



OPPORTUNITIES INC PORTAL GUIDE

DVR TWE Employees on-line tools

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Welcome to DVR TWE Employees on-line tools!

We value your partnership and your time, so we developed the portal to expedite start times. We have created solutions for you to electronically enter, share and access information on-demand while eliminating the hassle of paperwork, scans and emails.

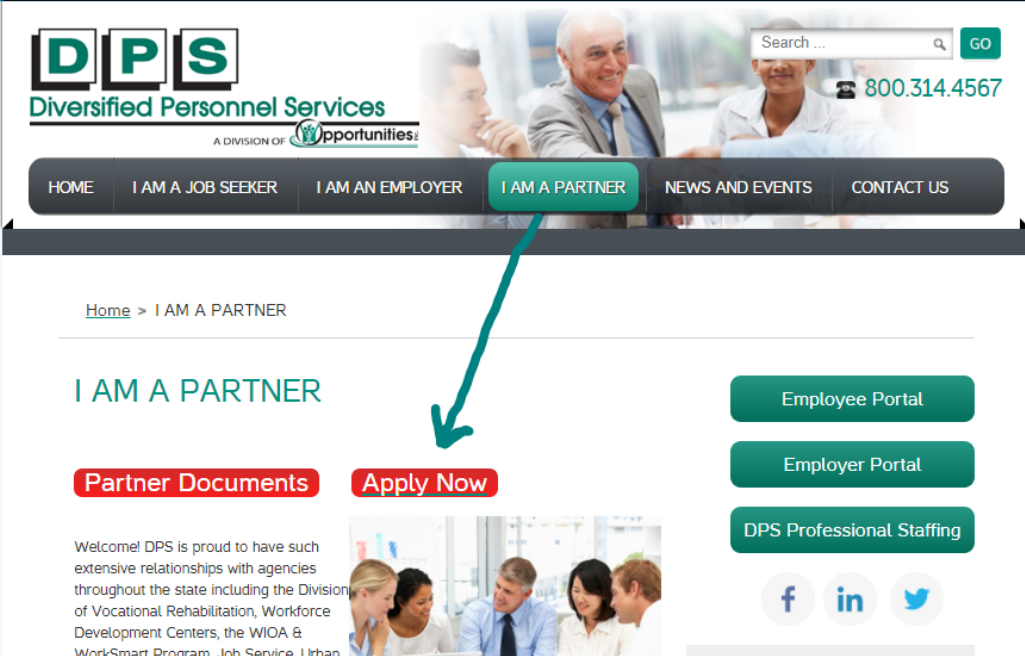
Your portal includes:

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

Let's Start!

Initial Application: Employee

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



The screenshot shows the top navigation bar of the DPS website. The 'I AM A PARTNER' tab is highlighted in green. Below the navigation bar, the 'I AM A PARTNER' section is visible, featuring a red 'Apply Now' button. A green arrow points from the 'I AM A PARTNER' tab to the 'Apply Now' button. Other elements include the 'Partner Documents' button, the 'Employee Portal', 'Employer Portal', and 'DPS Professional Staffing' buttons, and social media icons for Facebook, LinkedIn, and Twitter.

4. Choose DWD/DVR Consumers as your nearest office and input name and the last 6 digits of SSN.

*****If you are directed back to the login page this most likely means the employee has worked for Opportunities Inc before. Please email dvrpayroll@oppinc.com to have the password reset. You will then be able to login, go to Personal Info, go to Documents and upload the PO and TW Agreement. Please be sure to update all contact methods, address, pay method and tax allowances if applicable. Email dvrpayroll@oppinc.com that the documents have been uploaded and the process is complete*****

5. For new employees they will be asked to create a username and password and select and answer 2 security questions.

a. Please note that passwords require the following:

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

b. Please save and make sure the employee has the username/password as you will use the same information to login to complete the 2nd page of the I9 and the employee will need this for future use to access pay information, time entry, W2, etc

- 6. Next, you will be routed to the Resume tab. Upload the PO & TWA. If you have a schedule, List A document, work permit or job description, please upload here as well. Please be sure to choose the correct document type for the document uploaded.

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

- 7. 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 (only required if they will be assisting with timesheet submittal, if not, leave this blank) and the Service Provider's phone number.

Your Nearest Office: DWD/DVR Consumers

First Name: Wiley

Middle Initial:

Last Name: Coyote

Maiden Name:

Alias Names:

Address: 200 E. Cramer St.

Address 2:

City: Fort Atkinson

Country: United States

State: WI

Zip Code: 53538-

Email

Provider Email provider@provider.com

DVR Contact Email dvr.contact@dwd.wisconsin.gov

Emergency Contact

Employer Email siteemployer@work.com

Cellular Service Provider (920) 563-2437 x

*1 or more contact methods are required.

8. 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, 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				
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

- a. 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. If the employee has worked for Opp Inc in the past, the form only needs to be filled out if it has been greater than 90 days since they last worked.

Employee: Opportunities, Inc		Group Number:	
Employee Information:			
First Name Willy	Middle Name	Last Name Coyne	
Street Address (include House # and Apartment #) 300 E. Cramer St		City Port Atkinson	State WI
Zip Code 53536		Phone Number 920265-2417	
Date of Birth 04/02/2003	Social Security # 525-34-9678	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
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
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/Optional Total & Essential Plans: <input type="checkbox"/> Employee Only \$16.05 <input type="checkbox"/> Employee + Spouse \$35.09 <input type="checkbox"/> Employee + One Child \$32.75 <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/STO Plans: <input type="checkbox"/> Employee Only \$4.25 <input type="checkbox"/> Employee + Family \$4.45 <input checked="" type="checkbox"/> Waive Coverage	
The costs shown include Affordable Care Act taxes and fees that are in addition to the Essential plan's premium. STO covers is only available for employees (no dependent coverage) and is not available for employees who work in CA, HI, NJ, NY, RI or Puerto Rico. The weekly costs for Term Life only are \$0.75 for Employee Only or \$0.85 for Employee + Family Coverage.			
There may be events that will allow you to enroll yourself and your eligible dependents outside of the Open Enrollment Periods. 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.			
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.			
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/Optional 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 shown above, children, parents, brothers and sisters, or if none, then my estate.			
Address of Dependent not living with you:			
First Name	Middle Initial	Last Name	
Street Address	City	State	Zip
Employee Signature: <input checked="" type="checkbox"/> Electronic signature accepted		Date: 05/10/2017	

- b. 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 #, amount 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	Associated	075000000	02345678	Remaining Amount	0	1
-[Select]-				-[Select]-		
-[Select]-				-[Select]-		
-[Select]-				-[Select]-		
-[Select]-				-[Select]-		

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:

YOUR NAME
1234 Main Street
Anytown, OH 00000

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

⑆05400 7 23 2⑆ ⑆000 ⑆ 234 56 789 ⑆123

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

- c. The I9 Form is required. The employee must fill out all fields of Section One (enter n/a into any blank fields) including citizenship status, the signature box will need to be checked and the preparer translator box (check one) will need to be indicated. If yes, the section below will need to be filled out. **The 2nd page of the I9 will need to be completed after the application is submitted.**

▶ **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 identify. 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 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):

1. A citizen of the United States.
 2. A noncitizen national of the United States (See instructions).
 3. A lawful permanent resident. (Alien Registration Number/USCIS Number)
 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 By clicking on the check box, you are signing this document. Today's Date (mm/dd/yyyy)

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

- d. 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 Employee's Withholding Allowance Certificate OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service **2017**
 ▶ 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.

[Read instructions carefully before completing this form.](#)

1 Your first name and middle initial Last name 2 Your social security number
 Wiley Coyote 123-34-5678

Home address (number and street or rural route) 3 Single Married Married, but withold at higher Single rate.
 200 E. Cramer St. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card,
 Fort Atkinson, WI, 53538 check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 1

6 Additional amount, if any, you want withheld from each paycheck \$

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

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.) By clicking on the check box, you are signing this document.

8 Employer's name and address (Employer completes lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)
 Opportunities Inc/DPS, 201 E. Washington Ave. Room A400 Madison, WI, 53707779 391078133

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2017)

Submit

- e. The WT4 (Wisconsin W4) is optional. This form is similar to the W4 except that the total allowances will need to be indicated on line 1d, additional withholdings on line 2 and Exempt indicated on line 3. If this form is not filled out we will use the information provided on the form W4 for the Wisconsin withholding.

WT-4

Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

Employee's legal name (last, first, middle initial) Wiley, Coyote		Social security number 123-34-5678	<input checked="" type="radio"/> Single <input type="radio"/> Married
Employee's address (number and street) 200 E. Cramer St.		Date of birth	<input type="radio"/> Married, but withhold at higher Single rate.
City Fort Atkinson	State WI	Zip code 53538	Date of hire

Note: If married, but legally separated, check the Single box.

Employee's Section
FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW
Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

1. (a) Exemption for yourself – enter 1	[]
(b) Exemption for your spouse – enter 1	[]
(c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent	[]
(d) Total – add lines (a) through (c)	[1]
2. Additional amount per pay period you want deducted (if your employer agrees)	[50.00]
3. I claim complete exemption from withholding (see instructions). Enter "Exempt"	[]

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Electronic Signature Accepted
Employee's Signature

05/19/2017
Date

- 9. 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:

- 10. 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

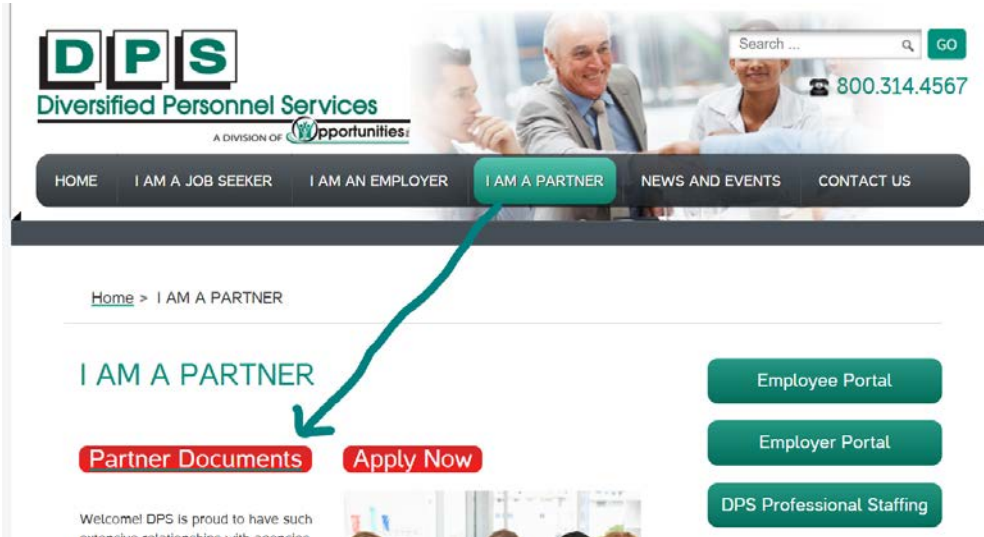
Please read and accept the following terms prior to completing the submission for your application

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.

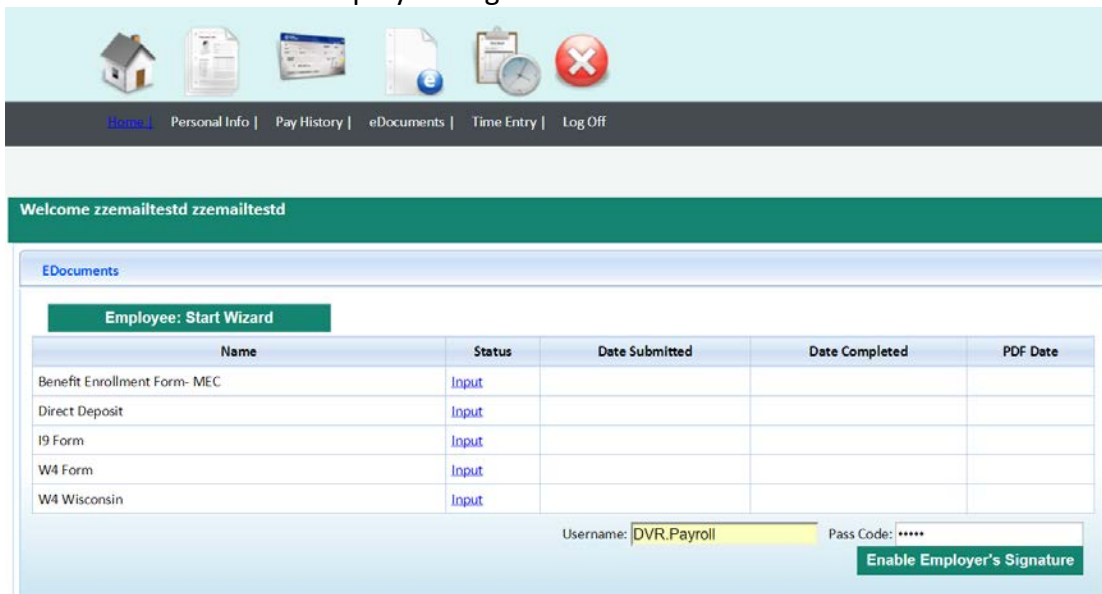
I agree

Complete On-Boarding: I9 Page 2

1. Go to www.dpsworks.com
2. Select the **I AM A Partner** tab on top.
3. Click on Partner Documents



4. Please 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.
5. Click on the eDocuments tab at the top.
6. Input the following values in the Employer section on the bottom right of the screen:
 - a. Username: **DVR.Payroll**
 - b. Passcode: **12345**
 - c. Click Enable Employer's Signature



7. Click on the "View as Employer" column for the I9 to complete the second page of the I9.

Home | Personal Info | Pay History | eDocuments | Time Entry | Log Off

Welcome Wiley Coyote

EDocuments

Employee: Start Wizard			Employer: Start Wizard		
Name	Status	Date Submitted	Date Completed	PDF Date	View as Employer
Benefit Enrollment Form- MEC	Pending Review	05/19/2017			View
Direct Deposit	Complete	05/19/2017	05/19/2017	05/19/2017	View
I9 Form	Pending Review	05/19/2017			View
W4 Form	Complete	05/19/2017	05/19/2017		View
W4 Wisconsin	Complete	05/19/2017	05/19/2017		View

8. Filling out the I9:
- 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 today's date.**
 - Enter your Name, Title, Business Name, Business Address, Street Address, City, State and Zip code
 - 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

List A	OR	List B	AND	List C
Identify and Employment Authorization		Identify		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: 00001234567890		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
Document Title: N/A		Additional Information		QR Code - Section 2 & 3 Do Not Write in This Space
Issuing Authority: N/A				
Document Number: N/A				
Expiration Date (if any)(mm/dd/yyyy): N/A				
Document Title: N/A				
Issuing Authority: N/A				
Document Number: N/A				
Expiration Date (if any)(mm/dd/yyyy): N/A				
Document Title: N/A				
Issuing Authority: N/A				
Document Number: N/A				
Expiration Date (if any)(mm/dd/yyyy): N/A				

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: [Signature] Today's Date (mm/dd/yyyy): 05/19/2017 Title of Employer or Authorized Representative: Employment Specialist

Last Name of Employer or Authorized Representative: Jane 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: 53707-7646

9. Show & review the Pay History tab with your employee, this is where they can access pay stubs & W2s
10. Please send dvrpayroll@oppinc.com an email letting us know that the application is complete including the employees name and start date.

DVR Payroll 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 DVR Payroll.

Portal Navigation

- Navigation is simple, click on the topic along the top that you'd like to go to and Presto!, you're in control!
- More menu options are available in each section on the left side.
- Hyperlinks lead to more detailed information throughout the site.
- Note that the site can be accessed from any browser, though Chrome is recommended.
- The site also requires pop-up windows, so please check your pop-up settings to access the site.

Getting Started

Upon request, we will send you an email with the subject line, "LOGIN at dspworks.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 to two security questions that you can select from.

Sample of Email:

Hi there!

Welcome to your Employer Portal! You will 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 a client. The header includes the DPS logo (Diversified Personnel Services, A DIVISION OF Opportunities) and navigation icons for Home, Job Orders, Invoices, Time Entry, Reports, and Log Off. A navigation menu on the left contains Home, Summary, and Password. The main content area features a 'Welcome Valued Client' message, a notification about pop-up windows, an 'Announcements' section with a message about 2017, and a 'Counters' section with a table.

Counters	
Outstanding Invoices	0
Pending Timecards	56

The screenshot shows the Home Screen dashboard with the 'Update Account' form displayed. The header and navigation menu are identical to the previous screenshot. The main content area features a 'Welcome Valued Client' message and the 'Update Account' form.

Update Account

User Name:

New Password:

Confirm Password:

Security Question 1:

Security Question 2:

Time Entry Options:

- 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.

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

- Enter in each day/time that employee worked. If all days are the same, simply input the Start Time & End time in the blue bar and then click in the boxes next to each day, this will input into all days selected.
- You can input notes regarding any changes or modifications in the notes column.
- After the hours are entered in, click on submit **AND** 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.

Time Card Approval- Quick view of hours to approve, also approve multiple time cards at once within the portal

To approve within the Employer Portal:

- Click Select All
- Click on Approve Selected
- If you'd like to modify or edit a time card, click on View detail to go to the time card

The screenshot shows the 'Time Card Approval' section of the Employer Portal. At the top left is the logo for 'DPS Diversified Personnel Services A DIVISION OF Opportunities'. The navigation bar includes links for Home, Job Orders, Invoices, Time Entry, Reports, and Log Off. A sidebar on the left contains 'Time Entry', 'Summary', and 'Time Card Approval'. The main content area is titled 'Welcome Valued Client' and features a 'Search Options' section with a dropdown for 'Week Worked' set to '12/04/2016'. Below this is a 'Timecards' section with a 'Select All' checkbox and a 'Rows Per Page' dropdown set to '10'. A green button labeled 'Approve Selected' is visible. A table displays one time card entry with the following details:

<input type="checkbox"/>	Assignment ID:	275415	Employee:	zztest , zztest
	Skill:	Grounds	Shift:	First Shift
	Total Hours:	8	Submit Date:	12/02/2016 View Detail