WORKDAY ONBOARDING GUIDE

Use the following guide to complete your final steps of onboarding paperwork in Workday.

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LOGIN

In your inbox, you will see your actions to on the left hand side. These tasks list out all the specific forms you must fill out to complete your onboarding. Use the following step-by-step guide to complete each item.

Note: It is possible that your forms may display in a different order.

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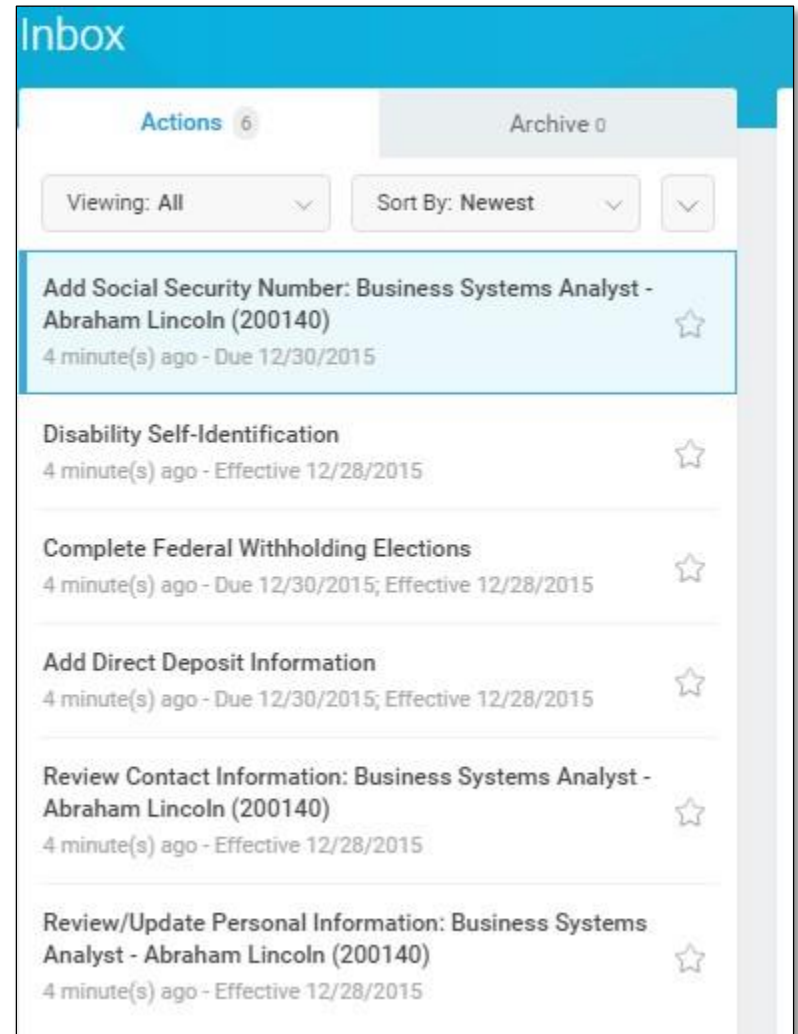
1. ADD SOCIAL SECURITY NUMBER - EDIT GOVERNMENT IDs

STEP 1: Click the Plus symbol under National IDs.

STEP 2: Fill out the following.

A: Click on the blank cell under Country and select Preferred Countries, then United States of America.
B: Click on the blank cell under National ID Type and select Social Security Number (SSN).
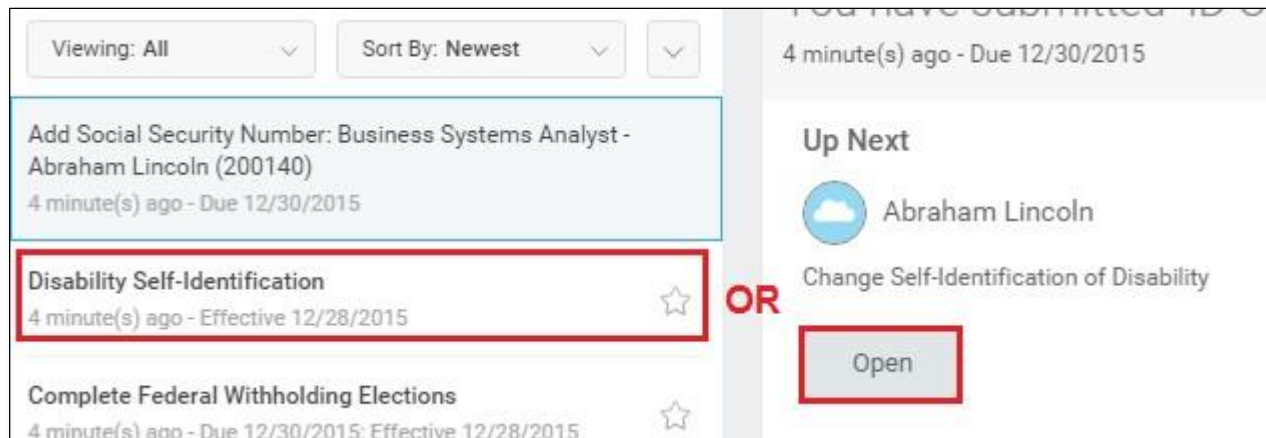**C:** Under Identification #, enter your Social Security Number.

1. ADD SOCIAL SECURITY NUMBER - EDIT GOVERNMENT IDs

STEP 2: Confirm your entry is correct, then click Submit.

STEP 3: You can now either click on a new task on the left hand side, or click "Open" on the Up Next screen.

2. COMPLETE SELF-IDENTIFICATION OF DISABILITY

STEP 1: Read through this form completely to ensure you understand why we are asking for this information.

STEP 2:

D: Under Please select one of the below, click the circle next to your identification selection.

Please select one of the below:

D

○ YES, I HAVE A DISABILITY (or previously had a disability)

○ NO, I DO NOT HAVE A DISABILITY

○ I DO NOT WISH TO ANSWER

STEP 3: Confirm your entry is correct, then click Submit.

Submit

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3. COMPLETE FEDERAL WITHHOLDING ELECTIONS (W-4)

This form will be used for Payroll purposes as your Federal W-4 Tax Election form.

STEP 1: Fill out the following.

E: Check this box if you are a Nonresident Alien.

F: Check this box if your last name is different on your Social Security Card.

G: Click this box to display Marital Status options. Select the correct entry.

H: Enter your number of allowances, if desired.

I: Enter an additional amount to withhold from each pay check, if desired.

J: Check this box if you wish to claim Exemption.

K: Click the I Agree box to indicate you understand this is an electronic form and consent to an electronic signature.

STEP 2: Confirm your entry is accurate, and click Submit.

W-4 Data

View Blank Form

Nonresident Alien ☐ **E**

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

Last Name Differs from SS ☐ **F**

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

Marital Status * ✕ Single **G** ☰

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

Number of Allowances 2 **H**

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

Additional Amount 20.00 **I**

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

Exempt ☐ **J**

I claim exemption from withholding for 2015 and I certify that I meet both of the following conditions for exemption.
* Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
* This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
If you meet both conditions, click the Exempt Box.

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

1. Under penalties of perjury, you declare that you have examined this certificate and to the best of your knowledge and belief, it is true, correct, and complete.
2. You understand that your payroll tax withholding election is a legal and binding transaction.
3. You understand that all submissions are contingent upon acceptance by your Payroll representative.

If you do not wish to use the electronic signature option, please contact your Payroll Department for a paper copy of the form.
The form is not valid without a signature.

I Agree * ☑ **K**

4. REVIEW CONTACT INFORMATION *(HOME CONTACT INFORMATION ONLY)*

This information was populated based on your Jobvite information. Please review the following and verify that it is correct. If something needs to be updated, you can either click on the data *(ex: the telephone number)* or the pencil symbol.

STEP 1: Fill out the following information.

V: Your primary Home Address. This is your contact and mailing address.

W: Primary Home Phone Number.

X: Primary Home Email Address.

STEP 2: Fill out the following information. After validating, click Submit then Done.

Home Contact Information

Primary Address

Address **V**
123 Main Street, Los Angeles, CA 90250

Usage
Mailing; Street Address

Visibility
Private

Additional Address

Add

Primary Phone

Phone **W**
+1 (310) 3636000 (Landline)

Additional Phone

Add

Primary Email

Address * **X**
honestabe@fakeemail.com

5. REVIEW/UPDATE PERSONAL INFORMATION

STEP 1: Fill out the following information.

Y: Legal Name as it appears on all of your legal documents *(Required).*

Z: Preferred Name, if desired and different from your Legal Name *(Voluntary).*

AA: Select the correct Gender from the drop down selection *(Required).*

AB: Enter your Date of Birth. The age will auto-calculate *(Required).*

AC: Marital Status.

Legal Name

Legal Name

Legal Name * **Y**
Abraham Lincoln

Preferred Name

Preferred Name

Preferred Name **Z**
Abraham Lincoln

Change Personal Information

Gender

Gender **AA**
Male

Date of Birth

Date of Birth **AB**
01/01/1950

Age
65 years, 11 months, 28 days

Marital Status

Marital Status
Single (United States of America) **AC**

Marital Status Date

5. REVIEW/UPDATE PERSONAL INFORMATION

STEP 2: Continue to fill out the following.

AD: Race/Ethnicity. If you do not wish to identify, please choose Not Specified *(Voluntary).*
AE: Citizenship Status.
AF: Nationality.
AG: Disability Status.
AH: Military Service: Please do not populate this information, since this was already captured in your application process.

STEP 3: Click Submit, then Done.

STEP 4: You will see an orange banner in your Inbox alerting you to New Items. Click on this banner to continue.

6. COMPLETE FORM I-9

STEP 1: First, ensure that all fields in Section 1 have been populated correctly based on your previous forms.

Section 1. Employee Information and Attestation

Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name * Lincoln	First Name * Abraham
Middle Initial	Other Names Used (if any) N/A ☐
Address * 123 Main Street	Apt. Number
City or Town * Los Angeles	State * CA Zip Code * 90250
Date of Birth * 01 / 01 / 1950 📅	Social Security Number 999-99-9999
Email Address honestabe@fakeemail.com	Telephone Number +1 (310) 3636000

STEP 2: AI: Select the correct Citizenship Identification for your I-9.

By checking one of the boxes below, I acknowledge that I have read the below attestation, and attest under penalty of perjury that I am (check one of the following):

☐ A citizen of the United States

☐ A noncitizen national of the United States (See instructions)

AI —

☐ A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy)   N/A

6. COMPLETE FORM I-9

STEP 3: After completely reading through the form, click I Agree to provide your electronic signature.

By checking the I Agree check box, I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I Agree ✱ ☑   12/29/2015

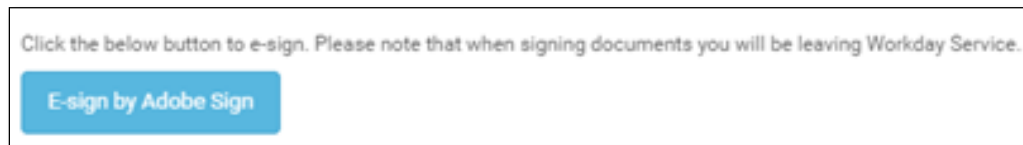**STEP 4:** Then, click Submit.

7. SIGN EMPLOYEE DOCUMENTS

STEP 1: You may need to acknowledge a set of documents that contain additional information about your benefits. When prompted to Review Documents, download the and read the document, review the Instructions, then check the "I Agree" box.

Signature Statement	By checking this box, I agree to use this as my electronic signature. This signature indicates that I understand that I may use my personal physician to treat a work-place injury or illness if I submit a completed "Pre-Designation of Personal Physician" form to the Benefits department prior to sustaining the injury or illness. If I have any questions then I will contact a Human Resources representative or Benefits at Benefits@spacex.com.

STEP 2: Then, click Submit.

7. SIGN EMPLOYEE DOCUMENTS

STEP 3: Next, you will need to e-Sign the "Arbitration Agreement" and "Confidential Information and Invention Assignment Agreement". If you are hourly, you will also need to sign a "Notice to Employee" form. Click "E-Sign by Adobe Sign" and follow the prompts on the forms.

Click the below button to e-sign. Please note that when signing documents you will be leaving Workday Service.

E-sign by Adobe Sign

STEP 4: Then, click Submit.

8. COMPLETE NEW HIRE BENEFIT ENROLLMENT

Please reference your New Hire Benefits Guide for instructions for this portion of our Onboarding. Note, more information on how to enroll in your benefits will be covered on your first day.

Your Benefits Guide

9. CHECK OUT THE FIRST DAY REMINDERS DASHBOARD
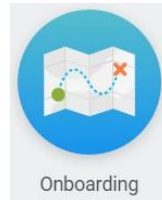
Click the "Onboarding" icon ⬤ Onboarding Workday for more information about starting at SpaceX!