

New Hire Action Items & HR Paperwork



HR SERVICE CENTER

New Hire Action Items - Payroll and PF

Below information is required on your day of joining/Orientation

- Ensure your UAN is activated and KYC (Bank, Aadhaar and PAN) is linked to the UAN (*applicable if you had PF contribution from previous employer*)
- UAN - Universal Account Number is a 12 digit unique code for PF which remains with employee throughout the career (irrespective of employer)
- UAN is not applicable for Intern

Note:

In the event you do not have a bank account, Cerner will assist to open a new salary account. However this process might take few days owing to the procedure and timeline followed by bank.

New Hire Action Items – National IDs in Workday

Below data must be entered in Workday by uploading relevant soft copy as supporting document on or before 2nd day of joining/Orientation for Payroll and PF processing. *Its new hire's responsibility to update own data and no follow up would be done by HR on this.*

National ID	Supporting soft copy	Impact if not updated in Workday
PAN	Front side of PAN copy	Tax deducted at highest slab (at the rate of 30%)
Aadhaar	Front side of Aadhaar copy	No PF contribution
UAN (Not applicable for Intern)	UAN card copy OR Previous employer pay slip which has UAN OR Email from your previous employer confirming your UAN	Data not updated in Workday would be treated as fresher/no data available. This would result in new UAN generation and may impact PF online transfer

List of Documents – Mandatorily required on 1st day

Not applicable for intern hires

1. Form Q – Statutory Appointment Order
2. Form F – Gratuity Nomination
3. Form 2 - PF Nomination

Note:

- You must print these forms available in Workday task
- Complete as per the instruction given in next slides
- Counter sign on **ALL** changes / strike out(s) on the documents
- Kindly ensure to submit the completed signed documents in the same chronological order mentioned above on day one of orientation
- Read through sample 'Cerner Associate Employment Agreement' received from Kenexa candidate portal. Original Employment Agreement is shared on day one at Compass to sign. Please do not get hard copy of sample 'Cerner Associate Employment Agreement' received from Kenexa on day one

Form Q – Statutory Appointment Order

Form Q is a statutory form comprising your employment details with Cerner. You are required to fill the same in lieu of Appointment Letter.

FORM "Q" (See Rule 24 (9A)) APPOINTMENT ORDER		
1.	Name and address of the Establishment	← 1. Registered office address
2.	Name and address of the Employer	← 2. Work location
3.	Name of the Employee	← 3. Enter your legal name
4.	His / Her Postal Address	← 4. Enter your current address
5.	His / her Permanent Address	← 5. Enter your permanent address. If your current and permanent address is same then enter 'Same as above'
6.	Father's / Husband's Name	← 6. Enter your Father/ Husband's name
7.	Date of Birth / Age	← 7. Enter your date of birth
8.	Date of His / Her entry into employment	← 8. Enter your joining date with Cerner
9.	Designation	← 9. Enter your designation as mentioned in Cerner offer letter
10.	Nature of work entrusted to him	← 10. Enter your designation as mentioned in Cerner offer letter
11.	His / Her serial number in the Register of Employment	← 11. Enter your Cerner operator ID (If you are unsure you may leave this blank now and update on your day one)
12.	Rates of Wages payable to him / her as on 7 th of every month	← 12. a) Enter your basic salary as mentioned in your Cerner offer letter salary break-up b) Enter your AGC salary as mentioned in your Cerner offer letter salary break-up c) Enter your CTC salary as mentioned in your Cerner offer letter salary break-up
Place: Bengaluru		
Accepted by		
Date:	Signature of the Employee	Signature of Employer
		Seal of the establishment

Your signature

Enter your joining date with Cerner.

Form F – Gratuity Nomination

- Payable on completing 5 years of continuous service and at departure/Superannuation/Retirement
 - Above rule waived of in the eventuality of
 - Death
 - Permanent disablement
- As per clause (h) of Section 2 of the Payment of gratuity Act 1972, Gratuity nominee(s) shall be declared as one or combination of below:
 - Spouse
 - Children (*married or unmarried*)
 - Dependent parents
 - Dependent In-laws
 - Widow and children of predeceased son
 - Adopted children
- If at the time of joining, new hire has no family member/ nominee(s) as mentioned above, the nomination may be in favour of any person(s) however if the new hire subsequently acquires nominee(s) as specified above, nomination made in favour of any person(s) shall forthwith be deemed to be invalid and the new hire is required to make a fresh nomination in favour acquired nominee(s).
- On a later date, if there is a change in family status/ for fresh nominations, please contact HR Shared Services

Form F – Gratuity Nomination (*First Page*)

Associate ID: _____

FORM - F
(See Sub-Rule (1) of Rule 6)

NOMINATION

To
Cerner

1. I, Shri/Shrimati/Kumari.....whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the

Enter your Cerner operator ID (*In the event you have not received Cerner operator ID/ unsure about this information, you may leave this blank now and can update this information on your day one at Compass*)

Enter your legal name

3. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said act.

If new hire does not have any family member/ nominee(s) as mentioned above at the time of joining, new hires are required to tick mark Point number 3

5. I have excluded my husband from my family by a notice dated the _____ to the Controlling Authority in terms of the proviso to clause (h) of Section 2 of the said Act.

Female new hire may fill in the point number 5, *if applicable*

Nominee(s)			
Name in full with full address of nominee(s)	Relationship with the employee	Age of Nominee	Proportion by which the gratuity will be shared
(1)	(2)	(3)	(4)
1.			
2.			
3.			

Enter name of nominee(s) along with their current address. For second/subsequent nominee(s), if address is same as that of first nominee then enter 'Same as above' after the nominee(s) name

Enter relationship of nominee with you (*Example:* Mother, Father, Spouse, etc.)

Enter age of the nominee (*Example:* 25 years)

If the nominees are more than one then, new hires should choose proportion for each nominee(s) as per their choice however, sum of proportion has to be 100% in coloumn 4.

(*Example :*

- 1. One nominee → Mother 100%
- 2. Two nominations → Spouse 60%, Child 40%
- 3. Two nominations → Mother 30%, Spouse 70%
- 4. Three nominations → Mother 30%, Spouse 30%, Child 40%
- 5. Three nominations → Spouse 50%, Child1 25%, Child2 - 25% etc.

	Statement
1. Name of employee in full	
2. Sex	
3. Religion	
4. Whether unmarried/married/widow/widower	

Enter your legal name

Enter your gender information

Enter your religion information

Enter your marital status information

Form F – Gratuity Nomination (*Second Page*)

5. Department / branch/Section where employed :

6. Post held with Ticket or Serial No., if any :

7. Date of appointment :

8. Permanent address :

Village Thana Sub-division

Post Office District State

Place: Bangalore
Date: Signature/ Thumb-impression of the employee:

Declaration by witnesses
Fresh nomination signed / thumb-impressed before me.
Name in full and full address of witnesses Signature of witnesses

1.

2.

Place: Bangalore
Date:

Certificate by the Employer
Certified that the particulars of the above nomination have been verified and recorded in this establishment.
Employer's reference No., if any.

Date: Signature of the employer / officer authorized Designation
Name & Address of the establishment / Rubber-stamp thereof

Acknowledgment by the employee
Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date: Signature of the employee

Note: Strike out the words/paragraphs not applicable.

Enter your department name available in offer letter

Enter your job title as mentioned in the Cerner offer letter and Cerner operator ID

Enter your joining date with Cerner

Enter your Permanent address (House No, Building Name, Floor Number, Street Number, etc)

Enter your Permanent address village/ Area name, 'Thana' if applicable, 'Sub-division' if applicable

Enter your Permanent address Post office name, district name if applicable and state name

Your signature

Enter your joining date with Cerner

First witness full name and address {Declaration by witness can be taken on day one from other new joiner}

Signature of the witness

Second witness full name and address {Declaration by witness can be taken on day one from other new joiner}

Signature of the witness

Enter your joining date with Cerner


Your signature

Enter your joining date with Cerner

Form 2 – PF Nomination

- PF nomination can be modified on a later stage via online UAN portal
- Your previous PF account, if any must be **TRANSFERRED**
- For your previous PF account transfer, you have to initiate the same with Cerner. Please initiate your PF transfer online when you receive your Cerner PF account number (*Cerner PF number is generated in second pay cycle and can be found in second month pay slip onwards*)
- Online transfer process will be communicated by payroll service provider on a later date. If you need further help on PF transfer online process, please contact HR Shared Services
- On a later date, if there is a change in family status/ for fresh nominations, please update online nomination in UAN portal
- Nomination in PF hard copy form for each table is different and illustrated below:

Form 2 – PF Nomination – (First Page)

 **EMPLOYEES' PROVIDENT FUND ORGANISATION** Associate ID 2

Form No. **2** (Revised)
NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Funds & Employees' Pension Scheme
(Paragraph 33 & 61 of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

1. Name (in block letters): 6. Account No. KN/ /
2. Father's/Husband's (in case of married women) name: 7. Permanent Address:
3. Date of Birth:
4. Sex: ... Male ☐ Female ☐ 8. Temporary Address:
5. Marital Status:

PART A (EPF)

I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death:

Name & Address of the Nominee/s	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation in Provident Fund to be paid to each nominee	If the nominee is a minor, name, relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5

1. *Certified that I have no family as defined in para 2 (g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. Certified that my father /mother is/are dependent upon me.

* Strike out whichever is not applicable

Signature or thumb impression of the subscriber

FOR OFFICE USE ONLY

Date of joining E.P.F. / /
Past Service _____ year
Date of joining EPS / /

ENTRIES VERIFIED
D.A. S.S. A.A.O.

Enter your Cerner operator ID (In the event you have not received Cerner operator ID/ unsure about this information, you may leave this blank now and can update this information on your day one at Compass)

Enter your legal name in **BLOCK LETTERS** (**NOTE:** Leave point 6, Account number blank)

Enter your father's or husband's name

Enter your permanent address

Enter your date of birth (*Example:* 28-Sep-1984)

Select appropriate box to capture your gender information

Enter your temporary address - If the permanent and present address is same, update temporary address as 'Same as above'.

Enter your marital status

Enter name of nominee(s) along with their current address. For second/subsequent nominee(s), if address is same as that of first nominee then enter 'Same as above' after the nominee(s) name. As per Para 2(g) of the Employees' Provident Funds Scheme, 1952, nominee(s) shall be declared as one or combination of below:

Spouse, Children (married or unmarried), Dependent parents, Deceased son's widow and children, Adopted children, Dependent In-laws (*only in case of female member*)

Enter relationship of nominee with you (Example: Mother, Father, Spouse, etc.)

Enter date of birth of the nominee, *not age* (Example: 25-Aug-1952)


If the nominees are more than one then, new hires should choose proportion for each nominee(s) as per their choice however, sum of proportion has to be 100% in column 4.

(Example :
1. One nominee → Mother 100%
2. Two nominations → Spouse 60%, Child 40%
3. Three nominations → Spouse 50%, Child1 25%, Child2 - 25% etc.

Guardian name, relationship and address (*in case of minor nominee only*)

Your signature

Form 2 – PF Nomination – (Second Page)

 **PART – B (EPS) Para 18**

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow / Widower / Children Pension in the event of my death :

Sl. No	Name of the Family Member	Address	Date of Birth	Relationship with member
1	2	3	4	5

****Certified that I have no family, as defined in para 2 (vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.**

I hereby nominate the following person for receiving the monthly Pension (admissible under para 16 (2) (g) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the Nominee	Date of Birth	Relationship with member

Date: _____
*Strike out whichever is not applicable.

Signature or thumb impression of the subscriber _____

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum. _____ employed in my establishment after he /she has read the entries/ entries have been read over to him/her by me and got confirmed by him/her.

Date: _____

Signature of the Employer/ Authorised Officers of the establishment _____
Designation _____

Name and Address of the Factory/Establishment or Rubber stamp thereof _____

Enter name of nominee(s). As per Para 2(1) (vii) of Employees' Pension Scheme, 1995, nominee(s) shall be declared as one or combination of below:

Spouse, Son(s), Daughter(s) (includes children legally adopted) of the Employees Pension Fund (as mentioned in the previous table first page)

Note: Incase you do not have nominee(s) as applicable to this table, please leave this table blank

Enter nominee(s) current address. For second/subsequent nominee(s), if address is same as that of first nominee then enter 'Same as above' in this column.

Enter date of birth of the nominee, *not age* (Example: 25-Aug-1982)

Enter relationship of nominee with you (Example: Spouse, Child1, Child2, etc.)

This section is applicable if above table is left blank. Enter name of nominee(s) along with their current address. For second/subsequent nominee(s), if address is same as that of first nominee then enter 'Same as above' after the nominee(s) name. As per Para 16 of the Employees' Provident Funds Scheme, 1952, nominee(s) shall be declared as same as mentioned in the first page table.

Enter date of birth of the nominee, *not age* (Example: 25-Aug-1952)

Enter relationship of nominee with you (Example: Mother, Father)

Enter your joining date with Cerner
Your signature

Thank You!

HR SERVICE CENTER

For all Workday and onboarding related questions, kindly contact the **HR Service Center** with your Workday login ID at <https://hrservicecenter.cerner.com>.

Mailing Address:

Cerner Healthcare Solutions India Private Ltd
Atten: HR Service Center
Level 3, Wing B, Block H2,
Manyata Embassy Business Park
Nagawara, Bengaluru 560045