



HEART FOR PEOPLE – MIND FOR BUSINESS

ONLINE APPLICATION PORTAL TRAINING

Welcome to DVR TWE Participants on-line tools!

We value your partnership and your time, so we developed the portal to expedite start times by reducing the lead time to one week.

We have created solutions for you to electronically enter, share and access information on-demand while eliminating the hassle of paperwork, scans and emails.

Your portal includes:

- On-boarding Application Workflow and Electronic Documents
- Time Entry approval and entry options
- Access to pay stubs, W2s and pay history
- Assignment information including current and previous

Let's Start!

1. Go to www.dpsworks.com
2. Select the I AM A PARTNER tab on top.
3. Click on Apply Now.



The screenshot displays the website for Diversified Personnel Services (DPS), a division of Opportunities. The header includes the DPS logo, the text 'Diversified Personnel Services', and 'A DIVISION OF Opportunities'. A search bar with a 'GO' button and the phone number '800.314.4567' is located in the top right. The navigation menu features tabs for 'HOME', 'I AM A JOB SEEKER', 'I AM AN EMPLOYER', 'I AM A PARTNER' (highlighted in green), 'NEWS AND EVENTS', and 'CONTACT US'. Below the navigation, a breadcrumb trail reads 'Home > I AM A PARTNER'. The main content area is titled 'I AM A PARTNER' and contains three buttons: 'Employee Portal', 'Employer Portal', and 'DPS Professional Staffing'. Two red buttons, 'Partner Documents' and 'Apply Now', are prominently displayed. A teal arrow points from the 'I AM A PARTNER' navigation tab to the 'Apply Now' button. A text block below the buttons reads: 'Welcome! DPS is proud to have such extensive relationships with agencies throughout the state including the Division of Vocational Rehabilitation, Workforce Development Centers, the WIOA & WorkSmart Program, Job Service, Urban'. A small image of a group of people is visible at the bottom right of the text block.

Choose DWD/DVR
Consumers as your
nearest office

Input the first and last
name of the
participant/consumer
and the last six digits
of SSN

DPS
Diversified Personnel Services
A DIVISION OF Opportunities

Application Start Page

Please enter your name and last 6 digits of your social security number to see if we already have your file on record..

*Your Nearest Office:

*First Name:

*Middle Name:

*Last Name:

*Last 6 digits of SSN:

Next

If you are directed back to the login page this most likely means the participant has worked for Opportunities Inc. in the past

- Please email dvrpayroll@oppinc.com to have the password reset.
- You will then be able to login, go to Personal Info, then to Documents and upload the PO and TW Agreement

Returning Participants continued...

- Please be sure to update all contact methods, address and pay method
- If the participant claims exempt on the W4 it will need to be updated each calendar year. Otherwise, tax allowances can be changed at any time
- The Benefit Enrollment form needs to be filled out if it has been greater than 90 days since the participant last worked
- The I9 will need to be completed again if it has been more than 3 years since they last worked or if their List A or B document has expired since the previous TWE.

For new participants you will be asked to create a username and password and select and answer 2 security questions.

Please note that passwords require the following:

- at least eight characters
- one special character
- one capital letter
- one number

Please save the username and password as you and the participant will use the same information to login to complete the 2nd page of the I9 as well as future use to access pay information, time entry, W2, etc.

Next, you will be routed to the Resume tab. Upload the PO & TWA. If you have a work permit, schedule, List A document, or job description, please upload here as well.

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Resume Contact Info EDocuments EEO Submit Application

Resume

Please use the following options to upload your documents (Resume, Cover Letter, etc..) or copy paste your resume. If you don't have a Resume, click Next to move on the rest of the Application.

Upload Documents **Copy/Paste Resume**

Name	File Type	Upload	View Document	
██████████.PO.pdf	DVR TWE Agreement	Upload	View Document	
██████████.TWA.pdf	DVR TWE Agreement	Upload	View Document	

Next

Next, you will be routed to the Personal Information Tab. In addition to address, city, state and zip code, it is required to enter Provider Email, DVR Contact Email, Employer Email. ***It may be beneficial to exclude the site employer's email on the agreement if you plan to enter the time***

Resume	Contact Info	EDocuments	EEO	Submit Application
Personal Information				
Your Nearest Office:	DWD/DVR Consumers			
First Name:	Wiley	Email	<input checked="" type="checkbox"/>	<input type="text"/>
Middle Initial:		Provider Email	<input checked="" type="checkbox"/>	<input type="text" value="provider@provider.com"/>
Last Name:	Coyote	DVR Contact Email	<input checked="" type="checkbox"/>	<input type="text" value="dvr.contact@dwd.wisconsin.gov"/>
Maiden Name:		Emergency Contact	<input type="checkbox"/>	<input type="text"/>
Alias Names:		Employer Email	<input checked="" type="checkbox"/>	<input type="text" value="siteemployer@work.com"/>
Address:	200 E. Cramer St.	Cellular Service Provider	<input type="checkbox"/>	<input type="text" value="(920) 563-2437 x"/>
Address 2:				
City:	Fort Atkinson			
Country:	United States			
State:	WI			
Zip Code:	53538-			
*1 or more contact methods are required.				
<input type="button" value="Prev"/> <input type="button" value="Next"/>				

Next, you will be routed to the Edocs tab. Complete the required Edocs: I9, W4 & Benefit Enrollment (if they are waiving, they must select waivers and complete the document) Other Edocs are optional: Direct Deposit and the W4 WI. Required documents must be complete before moving forward. If a document is not complete, you will see the reason at the bottom of the document in red.

Resume	Contact Info	EDocuments	EEO	Submit Application
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[EDocuments](#)

Name	Status	Type	Date Submitted	PDF Date
Benefit Enrollment Form- MEC	Input	Optional		
Direct Deposit	Input	Optional		
I9 Form	Input	Required		
W4 Form	Input	Required		
W4 Wisconsin	Input	Required		

[Prev](#) [Next](#)

The Benefit Enrollment Form is required

SSN, DOB, gender, phone #, and choices of all three elections of benefits and/or the reason for waiving are required. The signature box will need to be checked and click Submit.

Employer: Opportunities, Inc		Group Number:	
Employee Information:			
First Name Wiley	Middle Name	Last Name Coyote	
Street Address (Include House # and Apartment #) 200 E. Cramer St.		City Fort Atkinson	State WI
Date of Birth 01/01/2001	Social Security # 123-34-5678	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Zip Code 53538
Dependents You Are Enrolling:			
Spouse Name	Social Security #	Date of Birth	Age
			Disabled? <input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Child Name	Social Security #	Date of Birth	Age
			Disabled? <input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Child Name	Social Security #	Date of Birth	Age
			Disabled? <input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Child Name	Social Security #	Date of Birth	Age
			Disabled? <input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Child Name	Social Security #	Date of Birth	Age
			Disabled? <input type="checkbox"/>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Medical Plan (Check the plan(s) you wish to enroll indemnity):		Optional Benefits (Check the plan(s) you wish to enroll indemnity):	
Basic Advantage Total & Essential Plans * <input type="checkbox"/> Employee Only \$16.55 <input type="checkbox"/> Employee + Spouse \$28.09 <input type="checkbox"/> Employee + One Child \$29.75 <input type="checkbox"/> Employee + Children \$32.01 <input type="checkbox"/> Employee + Family \$55.23 <input checked="" type="checkbox"/> Waive Coverage		Dental Insurance * <input type="checkbox"/> Employee Only \$4.45 <input type="checkbox"/> Employee + Family \$12.75 <input checked="" type="checkbox"/> Waive Coverage	
If you are waiving medical coverage, please indicate the reason: <input type="checkbox"/> I currently have insurance elsewhere, either through spouse or parent's health care plan. <input type="checkbox"/> I am covered through Medicare/Medicaid. <input checked="" type="checkbox"/> I am declining coverage for other reasons.		Term Life/STD Plans * <input type="checkbox"/> Employee Only \$4.25 <input type="checkbox"/> Employee + Family \$4.45 <input checked="" type="checkbox"/> Waive Coverage	
<small>The costs shown include Affordable Care Act taxes and fees that are in addition to the Essential plan's premium. STD coverage is only available for employees (no dependent coverage) and is not available for employees who work in CA, HI, IL, NY, RI or Puerto Rico. The weekly costs for Term Life only are \$0.75 for Employee Only, or \$0.25 for Employee + Family Coverage.</small>			
<small>There may be events that will allow you to enroll yourself and your eligible dependents outside of the Open Enrollment Period. Please ask your employer for a Life Event Change form which must be used for additions or changes to benefits (including Special Enrollments), outside of an Open Enrollment Period.</small>			
<small>You do have the option of a Minimum Essential Coverage only option for your medical benefits. If you'd like to take that option, please contact Employee Services for the appropriate benefit form.</small>			
<small>I wish to participate in the benefit plan(s) that I've selected above and I authorize my employer to deduct the required costs from my paycheck. Premiums for the Basic Advantage Total, Essential, Dental and Term Life plans are payroll deducted on a pre-tax basis. I understand and agree that any Term Life Plan benefits payable upon my death will be paid in equal shares to members of the first surviving beneficiary class, as follows: spouse; children; parents; brothers and sisters; or if none, then my estate.</small>			
Address of Dependent not living with you:			
First Name	Middle Initial	Last Name	
Mailing Address: Street	City	State	Zip
Employee Signature: <input checked="" type="checkbox"/> Electronic signature accepted*			Date: 05/19/2017

The direct deposit form is optional.

If the form is not filled out the employee will receive and be paid on a Global Cash Card. The online application portal does not require a voided check or bank letter to be uploaded, although we do recommend that you acquire one to enter the information accurately into the portal.

- On this form enter the SSN, enter the account type, bank name, routing #, account #, account type will be remaining and sequence is 1.
- The signature box will need to be checked and click Submit.

Direct Deposit

Direct Deposit Request

NOTE: TO USE THIS SERVICE YOU MUST HAVE AN ACTIVE ACCOUNT IN YOUR NAME AT A BANK OR CREDIT UNION.

Instructions:

1. Complete and sign the authorization agreement information section.
2. Complete the direct deposit section.
3. You may be required to provide a voided check to the Opportunities Inc/DPS. Deposit slips are Not acceptable.
4. Direct deposit will take effect the following week from the date this form is properly submitted.

Employee's Authorization Agreement

Name: Social security number: *

I hereby authorize Opportunities Inc/DPS to deposit any amounts owed to me by initiating credit entries to my account at the financial institution listed below. Further, I authorize the bank to accept and to credit any entries indicated by Opportunities Inc/DPS to my account. In the event Opportunities Inc/DPS should deposit funds into my account by error, I authorize Opportunities Inc/DPS to debit my account for an amount not to exceed the original amount of the erroneous credit. This authority is to remain in full force and effect until Opportunities Inc/DPS has received written notification from me of its termination in a manner and time that affords Opportunities Inc/DPS and the bank a reasonable opportunity to act on it.

TO SELECT A SINGLE DEPOSIT ACCOUNT, ENTER THE AMOUNT TYPE AS 'REMAINING AMOUNT' AND THE SEQUENCE AS '1'

Account Type *	Bank Name	Routing No.	Account No.	Amount Type *	Amount Per Check	Sequence
Checking <input type="checkbox"/>	Associated	075000000	12345678	Remaining Amount <input type="checkbox"/>	0	1
<input type="checkbox"/> -[Select]-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> -[Select]-	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> -[Select]-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> -[Select]-	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> -[Select]-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> -[Select]-	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> -[Select]-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> -[Select]-	<input type="text"/>	<input type="text"/>

Signature: By clicking on the check box, you are signing this document. * Date:

IMPORTANT NOTE: Opportunities Inc/DPS cannot guarantee that deposits will be credited at the same time each pay period. It is your responsibility to verify deposits and availability of funds with your bank. Opportunities Inc/DPS cannot be liable for your returned check charges.

NOTE : If you opt for direct deposit, 100% of your pay must be deposited. Paper checks cannot be issued in combination with direct deposit.
"If you don't enter the correct routing and/or account number, Opportunities Inc/DPS is not responsible for late/missing deposits."

Locating your routing number and accounting number on a check:

The diagram shows a check with the following fields: YOUR NAME (1234 Main Street, Anytown, OH 00000), DATE (123), PAY TO THE ORDER OF (\$), and DOLLARS. Below the check, three boxes are labeled: ROUTING NUMBER (00001234), ACCOUNT NUMBER (123456789), and CHECK NUMBER (123).

The I9 Form is required.

- The employee must fill out all fields of Section One (enter n/a into any blank fields)
- Choose the appropriate citizenship status
- The signature box will need to be checked
- The preparer translator box (check one) will need to be indicated. If yes, the section below will need to be filled out

▶ **START HERE.** Read Instructions carefully before completing this form. The Instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 (Family Name) *	First Name (Given Name) *	Middle Initial *	Other Last Names Used (if any) *	
Address (Street Number and Name) *		Apt. Number *	City or Town *	State * Zip Code *
Date of Birth (mm/dd/yyyy) *	U.S. Social Security Number *	Employee's E-mail Address *		Employee's Telephone Number *

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 attest, under penalty of perjury, that I am (check one of the following): *

<input type="checkbox"/> 1. A citizen of the United States *
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) *
<input type="checkbox"/> 3. A lawful permanent resident * (Alien Registration Number/USCIS Number): *
<input type="checkbox"/> 4. An alien authorized to work * until (expiration date, if applicable, mm/dd/yyyy): *

Some aliens may write "N/A" in this field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: *
OR
2. Form I-94 Admission Number: *
OR
3. Foreign Passport Number: *
Country of issuance: *

QR Code - Section 1
Do Not Write in This Space

Signature of Employee * By clicking on the check box, you are signing this document * Today's Date (mm/dd/yyyy) * 05/19/2017

Preparer and/or Translator Certification (check one): *

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator *	Today's Date (mm/dd/yyyy) *
<input type="checkbox"/> By clicking on the check box, you are signing this document	
Last Name (Family Name) *	First Name (Given Name) *
Address (Street Number and Name) *	
City or Town *	State * Zip Code *

STOP Employer Completes Next Page **STOP**

Form I-9 11/14/2016 N

The W4 is required.

- SSN will need to be completed
- The marital status indicated,
- The allowances indicated on line 5 OR EXEMPT typed on line 7.
- If the employee wishes to have an additional amount withheld, please indicate that on line 6.
- Click the box to sign and submit.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2017
Read instructions carefully before completing this form.				
1 Your first name and middle initial Wiley		Last name Coyote		2 Your social security number 123-34-5678
Home address (number and street or rural route) 200 E. Cramer St.		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>		
City or town, state, and ZIP code Fort Atkinson, WI, 53538		4 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. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <input type="text" value="1"/>
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <input type="text"/>
7 I claim exemption from withholding for 2017, 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, write "Exempt" here 7 <input type="text"/>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature				Date: 05/19/2017
(This form is not valid unless you sign it.) ▶ <input type="checkbox"/> By clicking on the check box, you are signing this document.				
8 Employer's name and address (Employer Complete lines 8 and 10 only if sending to the IRS.) Opportunities Inc/DPS, 201 E. Washington Ave. Room A400 Madison, WI, 5370779			9 Office code (optional)	10 Employer identification number (EIN) 391078133
For Privacy Act and Paperwork Reduction Act Notice, see page 2.			Cat. No. 10220Q	Form W-4 (2017)
<input type="button" value="Submit"/>				

After completion of all required documents and desired optional documents, click Next. You will be routed to the EEO section. This section is optional.

EEO:

Please enter the following information (Optional).

Race:

Sex:

Veteran:

Next you will be routed to the Submit Page. Review the acknowledgement and check the “I agree” box to move forward with the process.

Submit Page

Acknowledgement

Please read and accept the following terms prior to completing the submission for your application

I hereby certify that all the information provided is true, accurate and complete to the best of my knowledge. By completing this acknowledgement, I agree to abide by the following rules and responsibilities as a DVR Consumer/Employee. I will immediately notify the site employer if I have any medical emergencies or illness; I will abide by workplace rules as specified in this agreement and any additional workplace rules as identified by the site employer; I will participate in work activity limited to the start/end date specified and the schedule included on the Intern/Temporary Work Agreement and corresponding to the total hours authorized; I understand this is not a permanent position and it can be terminated by any party at any time; I understand and acknowledge that I will be issued a VISA pay card by Diversified Personnel Services (DPS) which will be electronically funded with my net pay for me to access in accordance with the terms of the pay card company. I further acknowledge that this option serves as direct deposit and debit entries and/or adjustments may be made by DPS for any funding made in error. I understand that I have the option to request direct deposit into my own personal savings or checking account, if I so choose. I understand that this acknowledgement will remain in effect during the time that I am employed by DPS and receiving any pay.

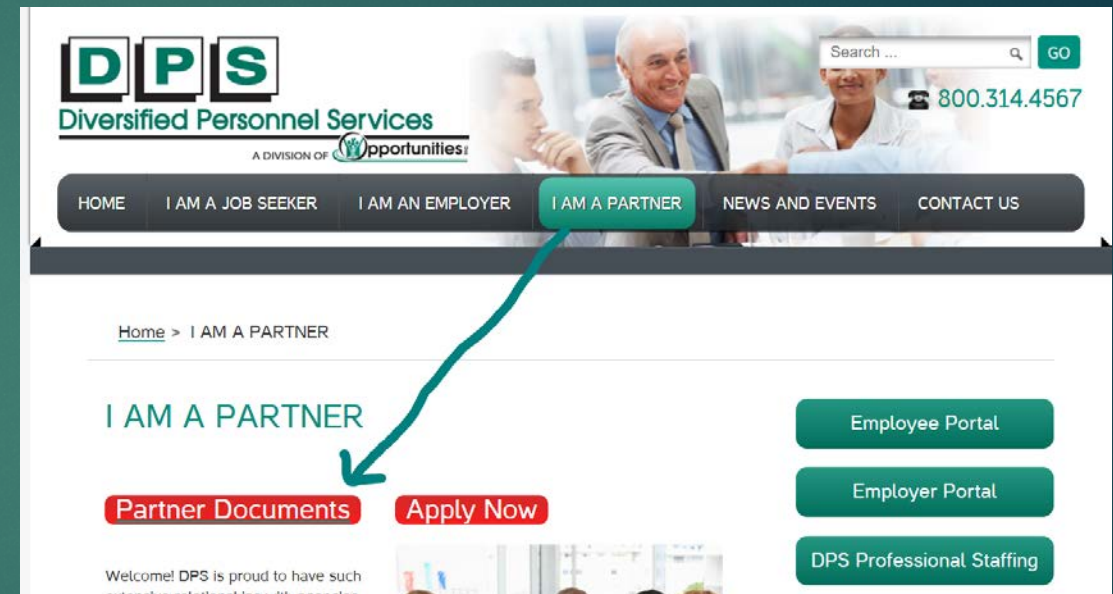
I agree

19 Page 2

1. Go to www.dpsworks.com

2. Select the I AM A PARTNER tab on top.

3. Click on Partner Documents



19 Page 2 continued...

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The employee will sign back in with the username and password that was created during the initial application. *Note: You may need to wait up to 4 minutes before you are routed to the Employee Portal, if you login and are back in the application, wait a few minutes and try again.*

- Click on the eDocuments tab at the top.
- Input the following values in the Employer section on the bottom right of the screen:

Username: DVR.Payroll

Passcode: 12345

Click Enable Employer's Signature

The screenshot shows the Employee Portal interface. At the top, there is a navigation bar with icons for Home, Personal Info, Pay History, eDocuments, Time Entry, and Log Off. Below the navigation bar, a green banner displays "Welcome zzemailtestd zzemailtestd". The main content area is titled "EDocuments" and features a section for "Employee: Start Wizard". This section contains a table with columns for Name, Status, Date Submitted, Date Completed, and PDF Date. The table lists several documents: Benefit Enrollment Form- MEC, Direct Deposit, I9 Form, W4 Form, and W4 Wisconsin, each with a link to "Input". At the bottom right of the form, there are input fields for "Username: DVR.Payroll" and "Pass Code: ****", along with a green button labeled "Enable Employer's Signature".

Name	Status	Date Submitted	Date Completed	PDF Date
Benefit Enrollment Form- MEC	Input			
Direct Deposit	Input			
I9 Form	Input			
W4 Form	Input			
W4 Wisconsin	Input			

Username: Pass Code:

[Enable Employer's Signature](#)

Filling out the I9 page 2

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- Input the data for either List A or List B AND C documents.
- **Please be sure to change the start date to the actual start date. The form defaults to the current date.**
- Enter your name and title.
- The business name, address, city, state and zip code prefills, therefore does not need to be changed.
- Click in the Signature Check box
- Click Submit

Department of Homeland Security
U.S. Citizenship and Immigration Services

FORM I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Coyote	First Name (Given Name) Wiley	M.I. A	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title: N/A	Document Title: ID card issued by state/territory	Document Title: Social Security Card (Unrestricted)
Issuing Authority: N/A	Issuing Authority: WI DOT	Issuing Authority: SSA
Document Number: N/A	Document Number: C0001234567890	Document Number: 5461234567
Expiration Date (if any)(mm/dd/yyyy): N/A	Expiration Date (if any)(mm/dd/yyyy): 05/01/2020	Expiration Date (if any)(mm/dd/yyyy): n/a

Additional Information

QR Code - Section 2 & 3
Do Not Write in This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 05/31/2017 (See instructions for exemptions.)

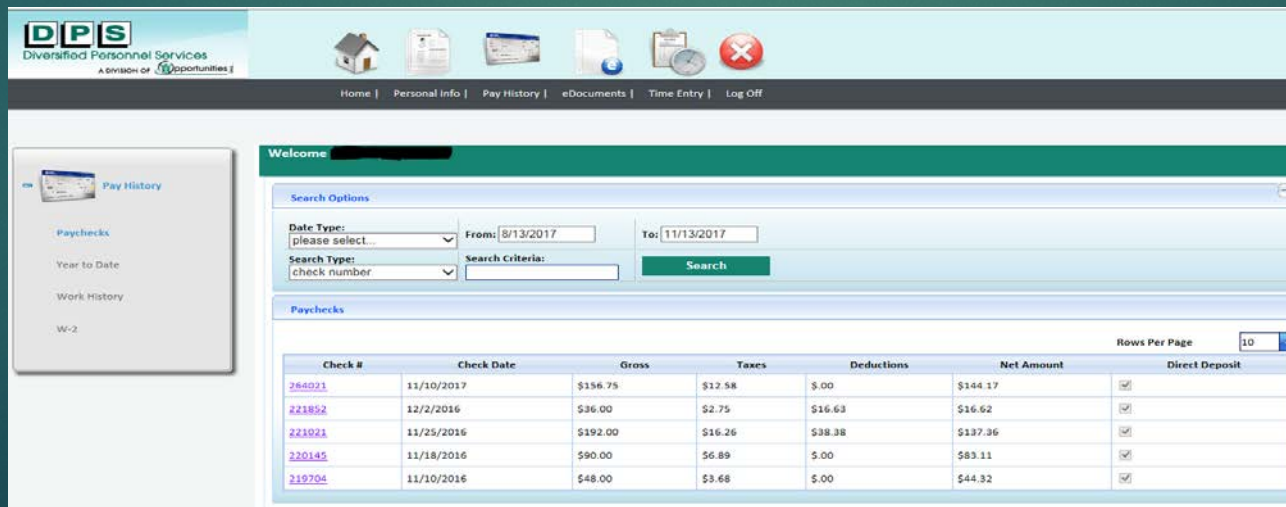
Signature of Employer or Authorized Representative <input checked="" type="checkbox"/> Electronic signature accepted	Today's Date (mm/dd/yyyy) 05/19/2017	Title of Employer or Authorized Representative Employment Specialist	
Last Name of Employer or Authorized Representative Doe	First Name of Employer or Authorized Representative Jane	Employer's Business or Organization Name Opportunities Inc/DPS	
Employer's Business or Organization Address (Street Number and Name) 201 E. Washington Ave. Room A400	City or Town Madison	State WI	Zip Code 53707-7946

Please show and review the Pay History tab with your participant, this is where they can access pay stubs and W2's.

Please send dvrpayroll@oppinc.com an email letting us know that the application is complete including the participants name and start date.

Opportunities Inc. will contact you within a few days to notify you if the application has been accepted or if modifications are needed.

Please do not allow employees to begin work until the application has been accepted by Opportunities Inc.



The screenshot displays the DPS web portal interface. At the top, there is a navigation bar with the DPS logo and the text "Diversified Personnel Services A Division of Opportunities Inc.". Below the navigation bar, there are several icons representing different services: Home, Personal Info, Pay History, eDocuments, Time Entry, and Log Off. The main content area is titled "Welcome" and features a "Search Options" section with dropdown menus for "Date Type" and "Search Type", and input fields for "From" (8/13/2017) and "To" (11/13/2017). A "Search" button is located below the search criteria. The "Paychecks" section contains a table with the following data:

Check #	Check Date	Gross	Taxes	Deductions	Net Amount	Direct Deposit
264021	11/10/2017	\$156.75	\$12.58	\$0.00	\$144.17	<input checked="" type="checkbox"/>
221852	12/2/2016	\$36.00	\$2.75	\$16.63	\$16.62	<input checked="" type="checkbox"/>
221021	11/25/2016	\$192.00	\$16.26	\$38.38	\$137.36	<input checked="" type="checkbox"/>
220145	11/18/2016	\$90.00	\$6.89	\$0.00	\$83.11	<input checked="" type="checkbox"/>
210704	11/10/2016	\$48.00	\$3.68	\$0.00	\$44.32	<input checked="" type="checkbox"/>

SERVICE PROVIDER/EMPLOYER PORTAL: Entering Time Via the Web Portal

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Getting Started

Upon request, we will send you an email with the subject line, "LOGIN at dpsworks.com." If you don't receive this email in your inbox, please check your spam or junk. This email will contain the link and credentials to login to your portal. You will be asked to create a new password upon login as well as answers two security questions that you can select from.

Sample of Email:

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Hi there!

Welcome to your Employer Portal! You'll be able to view and approve timecards for employees in Temporary Work Experiences. This eliminates the need for paper timesheets and signatures.

Please log in to <http://www.dpsworks.com/>

Click on the "Employer Portal" icon. Your login and password information is:

User Name: Valued.Client1

Temporary Password: DVRWorks123!

You will be asked to create a new password upon login. Please note that passwords require the following:

- at least eight characters
- one special character
- one capital letter
- one number

Five failed password attempts will disable entry attempts for 15 minutes

1. If an employee does not work, it is appreciated that you notify dvrpayroll@oppinc.com
2. Timecards cannot be submitted with zero hours.
3. Please be sure that all hours are rounded to the nearest quarter hour.

Attached are directions on how to approve timecards, please let me know if you have any questions.

Home Screen:

- Announcements including notifications and helpful tips and tricks
- Dashboard showing Timecards ready for submittal or approval
- Password and security question reset options

The screenshot shows the Home Screen dashboard for Diversified Personnel Services. The header includes the logo and navigation links: Home, Job Orders, Invoices, Time Entry, Reports, and Log Off. The main content area is titled "Welcome Valued Client" and contains an announcement, a "Counters" table, and a sidebar with links for Home, Summary, and Password.

Announcements

We truly appreciate your partnership and business over the last year and look forward to witnessing your continued success in 2017!

Are you struggling with finding the right candidates for your open positions?

Did you know that DPS and DPSpro have a ready candidate pool of

Counters

Outstanding Invoices	0
Pending Timecards	56

The screenshot shows the "Update Account" form. The header includes the logo and navigation links: Home, Job Orders, Invoices, Time Entry, Reports, and Log Off. The main content area is titled "Welcome Valued Client" and contains the "Update Account" form with fields for User Name, New Password, Confirm Password, Security Question 1, and Security Question 2, along with an "Update" button.

Update Account

User Name: Valued.Client1

New Password:

Confirm Password:

Security Question 1: What is the name of your closest sibling? test

Security Question 2: What was the title of your first job? test

Update

Time Entry Options:

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View time cards in real time

Enter, edit, approve or reject employee's time cards

Summary- See time cards in Non Submitted, Pending, Rejected, Approved and Imported status.

The screenshot shows the DPS (Diversified Personnel Services) web application interface. The header includes the DPS logo and navigation links: Home, Personal Info, Pay History, eDocuments, Time Entry, and Log Off. A sidebar on the left contains a 'Time Entry' menu item. The main content area displays a 'Welcome' message, a 'Select Week End Date' section with a dropdown menu set to '11/12/2017', and a table titled 'Approved Timecards (1)'. The table has columns for WeekEnd Date, Assignment ID, Customer, Position, Shift, and Total.

WeekEnd Date	Assignment ID	Customer	Position	Shift	Total
11/12/2017	284856	Department of Workforce Development WDA 2 - Accessible Career Options	Customer Service		16

To view, edit, approve or reject a time card, click on the Employee:

- Enter in each day/time that employee worked. After the hours are entered in, click approve.
- If for some reason you entered in the incorrect hours for an employee, you can always click on reject and this will reject the time card and allow you to re-enter in the hours.

[Timecard Detail](#)

Weekly Summary

Type	11/06/2017 Monday	11/07/2017 Tuesday	11/08/2017 Wednesday	11/09/2017 Thursday	11/10/2017 Friday	11/11/2017 Saturday	11/12/2017 Sunday	Total
Reg	4	4	4	4	0	0	0	16

Please enter your time below:

NOTE:
The "Save" button allows you to record your information and come back at a later date to submit your time.
The "Submit" button sends your time card information to your supervisor for approval.

Type	Date Worked	Day	Start Time	End Time	Break Hours	Total	Note
Reg	11/06/2017	Monday	1:00 PM	5:00 PM	0.00	4.00	
Reg	11/07/2017	Tuesday	1:00 PM	5:00 PM	0.00	4.00	
Reg	11/08/2017	Wednesday	1:00 PM	5:00 PM	0.00	4.00	
Reg	11/09/2017	Thursday	1:00 PM	5:00 PM	0.00	4.00	
Reg	11/10/2017	Friday			0.00	0.00	
Reg	11/11/2017	Saturday			0.00	0.00	
Reg	11/12/2017	Sunday			0.00	0.00	

Additional Items

Save Submit

Time Entry Continued...

- Please remember that time cards with zero hours cannot be entered into the portal. Please notify dvrpayroll@oppinc.com of any employees with zero hours worked for the week.
- Please be sure to round all hours to the nearest quarter hour. See the adjacent chart as a reference.
- Attached is a link that details break and meal period requirements in Wisconsin https://dwd.wisconsin.gov/er/labor_standards/breaks_and_meals.htm

Recording in Quarter Hour Increments Chart

Minutes	Round to
:00-:07	.00
:08-:22	.25
:23-:37	.50
:38-:52	.75
:53-:60	1.00

Thank you!!!