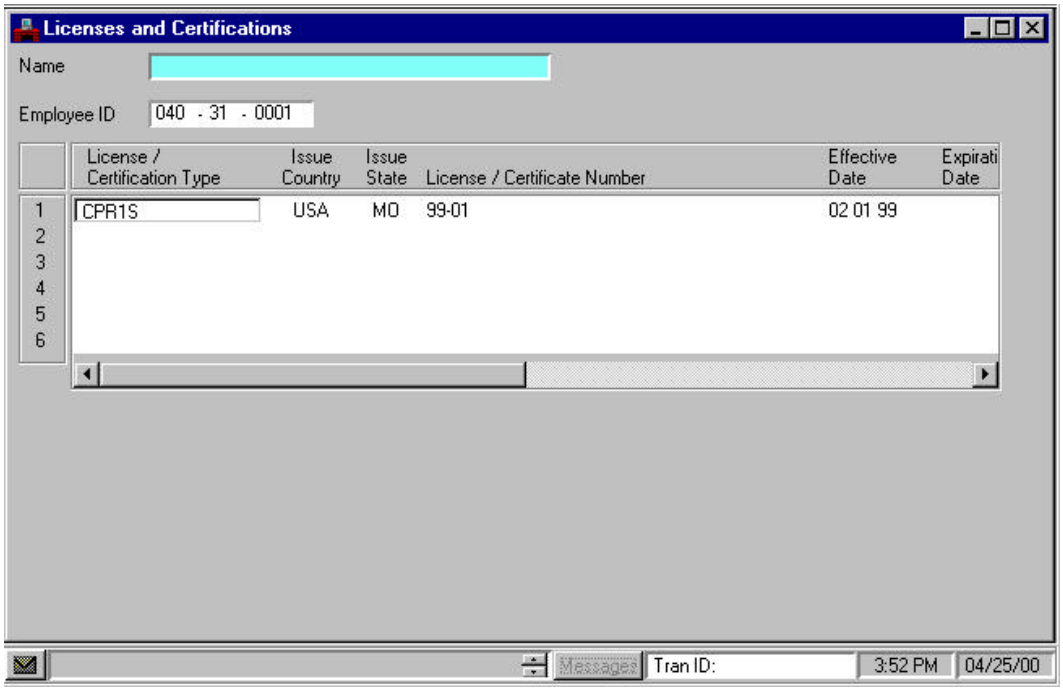
LICENSES AND CERTIFICATIONS (LCNS)



NOTES

LICENSES AND CERTIFICATIONS (LCNS)

The Employment Status Maintenance (ESMT) transaction must be completed, approved and accepted by the system before the Licenses and Certifications (LCNS) transaction can be completed.

The LCNS is an optional transaction used to record any professional licenses or certificates that an employee might have. It is also handy to track the expirations of these licenses and certifications. Looking into the profile of Jenny Sue Grant it is discovered that she has a CPR and First Responder certificate.

Step 1 To open LCNS from the SAM II Desktop Navigator window, click on the Go To icon. Type LCNS in the "CODE". Click on the Open button.

Step 2 Populate the following fields on the LCNS.

NAME - Inferred. The name of the employee is displayed.

EMPLOYEE ID – Required. Enter the employee's social security number. **SEE STUDENT CARD**.

LICENSE/CERTIFICATION TYPE - Required**.** Enter the code for the type of license/certificate being recognized. Valid values are located on the License Type (LTYP) window. Type **CPR1S**.

ISSUE COUNTRY - Optional. Enter the code for the country that issued the license. Valid values are located on the Country (CTRY) window. Type **USA**.

ISSUE STATE - Optional. Enter the state that issued the license. Valid values are located on the State (ST) window. Type **MO**.

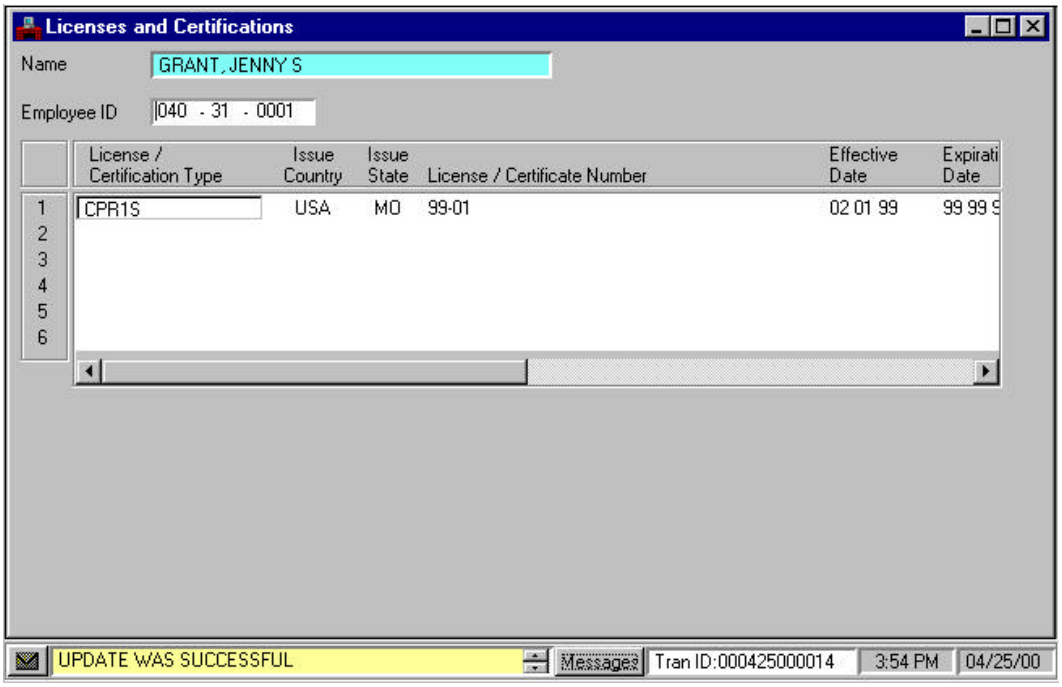
LICENSE/CERTIFICATE NUMBER – Required. Enter the number of the license or certificate. Type **99-01**.

EFFECTIVE DATE – Required. Enter the date (mm/dd/yy) the information is effective. Type **02/01/00**.

EXPIRATION DATE – Optional. Default is 99/99/99. Enter the last date (mm/dd/yy) the license/certificate is in effect, if applicable. Type **02/01/01**

COMMENTS – Optional. Enter any additional comments.

PROCESS AND UPATE LICENSES AND CERTIFICATIONS (LCNS)



NOTES

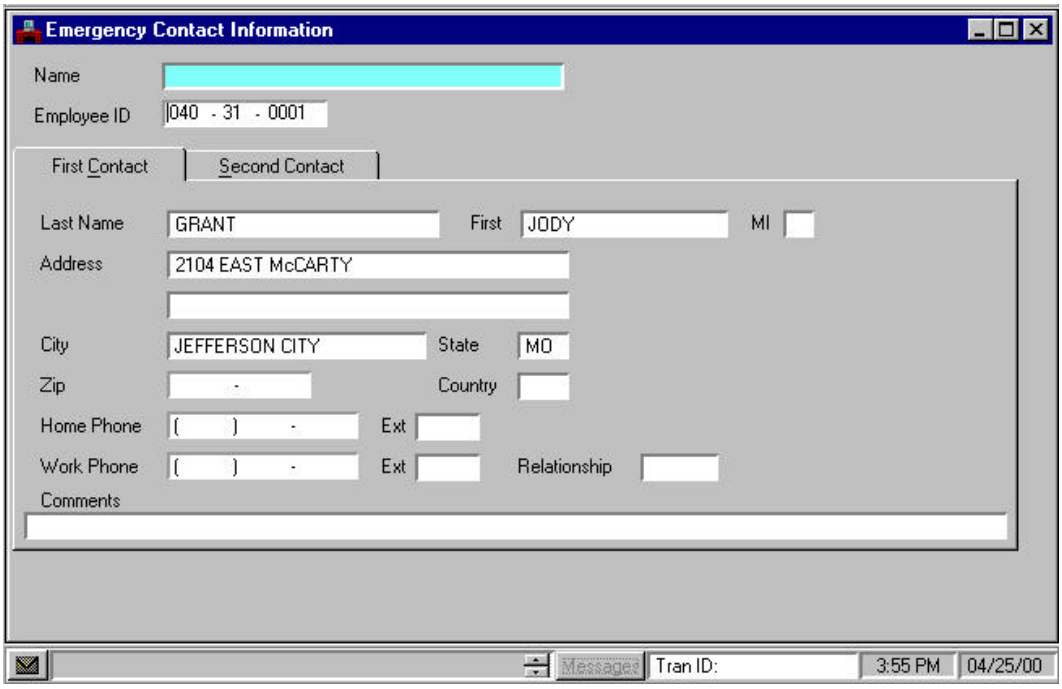
PROCESS AND UPDATE LICENSES AND CERTIFICATIONS (LCNS)

You have completed entering the field information for the LCNS and it is time to update the transaction.

Select **Process: Update.**

If the transaction contains errors, messages will appear specifying the errors. You would need to correct the errors and select **Process: Update**. If your transaction is free of errors, a message will appear in the yellow message bar at the bottom of the transaction window telling you that the update was successful.

EMERGENCY CONTACT INFORMATION (EMER)



NOTES

EMERGENCY CONTACT INFORMATION (EMER)

The Employment Status Maintenance (ESMT) transaction must be completed, approved and accepted by the system before the Emergency Contact Information (EMER) transaction can be completed.

The Emergency Contact Information transaction is an optional transaction used to record up to two contacts that can be informed in case an employee has an emergency while at work. This transaction consists of two identical panels, which identify up to two emergency contacts for each employee. Jenny resides with her sister, Jody, who is designated as her contact in case of emergency. Jody's office phone number is 659-1003; their home number is 893-9891.

Step 1 To open EMER from the SAM II Desktop Navigator window, click on the Go To icon. Type EMER in the "CODE". Click on the Open button.

Step 2 Populate the following fields on the EMER.

NAME - Inferred. The employee's full name (last name, first name, and middle initial) is displayed**.**

EMPLOYEE ID – Required. Enter the employee's social security number. **SEE STUDENT CARD**.

FIRST CONTACT

This Panel records emergency contact information for the employee's primary contact.

LAST NAME – Required**.** Enter the last name of the first emergency contact. Type **GRANT**.

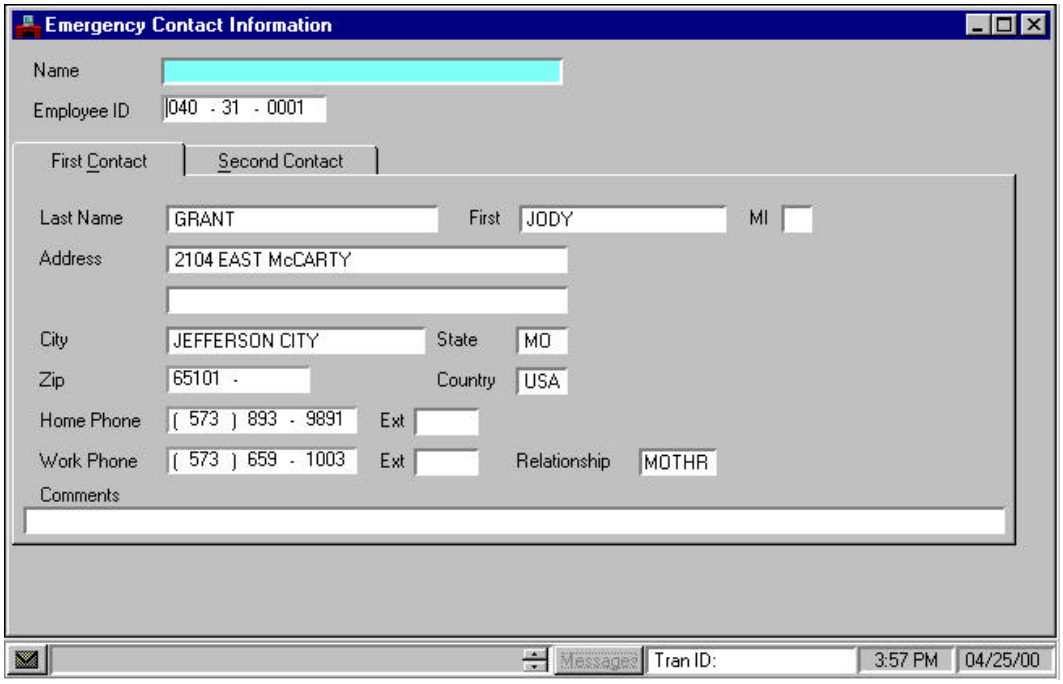
FIRST – Required. Enter the first name of the first emergency contact. Type **JODY**.

MI (Middle Initial) - Optional. Enter the middle initial, if any, of first emergency contact.

ADDRESS – Required. Enter the address (street #, street, apartment #) of the first emergency contact. Use the second line, if necessary. Type **2104 EAST McCARTY**.

CITY – Required. Enter the emergency contact's city of residence. Type **JEFFERSON CITY**.

EMERGENCY CONTACT INFORMATION (EMER)



NOTES

EMERGENCY CONTACT INFORMATION (EMER)

Step 2 Continue to populate the fields on the EMER

STATE – Required. Enter the emergency contact's state of residence. Type **MO**.

ZIP - Optional. Enter the emergency contact's zip code, if known. Type **65101**.

COUNTRY - Optional. This field will default to USA. Enter the country in which the emergency contact lives. Valid values are located on the Country (CTRY) window. Type **USA**.

HOME PHONE – Conditional. Entry in this field is required if the Work Phone field is left blank. Enter the home telephone number (area code and number) of the first emergency contact. Type **573-893-9891**.

EXT - Optional. Enter the four-digit phone number extension.

WORK PHONE – Conditional. Entry in this field is required if the Home Phone field is left blank. Enter the work telephone number (area and number) of the first emergency contact. Type **573-659-1003**.

EXT - Optional. Enter the four digit phone number extension.

RELATIONSHIP - Optional. Enter the appropriate code to indicate the relationship of the employee to the emergency contact. Valid values are located on the Relationship (RELT) window. Type **SISTR**.

COMMENTS- Optional. Enter any comments you may have.

SECOND CONTACT

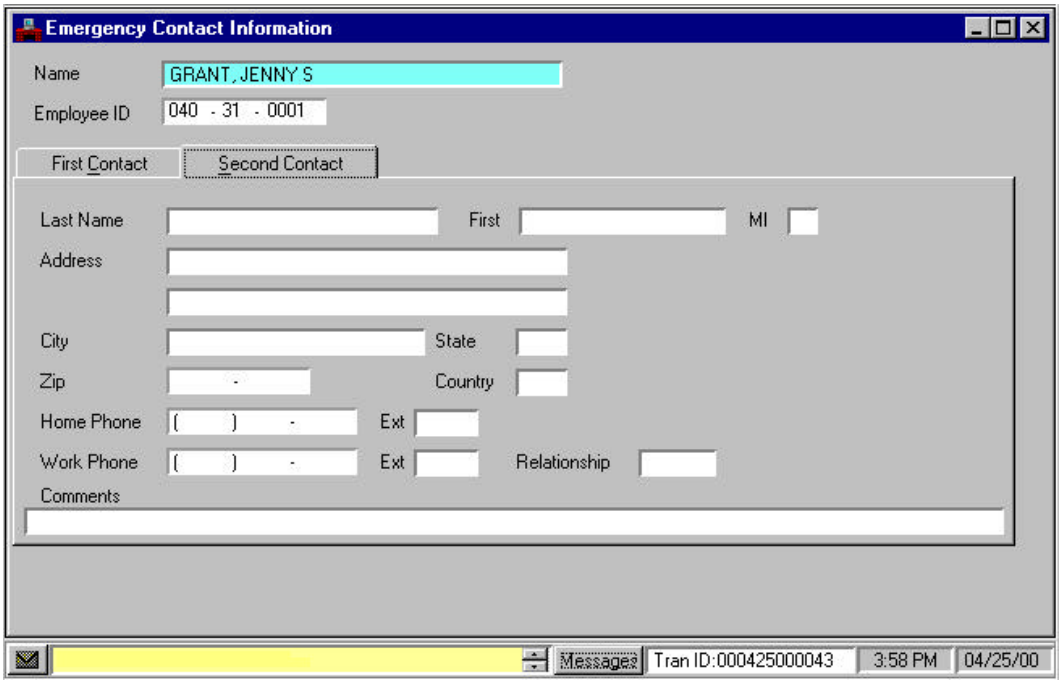
This Panel records emergency contact information for the employee's secondary contact.

LAST NAME – Required**.** Enter the last name of the first emergency contact.

FIRST – Required. Enter the first name of the first emergency contact.

MI (Middle Initial) - Optional. Enter the middle initial, if any, of first emergency contact.

EMERGENCY CONTACT INFORMATION (EMER)



NOTES

EMERGENCY CONTACT INFORMATION (EMER)

Step 2 Continue to populate the fields on the EMER.

ADDRESS – Required. Enter the address (street #, street, apartment #) of the first emergency contact. Use the second line, if necessary.

CITY – Required. Enter the emergency contact's city of residence.

STATE – Required. Enter the emergency contact's state of residence.

ZIP - Optional. Enter the emergency contact's zip code, if known.

COUNTRY - Optional. This field will default to USA. Enter the country the emergency contact lives in. Valid values are located on the Country (CTRY) window.

HOME PHONE – Conditional. Entry in this field is required if the Work Phone field is left blank. Enter the home telephone number (area code and number) of the first emergency contact.

EXT - Optional. Enter the four digit phone number extension.

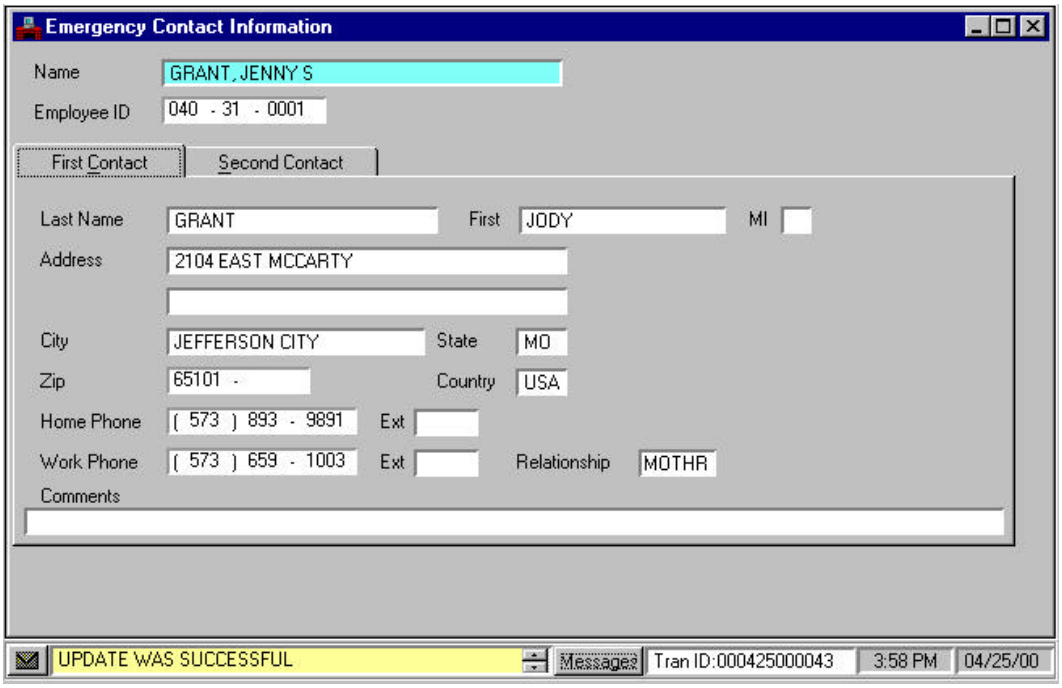
WORK PHONE – Conditional. Entry in this field is required if the Home Phone field is left blank. Enter the work telephone number (area and number) of the first emergency contact.

EXT - Optional. Enter the four digit phone number extension.

RELATIONSHIP - Optional. Enter the appropriate code to indicate the relationship of the employee to the emergency contact. Valid values are located on the Relationship (RELT) window.

COMMENTS - Optional. Enter any comments you may have.

PROCESS AND UPDATE EMERGENCY CONTACT INFORMATION (EMER)



NOTES

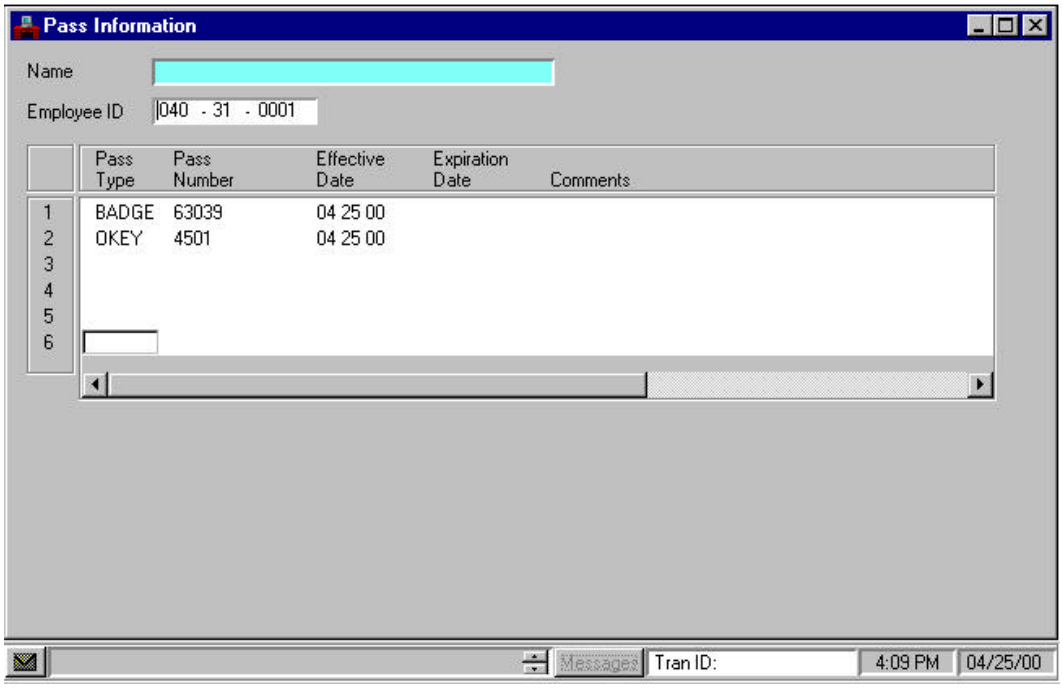
PROCESS AND UPDATE EMERGENCY CONTACT INFORMATION (EMER)

You have completed entering the field information for the EMER and it is time to update the transaction.

Select **Process: Update.**

If the transaction contains errors, messages will appear specifying the errors. You would need to correct the errors and select **Process: Update.** If your transaction is free of errors, a message will appear in the yellow message bar at the bottom of the transaction window telling you that the update was successful.

PASS INFORMATION (PASS)



NOTES

PASS INFORMATION (PASS)

The Employment Status Maintenance (ESMT) transaction must be completed, approved and accepted by the system before the PASS transaction can be completed.

The PASS is an optional transaction used to record information about passes issued to employees to access certain facilities. Sometimes Jenny likes to come in early in the morning before the rest of her co-workers. Jenny will receive an employee ID badge and an office key.

Step 1 To open PASS from the SAM II Desktop Navigator window, click on the Go To icon. Type PASS in the "CODE". Click on the Open button.

Step 2 Populate the following fields on the PASS.

NAME - Inferred. The employee's full name (last name, first name, and middle initial) is displayed.

EMPLOYEE ID – Required. Enter the employee's social security number. **SEE STUDENT CARD**.

PASS TYPE – Required. Enter the type of pass issued. Valid values are located on the Pass Type (PSTP) window. Type **BADGE** for line one. Type **OKEY** for line two.

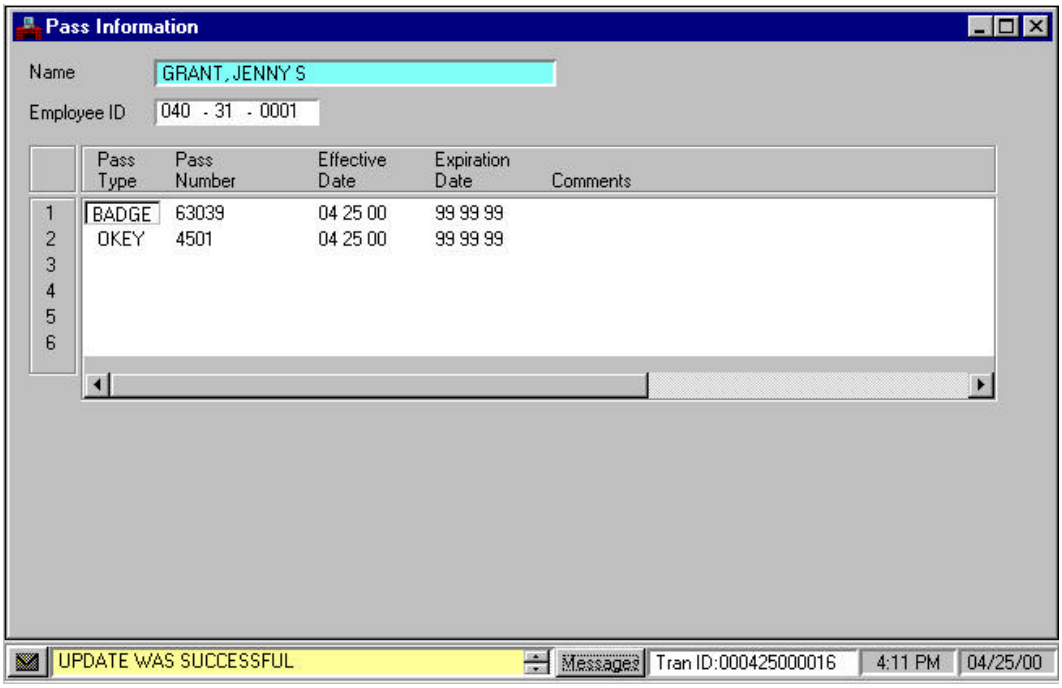
PASS NUMBER – Required. Enter the pass number. **SEE STUDENT CARD**.

EFFECTIVE DATE – Required. Enter the date (mm/dd/yy) the pass is effective. Type **TODAY'S DATE**.

EXPIRATION DATE – Optional. The default is 99/99/99. Enter the last date the pass is in effect.

COMMENTS – Optional. Enter any comments concerning the pass.

PROCESS AND UPDATE PASS INFORMATION (PASS)



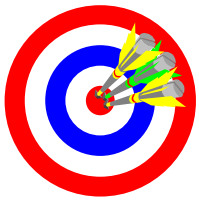
NOTES

PROCESS AND UPDATE PASS INFORMATION (PASS)

You have completed entering the field information for the PASS and it is time to update the transaction.

Select **Process: Update.**

If the transaction contains errors, messages will appear specifying the errors. You would need to correct the errors and select **Process: Update.** If your transaction is free of errors, a message will appear in the yellow message bar at the bottom of the transaction window telling you that the update was successful.



ACTIVITY

David is being assigned temporarily to the SAM II Project team. David's pay needs to be attributed to the correct accounting distribution. How would you ensure that this happens?

EXERCISE

Now that you are familiar with additional transactions, you will complete the ADDR, ATTR, AGYS, LCNS, EMER and PASS to enter Carla J. Benson into the system, using information from the scenario below.

Employee ID	See student card
Effective Date	Today's Date
Birthdate	August 6, 1969
Home/Mailing Address	1800 Keene Street, Columbia, MO 65203
Ethnicity	Black
County	019
Employee's Phone Number	573-562-9117
Gender	Female
Citizenship Status	Natural Citizen
Pay Location	TA7RH0
Check Distribution	Home
Education at Appointment	Bachelor’s degree in Nursing (Completed 1992, Kentucky State University)
Home Organization	MI00
License/Certification Type	Line 1 - CPR and First Responder (CPR1S) Line 2 - Certified Registered Nurse (RN)
License/Certificate Number	Line 1 - 9800 Line 2 - MO-99-02
LCNS Effective Date	Line 1 - March 1, 1997 Line 2 - February 1, 1999

Carla has designated her mother, Gloria Benson, as her contact in case of emergency. Her mother’s address is 1111 Quick Street; Jefferson City, MO 65101; work phone number is (573) 884-2077; her home number is (573) 884-9402.

Carla will receive an employee ID badge and a parking lot pass today (See Student Card).

NOTES