



UNM

HR Process Improvement Forums

March 10 & 12, 2015

Agenda

- HR Division Updates
- HR Staff Updates
- OEO – Changes to UNMJobs Report
- Job End Date Project
- New Term Extension EPAFs
- Benefits Update
- “Walk Out of Work Wednesday”
- SRS – Workers Comp Process

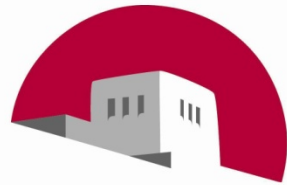


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*Division of
Human Resources*

HR Division Updates

LaTrenia McDaniel
Strategic Support Manager



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HR Staff Updates

LaTrenia McDaniel
Strategic Support Manager

Welcome

- Herman Rodriguez
 - Benefits Data Manager
- Kristin Simmons
 - Staff Recruitment Specialist

Congratulations

- Debi Garcia
 - Sr. HR Transaction Center Rep
 - Leading the Main Campus SSC



Office of Equal Opportunity

EEO Reports

UNMJobs

Heather Cowan
Compliance Manager

Regulatory Updates

- Executive Order 11246
- VEVRAA
- Section 503 of the Rehabilitation Act of the ADA

Applicant Demographics

- Have long collected gender and race/ethnicity data on job applicants
- Now collecting disability and veteran status data

EEO Reports

- Only *aggregate* demographic data on applicants
 - Use to assess outreach and recruitment efforts
 - Did you get a diverse pool?
- Demographic data will be only be visible for *Finalists*

EEO Reports

- Exceptions for the following user roles:
 - EMPLOYMENT AREAS
 - OEO
 - SEARCH COORDINATORS
 - To share with hiring official and search committee only
 - For “second look”

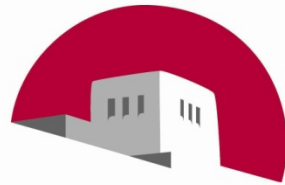
Questions?

Office of Equal Opportunity

505-277-5251

oeounm@unm.edu

<http://www.unm.edu/~oeounm>



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Job End Date Project

Jack Srouji
HR Consulting Group Manager

Salary Planner Information

Human Resources

Term Appointments

- Effective March 12, 2015, there will be no job end dates loaded in Banner. For Exempt employees, the hard end dates will be on Default Earnings which will ensure the employee does not get overpaid. Non Exempt employees will not have end dates on the default earnings because of positive time entry.
- All job end dates in Banner will be removed behind the scenes and no action is required from departments. Contract Begin and Contract End Dates will be populated in Banner. Additionally, the Default Earnings will be populated behind the scene for all Exempt employees.
- Regardless if the job is extended past 6/30/2015, it will load in Salary Planner. Therefore, departments could work on the job and the position at the same time.
- Departments no longer have to call in to remove future dated records in order to process EPAFs.
- Term Extension EPAFs will be updated to capture enhancements
- Email notifications and reports will remain the same

ID:

Query Date:

Position	Suffix	Begin Date	End Date	Job Type
>> <input type="text" value="01"/>	<input type="text" value="00"/>	<input type="text" value="01-JUL-2013"/>	<input type="text"/>	<input type="text" value="Primary"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Effective Date	Job Status	Description	Employee Class	Pay ID	COA	Organization	Job Change Reason	Employer
<input type="text" value="01-JAN-2015"/>	<input type="text" value="Active"/>	<input type="text" value="HS/Associate Scientist 1"/>	<input type="text" value="SE"/>	<input type="text" value="5R"/>	<input type="text" value="U"/>	<input type="text" value="4"/>	<input type="text" value="JBEXT"/>	<input type="text" value="UNM"/>
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 **No Hard End Date**

ID:

Position: S06756 Suffix: 00

Last Paid Date: 31-JAN-2015

Query Date: 03-MAR-2015

- Base Job
- Job Detail
- Payroll Default
- Deferred Pay
- Miscellaneous
- Excluded Deductions/Benefits
- Default Earnings
- Work Schedules
- Job Labor Distribution

Begin Date: 01-JUL-2013 End Date: Job Type: Primary

 **No Hard End Date**

IPEDS Reporting Indicator

COA: U Accrue Leave Civil Service

Probationary Data

Probationary Period: 1

Probationary Begin Date: 01-JUL-2013

Probationary End Date: 12-AUG-2013

Contract Information

Start Date: 01-JUL-2013

End Date: 30-JUN-2015

Total Contract Hours:



Salary Encumbrance

Total Encumbrance Hours:	<input type="text"/>
Current Fiscal Year:	27,333.28
Future Years:	0.00
Total Encumbrance:	27,333.28

Fringe Encumbrance

Current Fiscal Year:	0.00
Future Years:	0.00
Total Encumbrance:	0.00

ID: [] Position: [] Suffix: 00

Last Paid Date: 31-JAN-2015 Query Date: 03-MAR-2015

Base Job Job Detail Payroll Default Deferred Pay Miscellaneous Excluded Deductions Benefits Default Earnings Work Schedules Job Labor Distribution

Query Date: 01-JUL-2014

Effective Date	Earnings Code	Hours or Units	Deemed	Special Rate	Shift	Ended as of Date
01-JUL-2014	010 Regular Base Pay	173.33			1	01-JUL-2015

End date on Default Earnings is one day after the term end date



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Term Extension EPAFs

Jack Srouji
HR Consulting Group Manager

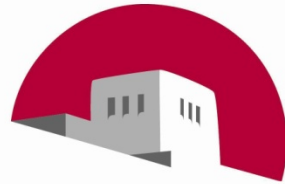
Contact/Questions

Jack Srouji

HR Consulting Manager

Phone: 277-5805

Email: jsrouji@unm.edu



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Benefits Updates March 2015



Updates from UNM Benefits

- Open Enrollment
- UNM Dependent Verification Audit
- LWOP Benefits (Refresher)

Open Enrollment

- Tentative dates for Open Enrollment:
Wednesday, April 29 – Wednesday, May 13, 2015
- As Open Enrollment information becomes available, it will be announced via: HR Newsletter, a home mailing, HR/Benefits email, and future HRPI meetings.
- Employee are reminded to start looking at their current enrollment for this once-a-year opportunity to make changes to their benefits.

UNM Dependent Verification Audit

- UNM is partnering with Aon Hewitt Dependent Verification Services to verify eligibility for dependents enrolled in the UNM Medical Plan.
- As a public employer, this is a fiscally responsible administration activity. Studies indicate that 5% - 15% of dependents on employer plans no longer meet the eligibility requirements.
- AON Hewitt communications will be mailed to employees' homes starting in April. Employees may call the 1-800 number to ask questions about the process and seek assistance in Spanish or other languages.
- All benefits-eligible employees will be asked to take an active role in the verification process by providing documents to AON to validate the eligibility of their covered dependents.
- Best information resource is to call the AON 1-800 number or visit the AON website provided in the AON Hewitt home mailing.

LWOP Benefits (Refresher)

- Benefits-eligible employees on Leave WithOut Pay (LWOP) enrolled in UNM benefits will see their benefits continue, and they will be billed via the UNM Bursar's office for their portion of the monthly premiums owed. UNM continues to pay the Employer portion.
- Employees on LWOP may prospectively cancel UNM benefits while on LWOP, cancelling coverage online via LoboWeb online. Please encourage employees with benefit questions to call HR Benefits at 277-MyHR(6947).
- University Administrative Policy 3600, Eligibility for Employee, Retiree, and Dependent Benefit Plans, section 6 covers employee benefit options while on LWOP. Includes cancelling and 31 day re-enrollment benefit period upon return from LWOP.

Questions?

Contact:

UNM Human Resources Benefits Office

Phone: 505-277-MyHR(6947)

Email: HRBenefits@unm.edu

Benefit Website: <http://hr.unm.edu/>



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“Walk Out of Work Wednesday”

Vanessa Roybal
Health Education Support
Coordinator

Walk Out of Work Wednesday April 1, 2015

- Employee Health Promotion and Healthy U Wellness Committee sponsored walking groups
- Walking coordinators/Volunteers Needed
- Various locations and times around campus
- Stickers for participants that take part in a volunteer-led walk
- EHP will promote on social media

Questions?

Contact:

Employee Health Promotion

Phone: 505-272-4460

Email: ehp@unm.edu



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SAFETY & RISK SERVICES



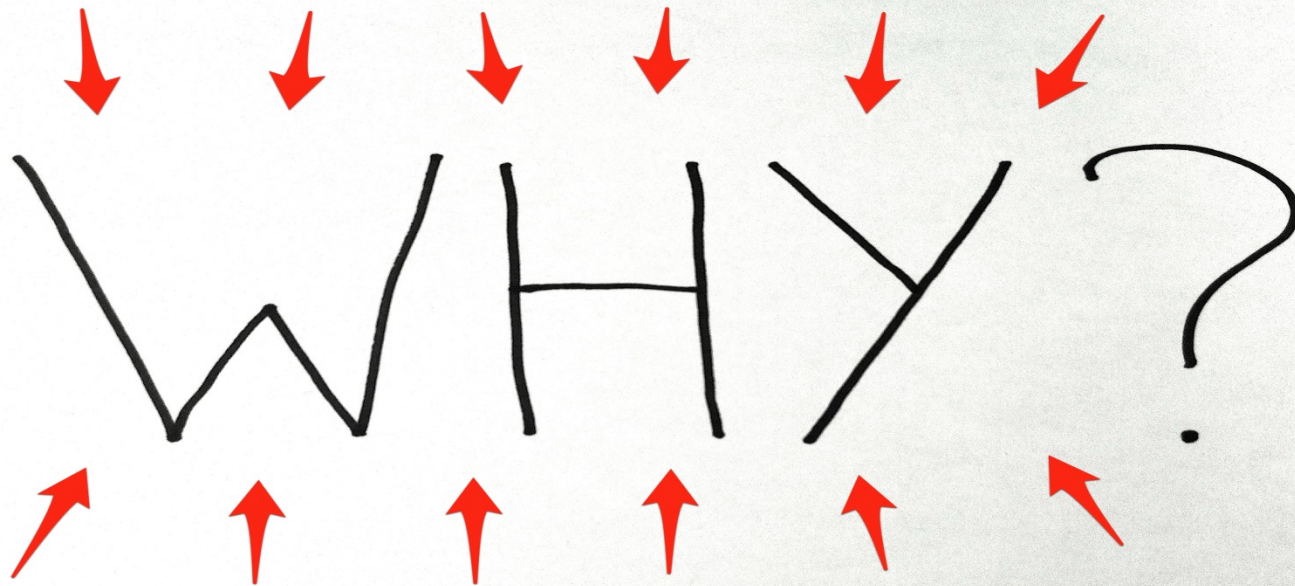
ACCIDENT REPORTING TRAINING

Miguel Delgado
Claim Specialist
Safety and Risk Services

Purpose of the Training

To educate management, supervisors, and employees of the proper policies and procedures to follow in regards to work-related accidents.

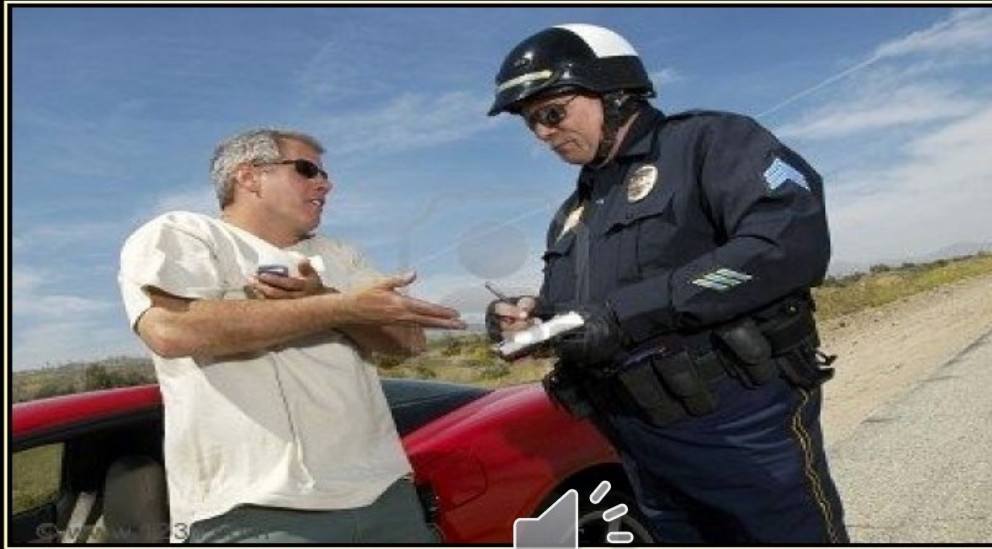




WHY?

A photograph of a whiteboard with the word "WHY?" written in black marker. Red arrows point to each letter: W, H, Y, and the question mark. There are six arrows pointing down to the top of the letters and six arrows pointing up to the bottom of the letters. The word is written in a simple, hand-drawn style.

**WHY IS IT IMPORTANT TO
PROPERLY REPORT WORK-
RELATED ACCIDENTS?**

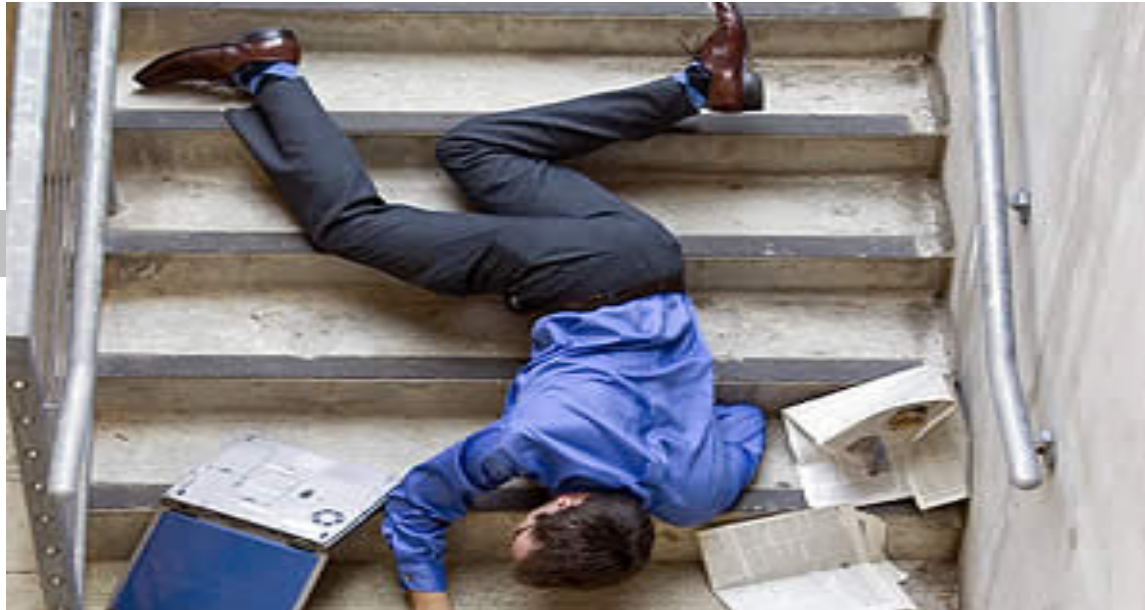


BREAKING THE LAW

But Officer, I don't like to think of laws as rules you have to follow, but more as suggestions...

1- It's the Law

New Mexico Workers' Compensation Administration – We can be fined for not correctly reporting Work-Related Accidents.



2 - To Protect the Injured Worker

Properly reporting Work-Related Accidents protects the Injured Worker and preserves their rights under the New Mexico Workers' Compensation Act.

3 - To Ensure a Smooth Workers' Compensation Process



REPORTING PROCEDURES

1. All work-related accidents and/or illnesses must be reported to the employee's immediate supervisor.

(UNM Administrative Policy 3630 4.1)

Example: I am walking back to my office from the bathroom when I slip on a banana peel and fall down. I'm a little bit embarrassed, but I think I'm okay.



WHAT SHOULD I DO?

Should I tell anyone?

Should I just wait to see how I feel tomorrow or how I feel in a few days?

- **I should report the incident to my immediate supervisor.**
- **Make it a point to remind Employees of this requirement.**

SO WHERE DO WE GO NEXT?



There are **TWO** possible actions to take once the employee has notified their supervisor of a work-related accident or illness.

WHY IS THAT?

Because you have **TWO** types of incidents

INCIDENT TYPE #1 – No formal medical treatment is needed or planned.

INCIDENT TYPE #2 – Formal medical treatment is needed or planned.

2. All work-related accidents NOT requiring formal Medical Treatment are to be documented by having the employee complete a Notice of Accident Form as soon as possible, but no later than fifteen (15) days after the injury occurs.

(UNM Administrative Policy 3630 4.1.1)

- What is the formal method of reporting incidents not requiring formal Medical Treatment?
- **NOA Form – Notice of Accident**
- By law, NOA forms have to be posted in a prominent location in each place of employment.

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____, on _____, 20____.
por enfermedad de oficio aproximadamente (time/la(s) hora(s)) el (date/fecha) del 20____.

Employee's social security number: _____ Where did the accident occur? _____
Número de seguro social del empleado: _____ ¿Dónde ocurrió el accidente? _____

What happened? _____
¿Qué ocurrió? _____

To be completed by Employer: Completado por el empleador: If Yes, Employer has right to change health care provider after 60 days. En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.	Worker will choose health care provider. Yes ___ No ___ Trabajador elegir proveedor de atención médica. If No, Worker has the right to change health care provider after 60 days. En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.
WORKER MUST INITIAL _____	INICIALES DEL TRABAJADOR _____

Signed: _____ Signed/Notice Received: _____
Firma: (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)
Date/Fecha: _____ Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Worker –
For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador
Para emergencias médicas vaya a cualquier clínica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia
1-866-WORKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965 Las Vegas: (505) 454-9251 - 1 (800) 281-7889 Santa Fe: (505) 476-7381
Farmington: (505) 599-9746 - 1 (800) 568-7310 Lovington: (575) 396-3437 - 1 (800) 934-2450 TDD for the deaf: (505) 841-6043
Las Cruces: (575) 524-6246 - 1 (800) 870-6826 Roswell: (575) 623-3997 - 1(866) 311-8587 www.workerscomp.state.nm.us

Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.

Form NOA-1-W (4/12)

KEY ITEMS TO REMEMBER ABOUT NOTICE OF ACCIDENT FORMS

- Both the Injured Worker and the Supervisor/University Representative must sign and date the form.
- The employee should receive a copy of the form once signed by the Supervisor.
- The form should be sent to Safety & Risk Services.
- The main purpose of the NOA is to preserve the rights of an injured worker under the NM Workers' Compensation Act.
- Completed NOA forms are sent to State of NM Risk Management Division so the incident/potential injury is documented.

Example #1 – Mike is lifting a heavy box of paper and feels a slight strain in his back. He thinks he is okay and decides to not mention it to anyone. About a month later, he notices that his back just hasn't felt right. He remembers how he tweaked it about a month before when moving a box of paper. He goes to his doctor and finds out that he has a herniated disc that is pressing on a nerve. He then reports this to his supervisor.



Example #2 – Mike is lifting a heavy box of paper and feels a slight strain in his back. He thinks he is okay **but decides to report the incident to his supervisor.** His supervisor has him complete a Notice of Accident Form and submits the form to SRS. About a month later, he notices that his back just hasn't felt right. He remembers how he tweaked it about a month before when moving a box of paper. He goes to the doctor and finds out that he has a herniated disc that is pressing on a nerve. He then reports this to his supervisor.

3. All work-related accidents requiring formal Medical Treatment need to be reported to the Department of Safety & Risk Services within 24 hours from the time the employee's supervisor was informed of the incident.
(UNM Administrative Policy 3630 4.1)

- What is the formal method of reporting those incidents?
- **E1.1- First Report of Accident Form**



THIS FORM TO BE COMPLETED BY EMPLOYEE AND HIS/HER SUPERVISOR

1. Name of Employer				2. Department Name			
3. Department Mailing Address				4. Department Phone#		5. Employee Work Phone #	
6. Name: Last		First		Middle	7. Male	Female	8. Social Security #
							9. Employee Home phone #
10. Home Address				11. City or Town		12. State	13. Zip Code
14. Date of Birth		15. Age	16. Marital Status				17. No. of children under 18 yrs.
			Married	Single/Divorced	Separated	Unknown	
18. Date Injured	19. No. of hours worked/day		20. No. of days worked/week		21. Normal starting time		22. Average earnings: hour week bi-week month year
					AM PM		\$ PER
23. Date of Injury	24. Time of Injury		25. First date unable to work		26. Was injured paid in full for this day?	27. Did injury occur on employer's premises?	
	AM PM				YES NO	YES NO	
28. Where did the accident, illness, or exposure occur?			29. City or Town		30. State	31. Zip Code	
32. Occupation when injured	33. Were these normal duties?			34. If no, describe normal duties			
	YES NO						
35. If occupational illness, date of diagnosis		36. Estimated time off work		37. Date employee returned to work		38. If fatal, date of death	
		From To					
39. Describe in detail how the injury/illness occurred and what the employee was doing when the injury/illness occurred.							
40. Identify objects/substances which directly injured the employee (e.g. machine, vapor, poison, radiation, chemical, etc.)							
41. Describe the nature of the injury or disease in detail and indicate the part of the body affected (e.g. amputation, broken bone, inhalation, etc.)							
42. Name, address and phone number of witness(es)							
43. Name & address of physician treating injury/illness				44. Name & address of hospital or facility where treated			

DO NOT WRITE IN THIS COLUMN

ORG CODE

JOB CODE

LOCATION CODE

ENTERED BY

DATE ENTERED

PLEASE COMPLETE REVERSE SIDE. FORM MUST BE COMPLETED ON BOTH SIDES.
FORM E1.1 REVISED 03/2012

Mailstop Code: MSC07 4100

KEY ITEMS TO REMEMBER ABOUT E1.1 FIRST REPORT OF ACCIDENT FORMS

- Form must be signed by both the Employee and Supervisor.
- Please have the Employee use their actual SSN#.
- Please indicate where Medical Treatment was sought or will be sought.
- If the Supervisor believes the claim may be a false claim, please still complete the E1.1 Form and then notify SRS directly of your concerns. We are required by law to file Workers' Compensation claims even if we have doubts about the legitimacy of the claim. SRS will pass any concerns/evidence along to the insurance company.



LET'S SUM IT UP

1. All Work-Related Accidents and/or Illnesses must be reported to the employee's immediate supervisor.
2. For accidents not requiring formal Medical Treatment, please have the employee complete a Notice of Accident Form.
3. For accidents requiring formal Medical Treatment, please have the employee complete a E1.1 First Report of Accident Form.



BIG MISTAKE

THE BIGGEST MISTAKES

1. Failure to complete required forms in a timely manner.
2. Incomplete forms/missing information.
3. Failure to notify SRS and Payroll if an employee has missed five (5) or more scheduled days of work due to a work-related injury. (UNM 3630 4.3) **If more than 7 calendar days are missed, then it becomes a LOST TIME claim.**
4. Failure to reach out to SRS and ask questions if unsure about the Workers' Compensation Process.



**KEEP
CALM
AND
ANY
QUESTIONS?**

Contact/Questions

Miguel Delgado

Claim Specialist

Safety and Risk Services

Phone: 277-0312

Email: mdelgado1@unm.edu