

# Welcome PACKET



Retail Operations Center (ROC)



# Welcome to GOODWILL

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Badge #: \_\_\_\_\_

Username: \_\_\_\_\_

Job Title: \_\_\_\_\_

## 2025 PAY PERIODS

PAY PERIOD START DATES	PAY PERIOD END DATES	PAY DATE
12/15/24	12/28/24	01/03/25
12/29/24	01/11/25	01/17/25
01/12/25	01/25/25	01/31/25
01/26/25	02/08/25	02/14/25
02/09/25	02/22/25	02/28/25
02/23/25	03/08/25	03/14/25
03/09/25	03/22/25	03/28/25
03/23/25	04/05/25	04/11/25
04/06/25	04/19/25	04/25/25
04/20/25	05/03/25	05/09/25
05/04/25	05/17/25	05/23/25
05/18/25	05/31/25	06/06/25
06/01/25	06/14/25	06/20/25
06/15/25	06/28/25	07/04/25

PAY PERIOD START DATES	PAY PERIOD END DATES	PAY DATE
06/29/25	07/12/25	07/18/25
07/13/25	07/26/25	08/01/25
07/27/25	08/09/25	08/15/25
08/10/25	08/23/25	08/29/25
08/24/25	09/06/25	09/12/25
09/07/25	09/20/25	09/26/25
09/21/25	10/04/25	10/10/25
10/05/25	10/18/25	10/24/25
10/19/25	11/01/25	11/07/25
11/02/25	11/15/25	11/21/25
11/16/25	11/29/25	12/05/25
11/30/25	12/13/25	12/19/25
12/14/25	12/27/25	01/02/26
12/28/25	01/10/26	01/16/26

# GCNA Human Resources Department

*Your partners in success*

**602-535-4100**

2626 W. Beryl Ave. Phoenix, AZ 85021

Hours: Monday- Friday 8:00 A.M. to 5:00 P.M.

Your Human Resources department is available for consultation on a variety of employment issues or questions. For assistance, select from one of the following options.

## OPTION 1:

- Verification of employment
- DES paperwork
- Address changes
- Questions regarding timecards, missed punches, corrections)
- Workday

## OPTION 3:

- Benefits questions
- Qualifying events
- Enrollment
- Eligibility
- COBRA
- Vacation Donation Program
- 401 (k)
- (Unum EAP) 1-800-854-1446
- (Cigna EAP) 1-877-622-4327

## OPTION 6:

- Initiate a Leave of Absence
- Provide leave documentation
- Notify Leaves department of changes in leave
- Intermittent Leave of Absence
- Confirm return to work or provide work release

## OPTION 2:

- ADP login issues
- Direct deposit questions
- Pay cards
- Paycheck status
- Change tax withholdings
- Wage garnishments  
(call 1-866-324-5191)
- W-2 employee request directly  
(call 602-535-4311)

## OPTION 4:

- Safety questions
- Report a safety concern

## OPTION 5:

- Employment at Goodwill
- Job postings
- Status of application or background check
- Submit a COE
- Open a requisition

## OPTION 7:

- Report a workplace injury
- Follow up on a Workers' Compensation Claim

## OPTION 8:

- Company policy questions
- Contact your HR Business Partner

Email questions to: [Benefits@goodwillaz.org](mailto:Benefits@goodwillaz.org) • [Leaves@goodwillaz.org](mailto:Leaves@goodwillaz.org)  
[Recruiting@goodwillaz.org](mailto:Recruiting@goodwillaz.org) • [HRsupport@goodwillaz.org](mailto:HRsupport@goodwillaz.org) • [Safety@goodwillaz.org](mailto:Safety@goodwillaz.org)

**Confidential Ethics hotline 1-855-284-6741**

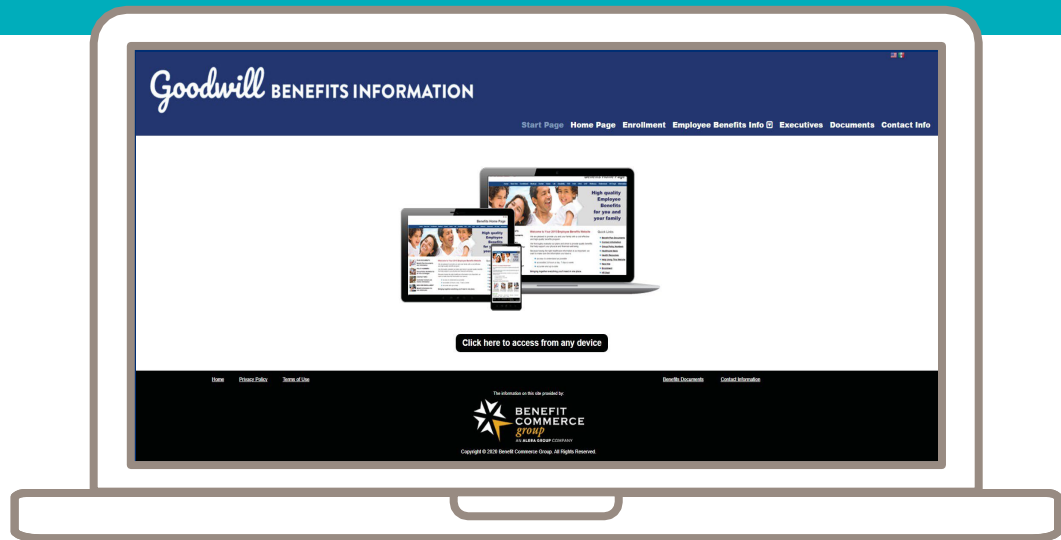
For critical issues that require HR assistance after hours, please contact your manager.

**Access the Employee Portal day or night from a computer, smartphone, or tablet at: [my.goodwillaz.org/](http://my.goodwillaz.org/)**

Login to the portal to: reset your password, check your emails, access paystubs, take online learning, send or redeem WorkTango points, contact HR Support, change address, review benefits information, and more.

# BENEFITS RESOURCE

## at your fingertips!



Here you'll find benefit summaries, plan documents, contact information, educational resources, and many other features to help with your enrollment.

Because having the right healthcare information is so important, we want to make sure the information you have is:

- Accessible 24 hours a day, 7 days a week
- Easy to understand
- Accurate and up-to-date

To access it, simply visit our employee portal at

**[my.goodwillaz.org](https://my.goodwillaz.org)**

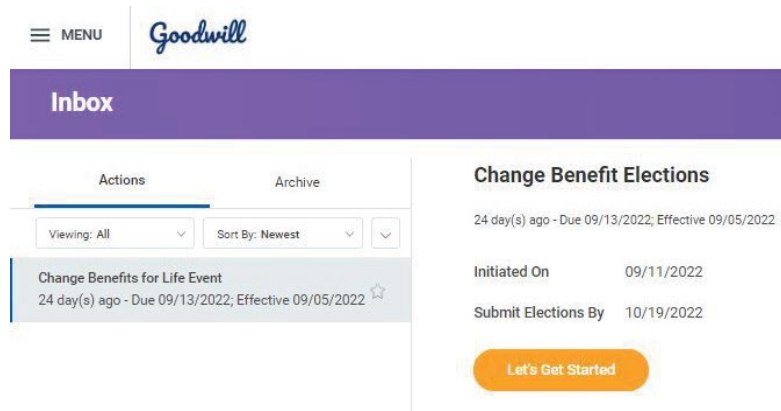
and click the Benefits icon



Phone: 602-535-4100, opt 3 • [benefits@goodwillaz.org](mailto:benefits@goodwillaz.org)

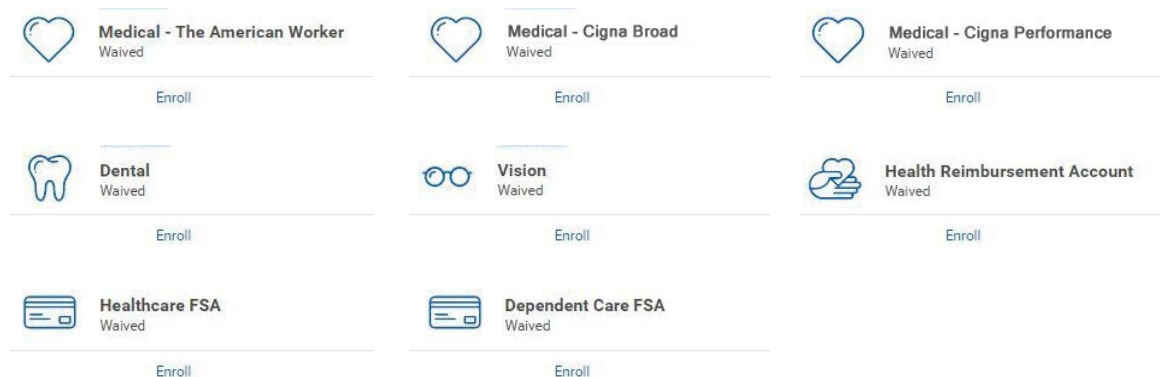
# BENEFITS ENROLLMENT


## in Workday



Once you have completed all Workday Onboarding inbox tasks, the Change Benefits for Life Event task will be launched and will be an Action item located in your Workday inbox.

By clicking on the action item and then the orange button labeled, "Let's Get Started", you will be able to make changes to the various health care and accounts options.



Once your enrollment is complete and your benefits are active, you can view your elections by clicking  **Benefits** in the Workday menu. Here you can also make changes to your elections as well as access various links such as Assurity, 401(k), and Teladoc.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **HR Benefits Team: 602-535-4100 option 3**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Goodwill of Central and Northern Arizona</b>		4. Employer Identification Number (EIN) <b>86-0104415</b>	
5. Employer address <b>2626 W. Beryl Ave</b>		6. Employer phone number <b>602-535-4100 opt 3</b>	
7. City <b>Phoenix</b>	8. State <b>AZ</b>	9. ZIP code <b>85021</b>	
10. Who can we contact about employee health coverage at this job? <b>Hr Benefits Team</b>			
11. Phone number (if different from above)		12. Email address <b>benefits@goodwillaz.org</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

All active full-time employees regularly scheduled to work 30 or more hours per week. We also offer coverage to employees that are deemed ACA full-time.

- With respect to dependents:

☐ We do offer coverage. Eligible dependents are:

Spouse and dependent children up to age 26.

☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**\*\*** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 17.50

b. How often? ☐ Weekly ☐ Every 2 weeks ☒ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)





## Vehicle Emissions Inspection Program 2021 Notice to Employees

### **BACKGROUND:**

To improve air quality and reduce vehicle emissions in heavily traveled areas, the Arizona Department of Environmental Quality (ADEQ) administers a mandatory vehicle emissions inspection program known as the Vehicle Emissions Inspection Program (VEIP).

Arizona law (A.R.S. §49-542) requires vehicle emission inspection and testing for:

- ✓ Most vehicles registered in the Area A vehicle emissions control area of greater metro Phoenix (including parts of Maricopa County and parts of Pinal County and Yavapai County as defined by A.R.S. §49-541) and/or
- ✓ Most vehicles registered outside of Area A used to commute to a work site located within Area A.

For a map of the Area A vehicle emissions control area boundary and a link to the legal description, please visit the ADEQ website at [gisweb.azdeq.gov/arcgis/veiareas/](https://gisweb.azdeq.gov/arcgis/veiareas/).

### **IF YOU LIVE AND WORK IN ARIZONA:**

- ✓ Any vehicle you own and operate in Arizona must be registered in Arizona and display a valid Arizona license plate (some exceptions apply). For more information, please contact the Arizona Department of Transportation (ADOT) Motor Vehicle Division at 602-255-0072 or visit their website at [azdot.gov/mvd](https://azdot.gov/mvd).
- ✓ Any vehicle you use to drive to an Area A worksite is required to go through vehicle emissions testing. This applies even if you live outside of Area A.
- ✓ For employees who live outside of Area A, a proof of compliance form will be issued to you by the emissions testing facility at the time of emissions testing. Testing results, which are also sent electronically to ADOT, are needed for registration. After you submit your registration request, by mail or online, you will receive a registration tag for your license plate. For vehicles that are registered out-of-state (students/part-time employees) and that are parked on federal, state, or city parking properties, you will need to obtain an air quality compliance sticker for your driver's window from ADOT. For more information, please call the ADEQ VEIP Hotline at 1-877-692-9227 (1-877-myAZcar) or visit their website at [myazcar.com](https://myazcar.com).
- ✓ In addition to any other criminal penalty provided by law, a person who does not comply with this law is subject to a civil penalty of \$100 for a first violation and \$300 for a second violation.

## Programa de Inspección de Emisiones de Vehículo 2021 Anuncio a los Empleados

### CONTEXTO:

Para mejorar la calidad del aire y reducir las emisiones de los vehículos en áreas de mucho tráfico, el Departamento de Calidad Ambiental de Arizona (ADEQ) administra un programa de inspección de emisiones de vehículo obligatorio conocido como el Programa de Inspección de Emisiones de Vehículo (VEIP).

La ley de Arizona (A.R.S. §49-542) exige inspección y prueba de emisiones vehiculares para:

- ✓ La mayoría de los vehículos matriculados en el Área A del sector de control de emisiones vehiculares del área metropolitana de Phoenix (la mayor parte del Condado Maricopa y sectores del Condado Pinal y el Condado Yavapai, según se define en A.R.S. §49-541) y/o
- ✓ La mayoría de los vehículos matriculados fuera del Área A utilizados para trasladarse a un lugar de trabajo dentro del Área A.

Para un mapa de los límites del Área A del sector de controles vehiculares y un enlace para la descripción legal, visite la página de Internet del ADEQ: [gisweb.azdeq.gov/arcgis/veiareas/](https://gisweb.azdeq.gov/arcgis/veiareas/).

### SI USTED VIVE Y TRABAJA EN ARIZONA DEBE SABER:

- ✓ Cualquier vehículo del cual usted es dueño o que conduce en Arizona debe estar matriculado en Arizona y llevar de forma visible una placa válida de Arizona (algunas excepciones son válidas). Para mayor información, favor de llamar a la División de Vehículos Motorizados del Departamento del Transporte de Arizona (ADOT), al 602-255-0072 o visite su página web: [azdot.gov/mvd](https://azdot.gov/mvd).
- ✓ Cualquier vehículo que usted utiliza para desplazarse a un lugar de trabajo dentro del Área A va tener que someterse a una prueba de emisiones vehiculares. Esto aplica aún si usted vive fuera del Área A.
- ✓ Para los empleados que viven fuera del Área A, el centro para prueba de emisiones les entregará un certificado de cumplimiento al momento de someter el vehículo a la prueba de emisiones. Los resultados de la prueba, que también se envían electrónicamente al ADOT son necesarios para el registro. Después de enviar su solicitud de registro, por correo o por Internet, usted recibirá una etiqueta de registro de su matrícula. Para los vehículos que están registrados fuera del estado (estudiantes/empleados de tiempo parcial) y que están estacionados en propiedades de estacionamientos federales, estatales o municipales, de la ciudad, será necesario que usted obtenga una etiqueta adhesiva de cumplimiento de la calidad del aire para colocarla en la ventana del asiento del conductor de su carro, la cual es proporcionada por ADOT. Para obtener más información, favor de llamar al ADEQ VEIP al 1-877-692-9277 (1-877-myAZcar) o visite el sitio web [myazcar.com](https://myazcar.com).
- ✓ Además de cualquier pena criminal estipulada por la ley, la persona que no cumpla con esta ley estará sujeta a una pena civil de \$100 por una primera infracción y \$300 por una segunda infracción.

## **Maricopa County Trip Reduction Program**

**Applicable to locations with 50+ employees within Maricopa County**

### **Dear New Employee:**

Everyone is becoming increasingly aware of the traffic congestion and air pollution problems facing the Valley. As an employer and as part of this community, Goodwill supports efforts to reduce air pollution and improve our quality of life. We encourage you, whenever possible, to share the ride to work by carpooling or vanpooling, taking the bus, riding your bike or walking to work.

The Maricopa County Trip Reduction Program affects our company, like hundreds of others in the valley. The goal of the program is to reduce drive-alone travel to work. In our effort to comply with the program, and to make commuting less stressful and more convenient for our employees, we offer:

- Preferred parking spots for carpoolers- at Beryl Location
- Monthly drawings for Corporate Beryl Location and the Retail Operations Center (ROC)
- A \$25 award for new Alternative Mode User (AMU) at each site
- A \$25 award for moving closer to assigned work location
- Monthly drawing: A \$50 award for one AMU
- Annual drawing: A \$100 award drawn from the participants in the monthly drawings throughout the year
- Bike racks
- Guaranteed ride home for registered alternative mode users

To take advantage of these benefits and determine your best alternative commute, please contact your Benefits Department at 602-535-4100 option 3.

For more information about rideshare matching, please call Valley Metro Rideshare at 602-262-RIDE or visit their website at [www.sharetheride.com](http://www.sharetheride.com). For bus route information, please call Valley Metro Transit information at 602-253-5000.

Thank you for doing your part to help clean up the Valley's air and help reach the TRP goals.

## WELCOME TO THE COMPANY CONVERSATION – ROC

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Now that your GSO online journey is complete, it is time for you and your leader or a point of contact (POC) to discuss other company information. Complete this handout and then sign, date, and turn it in to your leader/POC, who will make a copy for you.

### General

Schedules are posted on \_\_\_\_\_ and are located \_\_\_\_\_

Had an opportunity to send and/or receive YouEarnedIt points on \_\_\_\_\_

What I need to know about the following:

- Time clock and punch in/out \_\_\_\_\_
- ADP \_\_\_\_\_
- Attendance policy \_\_\_\_\_
- Vacation and sick policy \_\_\_\_\_
- Requesting time off \_\_\_\_\_
- Calling out sick \_\_\_\_\_
- Dress code policy \_\_\_\_\_
- Food and drink policy \_\_\_\_\_
- Theft \_\_\_\_\_
- Using cell phones or receiving calls \_\_\_\_\_
- Bag checks/locker checks \_\_\_\_\_
- Team member shopping guidelines \_\_\_\_\_
- My first review date/time \_\_\_\_\_

### Clearance Center Only:

Role in Code Adam process \_\_\_\_\_

### Transportation/Home Pick-Up Only:

Vehicle Inspection Report (VIR) process \_\_\_\_\_

Driver trip sheet instructions \_\_\_\_\_

## Safety

Required PPE (personal protective equipment), and when I need to use

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How to report an injury \_\_\_\_\_

Who/how can use the following equipment (e.g. forklift, baler, tipper, and compactor)

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Safety Data Sheets (SDS) – what they are and where they are located

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Other safety information specific to the role

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Your manager should also cover the following safety items with you:

- Safe job practices (i.e., lifting, keeping the area clean, tagging, hydration, etc.)
- Areas not to block; 3' rule (eye wash, fire extinguisher, electrical panels, exits)
- Broken gaylord process
- Chemicals – they need labels; ask a leader if something is not labeled
- Location of eyewash station and when/how to use it (without deploying it)

## Safety Guidelines

- If you see a hazard – report it to your safety team
- If something is uncomfortable physically for you, let a manager know
- Avoid workplace violence; report issues to a manager immediately
- No horseplay
- Do not overfill or dig in gaylords, use broken items/equipment, throw items, or lift more than you should

If you have any other questions, ask your leader and write answers down here:

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This document is not all-inclusive and additional training may be required for some topics. By signing below, you acknowledge that you have been instructed on and understand the responsibilities of your position so you can be successful in your role.

Today's Date \_\_\_\_/\_\_\_\_/ Team Member's Name (printed:) \_\_\_\_\_

Team Member's Signature \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/ Leader's or POC Name (printed:) \_\_\_\_\_

Manager or POC Signature \_\_\_\_\_