



Introduction

Purpose of this document is to provide you a general guideline for using new employee self-service (ESS) portal. With new ESS you will be able to view paystub, time statement, W2's, enrolled benefit plans and personnel profile.

System Requirements

Following is the supported configuration

	Browser
Windows	IE version 10.0.9
	Chrome version 56
	Firefox version 51
MAC	Safari version 10.0.2

For Windows we recommend using Internet Explorer and for Mac we recommend using Safari. For security reasons please log off and close all your browser windows when you are done.

Technical Assistance

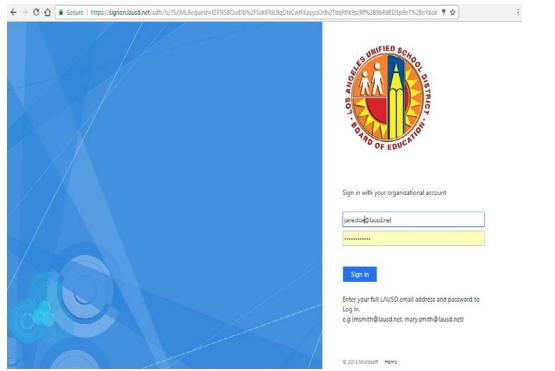
Please contact the ITD-Helpdesk at (213) 241-5200 or send an email to ess@lausd.net

Details

Type the following URL <u>https://ESS.lausd.net</u> in your browser to access new ESS, you will see a login screen.



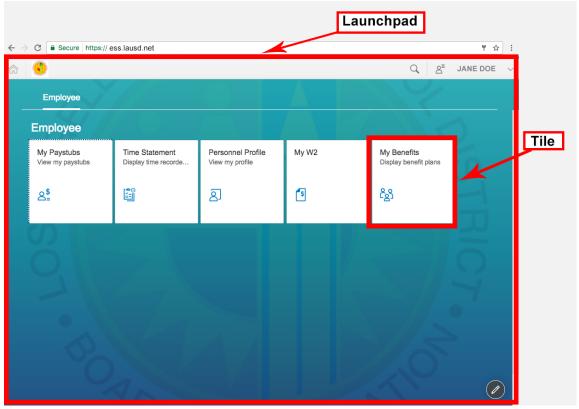




Enter your LAUSD email address and password, then click Sign in.





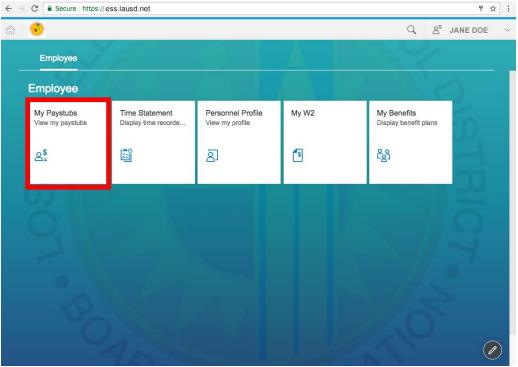


Each tile indicates an application.





My Paystubs



To view your paystubs, click My Paystubs tile.





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Paystubs (148)	Paystub
iearch Q C	
2/28/2017 legular payroll run 2/01/2017 - 02/28/2017	Payroll Period: February 1, 2017 - February 28, 2017 Pay Date: February 28, 2017
1/31/2017	Employee Statement of Earnings - Payroll Help: (213)241-2570 or payrollsupportFlausd.net Tax Exemptions
legular payroll run 1/01/2017 - 01/31/2017	Name EE ID Payroll Period Pay bate Payroll Payment PS-Area PED / M / Exemptions = 03 DOE, JANE 9999999 62/01/17 To:92/28/17 03/03/17 Cert UT CA / M / Exemptions = 03
	Payments Per End SB PS-Grp PL PERNR Cost Ctr Rate Hours Gross Leave HRS
2/30/2016 agular payroll run //01/2016 - 12/31/2016	Negular Time Pay 02/26/17 C 27 08 0999999 01276701 33.00 Nail Pay Tilness 43.20 Regular Time Pay 02/26/17 C 2 08 0999999 01276701 33.00 Nail Pay Tilness 538.00 Regular Time Pay 02/26/17 C 2 08 0090999 01276701 57.00 Nail Pay Tilness 538.00 C-Basis Salacy 02/26/17 C 2 08 000000 01276701 3,002.58 Late Scatter Spreed 02/26/17 C 2 08 0000000 01276701 3,002.58
1/30/2016	Late Starter Spread 02/28/17 C 27 08 1000000 01276701 134.67 District Paid Benefits Holiday Pay 02/28/17 C 27 08 0909999 01276701 3.00 Holiday Pay 02/28/17 C 27 08 1000000 01276701 3.00 Holiday Pay 02/28/17 C 7 08 1000000 01276701 3.00
egular payroll run 1/01/2016 - 11/30/2016	Full pay Illness 02/28/17 C 27 08 0999999 01276701 9.00 DeltaCare PMI (1) ER 27.24 Full pay Illness 02/28/17 C 27 08 1000000 01276701 9.00 VSP(N) ER 7.42 Employee Datic Life 0.18 District Paid STRS 622,91 622,91 622,91 622,91 622,91 623,91 642,
0/31/2016 equilar payroli run	

The screen is divided into two sections. Left side of the screen displays a list of pay dates. Right side of the screen displays the paystub. Latest pay date is displayed on top. To view additional paystubs you can scroll down the list and click more. To view a paystub, click pay date.

To view the entire paystub, click on Open as PDF button. It displays the paystub in new window.





Employee Statement of	E Earnings	- Payroll	Help:	(213) 241-2	2570 or payr	collsupport@1	ausd.net		Tax Exemptions
Name DOE, JANE		EE ID I	ayrol	l Period		Date Payroll		S-Area UT	FED / M / Exemptions = 03 CA / M / Exemptions = 03
Payments	Per End	SB PS-Grp	PL	PERNR	Cost Ctr	Rate Ho	urs (iross	Leave HRS
CURRENT PAY Regular Time Pay Regular Time Pay C-Basis Salary Late Starter Spread Late Starter Spread Boliday Pay Roliday Pay Full pay Illness Full pay Illness		C 27 C 27 C 27 C 27 C 27 C 27 C 27 C 27	80 08 08 08 08 08 08 08	0999999 1000000 0999999 1000000 0999999 1000000 0999999 1000000	01276701 01276701 01276701 01276701 01276701 01276701 01276701 01276701	57	2,0	02.58 98.67 92.68 34.67	Full Pay Illness 43.20 Half Pay Illness 538.80 District Paid Benefits Anthem EFO-Active ER 1,181.47 DeltaCare PMI (I) ER 27.24 Employee Basic Life 1.18 District Paid STRS 682.91
									Annualized Status Earned Amt 36,696,31 Paid Amt 37,400.08 Difference 703.77

You can save or print paystub.





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Paystubs (1)	Paystub
5/17] (S) Q * REFRESH 1/05/2017	Payroll Period: December 1, 2016 - December 31, 2016 Pay Date: January 5, 2017
egular payroll run	
egular payroll run /01/2016 - 12/31/2016	Employee Statement of Earnings - Payroll Help: (213)241-2570 or payrollsupport@lausd.net Tax Exemptions Name EE ID Payroll Period Pay Date Payroll Payment FED / M / Exemptions = 03 DOE, JANE 5959599 12/01/16 To:12/31/16 01/05/17 Cert UT CA / M / Exemptions = 03 Payments Per End SB PS-Grp PL PERNR Cost Ctr Rate Hours Gross Leave HRS

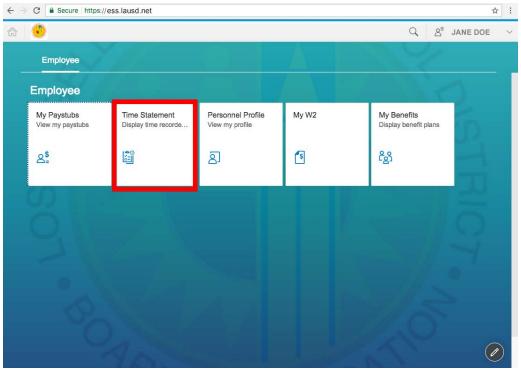
You can search for paystub by typing the pay date (mm/dd/yyyy) in search area.

Click 🙆 to go back to Launchpad.





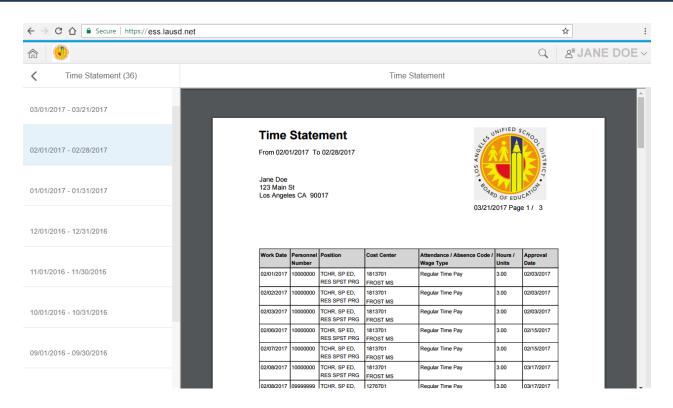
Time Statement



To view your time statement, click Time Statement tile.







The screen is divided into two sections. Left side of the screen displays a list of months. Right side of the screen displays the time statement. Latest month is displayed on top. To view additional months you can scroll down the list. Up to last 36 months of time statements can be viewed. To view a time statement, click month.

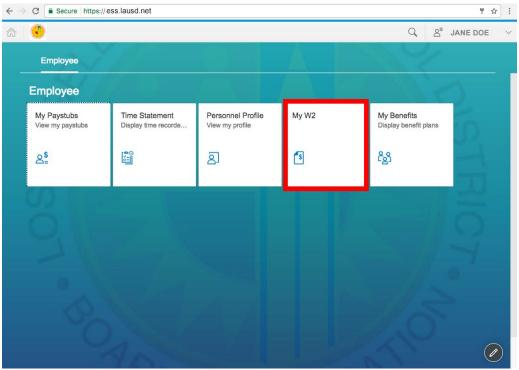
You can save or print time statement.

Click 🍙 to go back to Launchpad.





My W2



To view your W2's, click My W2 tile.





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< W2s (5)	W2s
2016	
2015	
2014	Prom W-2 Wage and Tax Statement 2016 7 Scoll scortly tos 10 Scoll scortly tos 9,900 10 Scoll scortly wages 4 Scoll scortly wages 4 Scoll scortly wages
2013	LOS ANGELES UNIFIED SCHOOL DISTRICT ACCOUNTING & DISBURSEMENTS DIVISION PAYROLL ADMINISTRATION BRANCH P.O. BOX 51307, TERMINAL ANNEX LOS ANGELES, CA 90051-1307
2012	e Employer's name, address and 2P code 99999 5Employer derification number (EN) 120 120 120 120 120 120 120 120 120 120
	IS State Employer state ID Inc. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 28 Locality ranne 800-9074-9 CA 8.049.94 547.72 Copy B To Be Filed With Employee's FEDERAL Tax Return . This education is two the theread ferrors decread. Dept. of the Treasury - IRS
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The screen is divided into two sections. Left side of the screen displays a list of years. Right side of the screen displays the W2. The last 5 years of W2's can be viewed. To view a W2, click on the year of your interest.

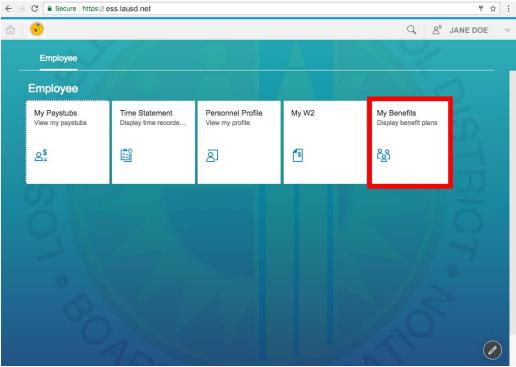
You can save or print W2.

Click 🕋 to go back to Launchpad.





My Benefits



To view benefit plans you are enrolled in, click My Benefits tile.





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K Benefits (5)	Benefit
Search Q As of 03/21/2017	Medical Plan EE + Family
HEALTH (3)	Anthem Blue Cross EPO
Medical Plan Anthem Blue Cross EPO	Participation Period: 01/01/2017 - 12/31/9999 Benefits enrollment is based on eligibility requirements, such as, work assignment and pay status, and is subject to change.
Dental Plan DeltaCare USA DHMO	
Vision Plan VSP	Payroll Frequency: Monthly Employer Cost: 1,181.47 USD
LIFE INSURANCE (1)	Dependent Coverage
Basic Life Ins. EE Basic Life	John Smith (Spouse)
SAVINGS	Joe Smith (Child)
Retirement Sav STRS Retirement	

The screen is divided into two sections. Left side of the screen displays a list of plans. Right side of the screen displays the plan details. You can view plan details of your health, life insurance, savings and flexible spending accounts. The scroll bar on the left allows you to see all of your enrolled plans. To view plan details, click on the plan.

The cost for your coverage is shown. You can also view dependents enrolled in your plan.



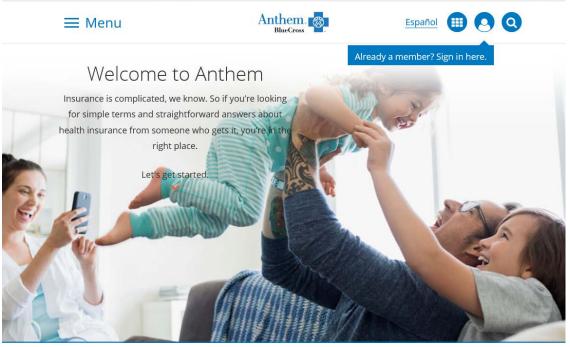


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K Benefits (5)		Benefit
Search Q As of 03/21/2017 HEALTH (3)	0	Medical Plan EE + Family
Medical Plan Anthem Blue Cross EPO		Anthem Blue Cross EPO Participation Period: 01/01/2017 - 12/31/9999 Benefits enrollment is based on eligibility requirements, such as, work assignment and pay status, and is subject to change.
Dental Plan DeltaCare USA DHMO		(i) 🖉
Vision Plan _{VSP}		Anthem Blue Cross EPO
LIFE INSURANCE (1)		
Basic Life Ins. EE Basic Life		
SAVINGS		
Retirement Sav STRS Retirement		
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To access provider website, you can click 🥝 and click the link displayed. A new window opens for the provider website.







Go back to the previous screen by closing this window.

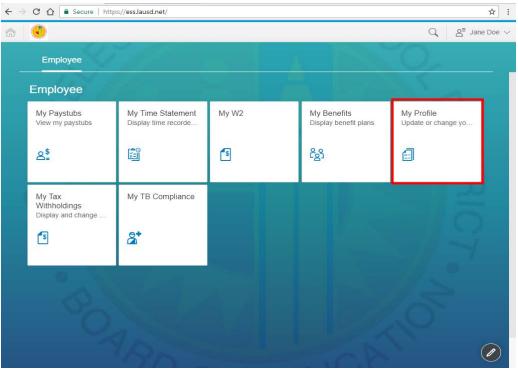
<u>ଲ</u> ୍ଗ		4 8	JANE DOE V
K Benefits (5)		Benefit	
Search As of 03/21/2017 HEALTH (3)	Q () 111	Medical Plan Anthem Blue Cross EPO	EE + Family
Medical Plan Anthem Blue Cross EPO		Participation Period: 01/01/2017 - 12/31/9999 Benefits enrollment is based on eligibility requirements, such as, work assignment and pay status, and is subject to change.	
Dental Plan DeltaCare USA DHMO		(i) 🖉	
Vision Plan		∂ Anthem Blue Cross EPO	
LIFE INSURANCE (1)			
Basic Life Ins. EE Basic Life			
SAVINGS			
Retirement Sav STRS Retirement			
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My Profile



To view your profile, click My Profile tile.





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< Address	Address
REFRESH Permanent Address 123 Main St Emergency Contact Information + Additional Emergency Contact Information	Permanent Address I Any changes will be effective from 08/18/2017
+ Doctor's Information +	Street: 123 Main St City: Los Angeles State: California Postal Code / Country: 90017 US Cell Phone: Home Phone: (123)123-1234 Work Phone:
	Edit

The screen is divided into two sections. Left side of the screen displays overview of my profile which includes Permanent Address, Emergency Contact Information, Additional Emergency Contact Information and Doctor's Information and the right side of the screen displays in detail. To view permanent address in detail section click Permanent Address, similarly click respective record to view in detail section.







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< Address	Address
REFRESH Permanent Address 1234 Main St Emergency Contact Information + Additional Emergency Contact Information + Doctor's Information +	Permanent Address
	Eat

To change the address click Edit.

If the relavant address is not in the system click + to create address.





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< Address	Permanent Address					
C REFRESH Permanent Address	Any changes will be effective from 08/25/2017					
1234 Main St	I Home Phone or Cell Phone are required.					
Emergency Contact Information	*Street: †234 Main St *City: Los Angeles *State: California *Postal Code / Country: 90001 US					
+	Cell Phone: Home Phone: (213)213-2132 Work Phone:					
	Save Cancel					

Notice the effective date of this modification in the message section on top and if there is no related message then changes are effective immediately.

Modify the information as needed.

Click Save.





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C REFRESH						
Permanent Address	Permanent Address					
1234 Main St						
Valid from 08/25/2017 123 Main St						
Emergency Contact Information						
+	Street: 123 Main St City: Los Angeles State: California					
Additional Emergency Contact Information	Postal Code / Country: 90001 US Cell Phone:					
+	Home Phone: (213)213-2132 Work Phone:					
Doctor's Information						
+						
			Edit			

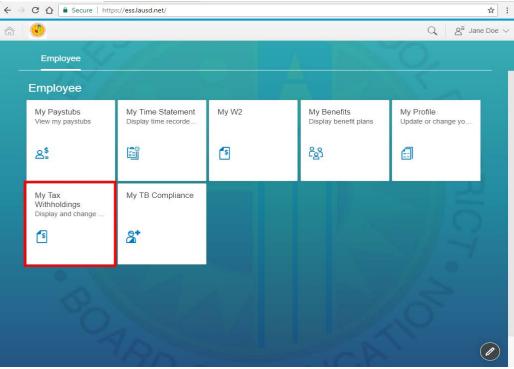
Select the latest record to verify your changes.

Click 🗇 to go back to Launchpad.





My Tax Withholdings



To view your tax withholdings, click My Tax Withholdings tile.





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X Tax Withholdings	Tax Withholding	
REFRESH California Married 04 Federal Married 03	Image: California Image: California <t< td=""><td></td></t<>	
		Edit

The screen is divided into two sections. Left side of the screen displays overview of tax withholdings which include California withholdings and Federal withholdings and right side of the screen displays the withholding information in detail section. To view California withholdings click under California and to view Federal withholdings click under Federal.





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	Q	A [≡] Jane Doe	\sim
X Tax Withholdings	Tax Withholding		
California Married Federal Married	California		
03	Any changes will be effective in the paycheck received after 08/22/2017 Tax Authority: CA No. of Exemptions: 04 Additional Withholding: 4.00 USD Filing Status: Married Tax Exempt Indicator: Not Exempt		
			dit

To change the withholding click Edit.

Review W4/DE4 information window is displayed. Review the displayed PDF.

If the record is not in the system click + to create.





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☆ 🕔 –			Q	g [≡] Jane Doe ∨
Tax Withholding	Review W4/DE	E4 information		
Plea	ise review the provided PDF document from C	A regarding your DE4 before continuing		
California	Employment Development State of California	This form can be used to manually compute your withholding allowances, or you can electronically compute them at www.taxes.ca.gov/de4.pdf.		
Married	EMPLOYEE'S WITHHOLDING	ALLOWANCE CERTIFICATE		
04	Type or Print Your Full Name	Your Social Security Number		
Federal	Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances SING 3 For AANRIED (with two or more incomes)		
	City, State, and ZIP Code	MARRED (one income) HEAD OF HOUSEHOLD		
Married	1. Number of allowances for Regular Withholding Allowances, Workshert Λ			
03	Number of allowances from the Estimated Deductions, Worksheet B Total Number of Allowances (A + B) when using the California Withholding Schedules for 2016		2017	
	OR 2. Additional amount of state income tax to be withheld each pay period (if er CM	nployer agrees), Worksheet C		
	 L cettify under penalty of perjury that I am not subject to California withhold the Service Member Civil Reliel Act, as amended by the Military Spouses Re- 	ding. I meet the conditions set forth under esidency Relief Act. (Check box here)		
	Under the penalties of perjury, I certify that the number of withhold number to which I am entitled or, if claiming exemption from withho	ing allowances claimed on this certificate does not exceed the olding, that I am entitled to claim the exempt status.		
	Signature	Date		
	Employer's Name and Address	California Employer Account Number		
	cuth	ere		
Case the top portion of this page to your employer and keep the remainder for your records.				
YOUR CALIFORNIA PERSONAL INCOME <u>TAX MAY BE UNDERWITHHELD</u> IF YOU DO NOT FILE THIS DE 4 FORM.				
IF YOU RELY ON THE FEDERAL FORM W-F FOR YOUR CALFORNIA WITHOLDING ALLOWARCES, YOUR CALFORNIA STATE PRESENTA INCOME TA MAY WILL INDEWITHINIDIA DATI YOU MAY OWN ADDAY THI IC NO OF HIN YAR.				
	PURPOSE: this certificate, D1 4, is for <u>California</u> Personal Income Tax (PIT) withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your	certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.		
	employer, to accurately reflect your state has withholding obligation. You should complete this form if either:	CHECK YOUR WITHHOLDING: After your Lorm W-4 and/or DE-1 takes effect, compare the state income tax withheld		
		Reviewed Cancel		
				Edit

Click Reviewed to move forward or Cancel to move back.





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X Tax Withholdings	California Tax Withholding		
C REFRESH California	Any changes will be effective in the paycheck received after 08/22/2017		
Married 04 Federal	Personal Data		
Married 03	First Name: Jane Middle Name: Last Name: Doe Initials:		
	Address Details Street: 123 Main St City: Los Angeles State: CA Postal Code: 90017		
	Update Tax Withholdings		
	Tax Authority: CA No. of Exemptions: 04		
	Additional Withholding: 4.00 USD		
	Save Cance	el	

Notice the effective date of this modification in the message on top.

Modify the information as needed, go through the declaration and select it. Click Save.





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X Tax Withholdings	Tax Withholding	
C REFRESH	California	
Married 04	(i)	
Valid from 08/22/2017 Married 05	Tax Authority: CA	
Federal Married 03	No. of Exemptions: 05 Additional Withholding: 4.00 USD Filing Status: Married Tax Exempt Indicator: Not Exempt	
		Edit

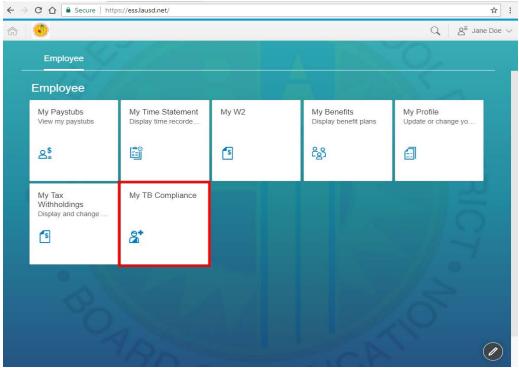
Select the latest record to verify your changes.

Click 🕋 to go back to Launchpad.





My TB Notifications



To view your TB notifications, click My TB Notifications tile.





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<	TB Compliance	
()		
Next TB Compliance Update is due: 08/22/2020		

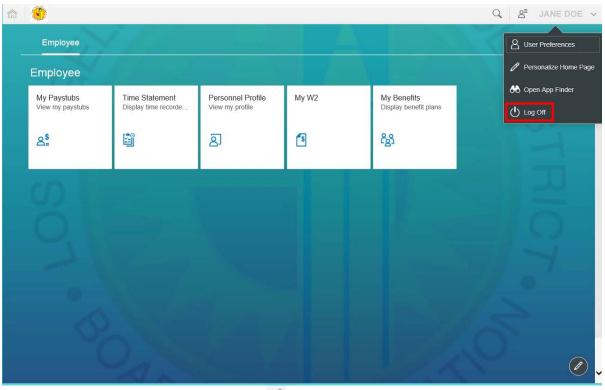
TB notification is displayed.

Click 🕋 to go back to Launchpad.





Conclusion



Log-out from the application by clicking ^a and click Log-Off.





Frequently Asked Questions

- 1. Is this application secured?
 - Yes, it is secured and only you can view your own information.
- 2. Can I save password on my browser?
 - Your browser may allow you to save password. However, for security reasons we do not recommend saving passwords.
- 3. What if I forget my password?
 - Call help desk at (213) 241-5200.
- 4. Can I view/obtain W2's older than 5 years?
 - No, please contact the Employee Service Center at (213) 241-6670.
- 5. Can I make changes to my health benefit plan(s)?
 - You may only view your current plan enrollment(s). IRS rules do not allow plan participants to make election changes except during the Annual Benefits Enrollment period. However, the IRS does permit a participant to make a change in the middle of the year when certain major life events take place. Please contact Benefits Administration at (213) 241-4262 or visit their website at http://benefits.lausd.net for more information.
- 6. Can I add or remove dependents?
 - You may only view your currently enrolled dependents. To remove or add eligible dependents from your health benefit coverage, complete the "Change of Dependent Status" form and submit to Benefits Administration. The form can be found on their website at <u>http://benefits.lausd.net</u>.
- 7. If I have any questions regarding my health benefits coverage, who may I contact?
 - You may call Benefits Administration at (213) 241-4262 or send an email to <u>benefits@lausd.net</u>.
 You may also visit their website at <u>http://benefits.lausd.net</u> for more information.
- 8. What if I have questions related to paystub?

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- You can contact payroll support services at (213) 241-2570 or email payrollsupport@lausd.net
- 9. What if I only see
 - It indicates that the browser you are using is not supported. Please use one of the recommended browsers.