid until you withdraw consent. Withdrawals must be submitted to Payroll in writing with signature and employee ID included. A form is available on the Payroll Web page within METNET. Once a withdrawal is processed, you will no longer be able to view your W-2's electronically.
Your Current Status No consent received.
Check here to indicate your consent to receive electronic W-2 and W-2c forms.
Submit

A confirmation screen will be displayed:



#### Completed consent:

W-2/W-2c Consent Form
Pat Employee
Submit or withdraw your consent to receive electronic W-2 or W-2c forms.
Once you have given consent, it will remain valid until you withdraw consent. Withdrawals must be submitted to Payroll in writing with signature and employee ID included. A form is available on the Payroll Web page within METNET. Once a withdrawal is processed, you will no longer be able to view your W-2's electronically.
Your Current Status Consent received.

After you submit your consent, it will remain valid until you withdraw your consent. Withdrawals must be submitted to Payroll in writing with your signature and employee ID included. The withdrawal form is on Payroll's MetNet page under *Payroll Forms*.

#### **Benefits**

#### Benefits Summary

This section of the menu is view-only. If you have questions, please contact the Benefits staff at the phone number or email address displayed on the screen.

	Menu - Self Service -	> Benefits -> Benefits Summary
Benefits Summa	ary	
Your Name		
If you have any question	is on your current benefits below, o	ontact the Benefits department:
Phone 65	51-602-1601 Benefi	ts-One Line
Email <u>be</u>	enefits@metc.state.mn.us Benefi	ts Staff
		efit elections or changes recently, they
	e. For current benefit elections and	
may not be reflected her	e. For current benefit elections and	
may not be reflected her	e. For current benefit elections and	
may not be reflected her metrocouncil.org/benefit	e. For current benefit elections and	
may not be reflected her metrocouncil.org/benefit 10/17/2022	e. For current benefit elections and senrollment	d information, go to: Coverage or Participation

#### 1095-C Consent

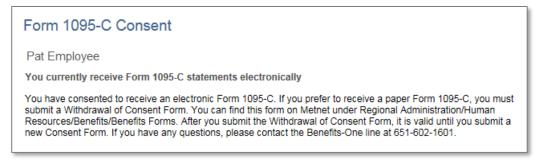
To be able to view your 1095-C forms electronically, you must first provide consent. Click the box for *I consent to receive Form 1095-C electronically* and click the **Submit** button.

Form 1095-C Consent	
Pat Employee	
You currently receive Form 1095-C paper statements by mail	
Your Form 1095-C consent status has been reset. You must resubmit this Consent Form to receive an electronic Form 1095-C. If you do not submit a Consent Form, the Benefits Department will process your Form 1095-C bas on the latest information available. Once you submit the Consent Form, it will remain valid until you submit a Withdrawal of Consent Form, unless your employment is terminated or your employer discontinues providing electronic forms access. You can find the Withdrawal of Consent Form on Metnet under Regional Administration/Human Resources/Benefits/Benefits Forms If you have any questions, please contact the Benefit One line at 651-602-1601.	sed

A confirmation screen will be displayed:

Submit Confirmation
The Submit was successful.
OK

#### Completed Consent:



Note: After you leave employment, your final 1095-C will be mailed to you; it will not be available electronically.

## View Form 1095-C

This section of the menu displays the forms only after you consent to receiving the 1095-C electronically.

Favorites -	Main Menu -	> Self Service -> I	Benefits 🗸 🚿	View For	m 1095-C			
View Fo	rm 1095-C							
Your Nam	e							
View Forr	n 1095-C							Personalize   🗗
	n 1095-C Ir ALE Member		Issue Date	Form ID	Sequence	Form Status	Tax Form	Personalize
Calendar Yea			Issue Date 02/28/2022			Form Status Original	Tax Form Tax Form	. –
	IT ALE Member			1095-C	0			Filing Instructions

## Example:

(Enter glt no.):	Employ 14 Offer of Coverage (enter required code) 1E	Contr instru \$	of Co mployed ibution ctions)	e Req		16 Safe Othe	r Reli	or an	- H	In	Prov He sura	alt
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Note: After you leave employment, your final 1095-C will be mailed to you.

# Expenses

### Add / Modify / Submit Expenses

This section of the menu is for submission of expenses for reimbursement.

The information in this section is also available as a stand-alone guide on MetNet. Navigate to *Councilwide Services > Finance & Operations* and choose the expense option from the menu on the left. The MetNet page also contains guides for managers and administrative assistants.

If an administrative assistant completes an expense form on your behalf, you must log into ESS to review it and then submit it to your manager.

To create and submit a new expense reimbursement request, select the Add a New Value tab.

Favorites -	Main Menu
METC Modif	y/Submit Expenses
Enter any inform	ation you have and click Search. Leave fields blank for a list of all values.
Find an Exist	ing Value Add a New Value
Search Cr	iteria
Search by:	Expense ID 🗸 begins with
Include Hist	tory
Search	Advanced Search

Complete the form fields.

Note: Some fields are pre-populated as a courtesy after an Expense Type is chosen (such as the account number); it is your responsibility to verify the accuracy of the information prior to submission.

								A						
								-	ense Status		Submitted Date	Pay Group MRA	45	pHD 123
													В	ense Description
Expense Details														
Attach Vie	Project	Class	Program	Dept ID	Fund	Acct	Mileage	Receipt Total	Receipt	Trans Da	ption	Descrip	*Expense Type	Line Number
Attach							H	G	10 F	E		D	1 <mark>(C)</mark> Q	+ -
J														
														ense Line Total:
								K	Expense Total by Expense ID		Calc Rate	Per =	@	age Total
-								K	Expense Total				@	ense Line Total:

Descriptions of the fields shown above follow on the next page.

*	Field	Explanation
	Expense ID	Automatically populates with a system-assigned unique ID.
	Unit	Automatically populates.
	Creation date	Automatically populates.
	Approval Date	Blank initially - a date will display after your manager approves the request.
A	Empl ID	Automatically populates with your badge/employee number.
	Pay Group	Automatically populates.
	Submitted Date	Blank initially - a date will display after you click the <b>Submit</b> button.
	Expense status	Displays the progress of your request.
В	Expense Description	Enter a title that summarizes your expense request, e.g. "June Expenses," "March 15 Policy Conference," "Mileage 5/20/16-6/30/16."
С	Expense Type	Choose a type from the dropdown menu. The account string fields will be populated based on this selection.
D	Description	Enter enough detail to clearly describe each expense item.
E	Trans Date	Date you incurred the expense(s).
F	Receipt	Check this box if you are attaching a receipt.
G	Receipt Total	This field is required for all Expense Types <i>except</i> mileage. If the expense is for something subject to an amount limit (i.e. safety footwear), enter no more than the maximum allowed even if the receipt is for more than that amount.
н	Mileage	Enter the total miles traveled if requesting mileage reimbursement (leave blank if the line is <i>not</i> for mileage).
I	Acct, Fund, Dept ID, Program, Class, Project	These fields automatically populate. The Acct is associated with the expense type and the rest of the account string is determined by Payroll's default account string for the employee. <b>NOTE: These fields may be changed; check with your manager to ensure the any changes you make are appropriate.</b> It is not recommended to change the Acct because it is related to the type of expense.
J	Attach	Click the Attach button to attach receipts/supporting documentation.
	Expense Line Total	
к	Mileage Total	Automatically populates based on your entries.
	Expense Total by Expense ID	

To enter more than one expense, use the plus button. To remove an expense, use the minus button.

	Line Number	*Expense Type		Description	Trans Date	Receipt	Receipt Total	Mileage	Acct	Fund	Dept ID	Program	Clas
+ -	1	I M	Mileage	Travel betw 390 Robert & Mpls	10/16/2017			20.00	5401	100	11710	040	000
2 + -	2	PA C	Parking	MCC ramp	10/16/2017	$\checkmark$	10.00		5401	100	11710	040	000
3 + -	3	R	Registration Fees/Prof Dev	Registration	10/16/2017	•	25.00		5411	100	11710	040	000
÷.	4	4	L .		3								

Attach supporting documentation using the **Attach** button. If you need to attach additional documents, use the *Attach additional documents* tab. When attaching additional documents, enter the Line Number the additional document is associated with and a Description, then click the **Attach** button to the right.

- Attachment file names cannot exceed 25 characters and should use only alpha characters A-Z, digits 0-9, and special characters \_ (underscore) and - (hyphen).
- Attachment file types can be PDF, GIF, PNG, JPEG, JPG, TIFF, and BMP

ld/ Modify E	xpenses Attach additional docume	ents					
Expense ID 17R12345000							
Enter the line number and description from the Add/Modify tab to attach additional documents							
					Personalize   Find   🗖   👪 First 🕚 1 of	f1 🕑	Last
Line Number	Description	Attach	View Attach	Delete Attach	Attached File		
1		Attach	View Attach	Delete Attac		+	-
	Expense ID Enter th	Expense ID 17R12345000 Enter the line number and description from the	Expense ID 17R12345000 Enter the line number and description from the Add/Modify tab to attach add	Expense ID 17R12345000 Enter the line number and description from the Add/Modify tab to attach additional documer Line Number Description Attach View Attach	Expense ID       17R12345000         Enter the line number and description from the Add/Modify tab to attach additional documents         Line       Number         Description       Attach       View Attach       Delete Attach	Expense ID 17R12345000 Enter the line number and description from the Add/Modify tab to attach additional documents	Expense ID 17R12345000 Enter the line number and description from the Add/Modify tab to attach additional documents

Read the **Declaration Statement** and then check the declaration box.

Submit the form by clicking the **Submit** button. This sends a notification email to your supervisor.

Ado	I/ Mo	dify	Expenses	Attach add	litional documents						
Ð	pen	se ID	17R1	12345000	Unit RGADM	Creation Date 10/18/2017	Approval Date				
Er	npl I	D	1234	5	Pay Group MRA	Submitted Date	Expense Status	Saved			
Exp	oens	e De	scription	Oct 16th Policy	Conference						
Ex	pen	se D	etails								
			Line Number	*Expense Type		Description	Trans Date	Receipt	Receipt Total	Mileage	
1	+	-	1	M	Mileage	Travel betw 390 Robert & Mpls	10/16/2017 🛐				
2	+	-	2	PA 🔍	Parking MCC ramp		10/16/2017 🛐	$\checkmark$	10.00		
3	+	-	3	RQ	Registration Fees/Prof Dev	Registration	10/16/2017		25.00		
4	+	-	4	В	Books	Policy book	10/16/2017 🛐	$\checkmark$	30.00		
	Expense Line Total:     \$65.00       Mileage Total     20.00 @       \$0.535     Per = Calc Rate       \$10.70     Expense Total       \$75.70       Mile										
			tatement ad the decl	aration staten	nent (You must read th	e declaration statement )	[	Submit			

After clicking Submit, a message window confirms the submission.

Message	l
Your expense report has been submitted. (30000,90)	
ОК	

You can track progress on a submitted expense by selecting the *Find an Existing Value* tab and clicking the **Search** button. The statuses are visible on the search screen. Select an Expense ID by clicking on the Expense ID and then view the *Audit Trail* tab.

Favorites - Main Menu - > Self Service - > Add/Modify/Subm	nit Expenses							
METC Modify/Submit Expenses								
Enter any information you have and click Search. Leave fields blank for a list of all	values.							
Find an Existing Value Add a New Value								
Search Criteria								
▼ Search Chteria								
Search by: Expense ID V begins with	Add/ Modify Expense	es Audit Trail	Attach additional docu	iments				
		ų						
	Expense ID	21A123451001						
Search Advanced Search		Personalize Fin						
Search Results								
Scarch Nesdits	User ID	Name	Expense ID	DateTime Created	Expense Status			
View All First 🕢 1-6 of 6 🕑 Last								
Expense ID Empl ID Expense Status	1 12345	Your Name	21A123451001	05/12/22 8:49:35.000000AM	Submitted to Mgr			
20A123451000 12345 Paid by Payroll								
20A123451001 12345 Paid by Payroll	2 11222	Your Manager	21A123451001	05/12/22 9:08:12.000000AM	Submitted to AP			
20A123451002 12345 Paid by Payroll								
21A123451000 12345 Paid by Payroll 21A123451001 12345 Submitted to Payroll	3 EXAMPLE	MT Accounts Payable	21A123451001	05/12/22 9:09:58.000000AM	Submitted to Payroll			

Note: If your request was denied because it needs changes or corrections, you should change the existing denied Expense ID form. **Do not create a new form for the denied expense.** 

<u>Go to the</u> Add/Modify/Submit Expenses screen. On the *Find an Existing Value* tab, click the Search button. Double-click on the denied Expense ID number to be updated and re-submitted. Make the necessary changes and then click the **Submit** button to resubmit it.



### eLOD Request

This menu is for submission of an electronic Learning and Development request for external training.

For more information on completing an eLOD form, see the LOD section of the Human Resources page on MetNet. The LOD page on MetNet contains links to guides for employees, managers, and administrative assistants.

Note:

- Supporting documentation is required and must include cost, description, date, program hours, and vendor information (name, address, etc.). Only PDF, GIF, JPG, JPEG, TIF, TIFF, BMP, and PNG can be attached.
- For training outside the metro area, the Out of Area Form must be completed and approved before the eLOD form is submitted.

To create and submit a new eLOD request, select the Add a New Value tab.

Favorites 👻	Main Menu 🗸 > Self Service 🗸 > eLOD Request					
eLOD Requ	est					
Enter any inforr	nation you have and click Search. Leave fields blank for a list of all values.					
Find an Existing Value						
Search C	riteria					
Form ID begir						
Search	Clear Basic Search					

Complete the form fields and attach the supporting documentation, then click the *Submit to Supervisor* button. Your manager will receive an email notification. When your manager responds to the request, you will receive an email from the system.

If an administrative assistant completes a form on your behalf, you must log into ESS to review it and then submit it to your manager.

You can check the status of your form by using the *Find an Existing Value* tab and clicking *Search* to bring up all your forms.

Note: If your request was denied because it needs changes or corrections, you should change the existing denied eLOD Request form. **Do not create a new form for the same training.** 

Go to the **eLOD Request** screen. On the Find an Existing Value tab, click the **Search** button. Doubleclick on the denied eLOD form to open it. Make the necessary changes and then click the **Submit** button to resubmit the request.

#### **Questions and assistance**

#### Login issues

For login issues, contact the Service Desk at:

651-602-1498 (extension 1498) or <u>ServiceDesk@metc.state.mn.us</u>

#### ESS application questions or issues

For questions about using the ESS application or issues related to information found within ESS, contact the ESS Help Desk at:

#### ESS.HRIS@metc.state.mn.us

The ESS Help Desk's normal business hours are 8:00am to 4:30pm Monday through Friday (except holidays).