

# SUNY HR

## Human Resources Self Service

### User Guide for Employees to View and Update Personal Information

Human Resource Management  
Buffalo State College  
Last Revised: June 2021

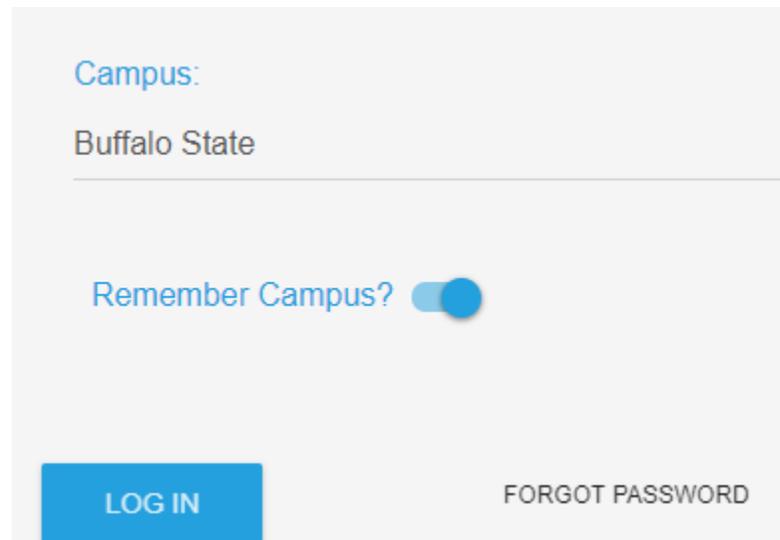
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## Sign On

1. Access the website: <https://www.suny.edu/hrportal> (case sensitive)
2. Select Buffalo State from the dropdown menu and select Login.



Campus:  
Buffalo State

Remember Campus?

LOG IN FORGOT PASSWORD

3. Enter your Buffalo State NT Username and Password and select Sign In.

## Log In

Type your username and password

Username

.....

Sign in

4. Select the Human Resources Self Service icon.



- **Time and Attendance** – Currently available to M/C and UUP non-hourly employees.
- **View Paycheck** – Available to all employees. Paycheck information is displayed the Monday before paychecks are distributed.
- **Human Resources Self Service** – Available to all employees. View capabilities for name, demographics, and education. View and update capabilities for home address, phone, and emergency contacts.

5. Enter your date of birth and select Submit.

A screenshot of a 'Birth Date Validation' form. The form has a blue header bar with the text 'Birth Date Validation'. Below the header is a light blue bar with the text 'Enter Birth Date'. Underneath is the label 'Date of Birth: (mm/dd/yyyy)' followed by an empty text input field. At the bottom of the form are three buttons: 'Submit', 'Reset', and 'Cancel/Return'.

To verify your identity, please enter the above information.

## Name

To verify your name, select Names. To request an update of your legal name, select the Personal Information Form and return a completed copy to Human Resource Management. Additional documentation is required to process a legal name change.

|  |                              |                         |                       |                                    |                     |
|--|------------------------------|-------------------------|-----------------------|------------------------------------|---------------------|
| <a href="#">Names</a>  | <a href="#">Demographics</a> | <a href="#">Address</a> | <a href="#">Phone</a> | <a href="#">Emergency Contacts</a> | <a href="#">Edu</a> |
| <b>Legal Name</b>  |                              |                         |                       |                                    |                     |
| First Name:  | Jane                         |                         |                       |                                    |                     |
| Middle Name:   |                              |                         |                       |                                    |                     |
| Last Name:   | Goodall                      |                         |                       |                                    |                     |
| Salutation:  | Ms                           |                         |                       |                                    |                     |
| Suffix:  |                              |                         |                       |                                    |                     |
| Certification:   |                              |                         |                       |                                    |                     |
| Change Name Reason:  |                              |                         |                       |                                    |                     |
| <b>Alias / A.K.A. Name</b> < name that appears in campus directory |                              |                         |                       |                                    |                     |
| First Name:  | Jane                         |                         |                       |                                    |                     |
| Middle Name:   |                              |                         |                       |                                    |                     |
| Last Name:   | Goodall                      |                         |                       |                                    |                     |
| Salutation:  | Ms                           |                         |                       |                                    |                     |
| Suffix:  |                              |                         |                       |                                    |                     |
| Certification:   |                              |                         |                       |                                    |                     |
| Change Name Reason:  |                              |                         |                       |                                    |                     |

**Please note:** If information is incomplete or invalid, please click on link below to access the form to be submitted to the Human Resources Office.  
[Personal Information Form](#)



## Demographics

To verify your demographic information, select Demographics. To request an update of your demographic information, select the Personal Information Form (along with the disability form and/or veterans form if needed) and return a completed copy to Human Resource Management.

| <a href="#">Names</a>       | <a href="#">Demographics</a> | <a href="#">Address</a> | <a href="#">Phone</a> |
|-----------------------------|------------------------------|-------------------------|-----------------------|
| <b>Demographics Details</b> |                              |                         |                       |
| Date of Birth:              | 01/01/1955                   |                         |                       |
| Birth Year:                 |                              |                         |                       |
| Date of Death:              |                              |                         |                       |
| U.S.Citizen?:               | Yes                          |                         |                       |
| Non-Citizenship Type:       |                              |                         |                       |
| Country of Citizenship:     | United States of America     |                         |                       |
| Perm.Res.Expiration Date:   |                              |                         |                       |
| Gender:                     | Female                       |                         |                       |
| Hispanic?:                  | Yes                          |                         |                       |
| Race:                       | White                        |                         |                       |
| Ethnicity Source:           | Declared by Employee         |                         |                       |
| Highest Education Level:    | Bachelor's Degree            |                         |                       |
| Disability Indicator:       | No,I don't have a Disability |                         |                       |
| Veteran?:                   | No                           |                         |                       |
| Military Separation Date:   |                              |                         |                       |
| Military Service Status:    | None                         |                         |                       |
| Protected Veteran Status:   | Not a Protected Veteran      |                         |                       |

**Please note:** If information is incomplete or invalid, please click on link below to access: [Personal Information Form](#) [Disability Form](#) [Vets Form](#)

## Address – Legal and Campus

To verify and update your legal address, select Address, then the radio button in front of legal, and Update. Enter the effective date of the address change and new address, and then select Submit.

After submitting a legal address change, please print the Address Change Checklist available on the next screen as you will need to update your address with your retirement system, any union sponsored or long-term care insurance.

|                       |                              |                         |                       |
|-----------------------|------------------------------|-------------------------|-----------------------|
| <a href="#">Names</a> | <a href="#">Demographics</a> | <a href="#">Address</a> | <a href="#">Phone</a> |
|-----------------------|------------------------------|-------------------------|-----------------------|

### Address

| Select                           | Type   | Address                                     |
|----------------------------------|--------|---|
| <input checked="" type="radio"/> | Legal  | 1 Main St, Buffalo NY 14222                 |
| <input type="radio"/>            | Campus | CLEV 403 HRMN Manager, Personnel Operations |

[View Details](#) [Add](#) [Update](#) [Delete](#)

#### Please update your legal Address information

|                     |  |
|---------------------|--|
| * Effective Date:   | <input type="text" value="12/15/2014"/>                            |
| * Address Line 1:   | <input type="text" value="5 State St"/>                            |
| Address Line 2:     | <input type="text"/>   |
| Address Line 3:     | <input type="text"/>   |
| Address Line 4:     | <input type="text"/>   |
| * City:             | <input type="text" value="Buffalo"/>                               |
| Zip:                | <input type="text" value="14207"/> - Zip + 4: <input type="text"/> |
| County:             | <input type="text" value="Erie"/>                                  |
| State/Province:     | <input type="text" value="New York"/>                              |
| * Country:          | <input type="text" value="United States"/>                         |
| Address Validation: | <input type="text" value="Validate Address"/>                      |
| Validation Status:  | <input type="text" value="12/15/2014"/>                            |

\* Required Fields

[Submit](#) [Reset changes](#) [Return with no changes](#)

*\* After submitting an address change, please print the Address Change Checklist (available on the next screen) with regards to other carriers you may need to contact regarding your address change.*

### Address Validation Protocol:

Upon submit, QAS will validate the address. If the address passes through the QAS process, the validation status will show as verified. If the address entered is unable to be validated by QAS, a pop-up box will appear with a drop down of valid addresses for you to choose from. If you select Keep Address, the validation field will change to Skip Validation, which will allow you to accept the address as entered. If you enter an address that QAS is not able to validate, the

following message will be received: The address entered could not be validated. Please confirm that you have given a valid street address and select return. Once you select return, the validation status will appear as declined and the address will be saved as entered.

To verify your campus address, select the radio button in front of campus. Your campus address includes building and room, department abbreviation, and local title. To request an update of your building and/or room number, e-mail Lydia Kawaler, [kawalel@buffalostate.edu](mailto:kawalel@buffalostate.edu) or complete the Directory Add/Update Form available from the [HR website](#). Local title updates must be routed for approvals through a Current Employee Change Form.

| Address                                     |                                    |   |
|---|------------------------------------|---|
| Select                                      | Type                               | Address   |
| <input type="radio"/>                       | Legal                              | 1 Main St, Buffalo NY 14222   |
| <input checked="" type="radio"/>            | Campus                             | CLEV 403 HRMN Manager, Personnel Operations                                 |
| <input type="button" value="View Details"/> | <input type="button" value="Add"/> | <input type="button" value="Update"/> <input type="button" value="Delete"/> |

| Address Details  |   |
|------------------|---|
| Address Type:    | Campus  |
| Address, Line 1: | <b>building and room &gt;</b> CLEV 403                |
| Address, Line 2: | <b>department abbreviation &gt;</b> HRMN              |
| Address, Line 3: | <b>local title &gt;</b> Manager, Personnel Operations |

## Phone

To verify and update your phone numbers, select Phone. You may add, update, or delete your home or cell phone. You may update your work phone only.

***Do not populate Other Phone or Work Phone 2 as Buffalo State does not utilize these fields.***

After submitting a phone change, please print the Phone Change Checklist as you will need to update your phone change with your retirement system, any union sponsored or long-term care insurance.

| <a href="#">Names</a>  | <a href="#">Demographics</a> | <a href="#">Address</a> | <a href="#">Phone</a>      | <a href="#">Emergency Contacts</a> | <a href="#">Education</a> |
|--|------------------------------|-------------------------|----------------------------|------------------------------------|---------------------------|
| <b>Phone Numbers</b>   |                              |                         |                            |                                    |                           |
| Select   | Type                         | Phone Number            | International Phone Number | Effective Date                     |                           |
| <input type="radio"/>  | Cell Phone ✓                 |                         |                            |                                    |                           |
| <input checked="" type="radio"/>   | Home Phone ✓                 | (716) 555-1234          |                            | 12/05/2014                         |                           |
| <input type="radio"/>  | Other Phone ✗                |                         |                            |                                    |                           |
| <input type="radio"/>  | Work Phone ✓                 | (716) 878-4822          |                            | 12/05/2014                         |                           |
| <input type="radio"/>  | Work Phone 2 ✗               |                         |                            |                                    |                           |
| <input type="button" value="View Details"/> <input type="button" value="Add"/> <input type="button" value="Update"/>   |                              |                         |                            |                                    |                           |
| <b>Phone Details</b>   |                              |                         |                            |                                    |                           |
| Phone Type:  |                              |                         |                            |                                    |                           |
| * Effective Date:  |                              |                         |                            |                                    |                           |
| * Phone Number:  |                              |                         |                            |                                    |                           |
| Or International Phone Number:   |                              |                         |                            |                                    |                           |
| Also consider this my  |                              |                         |                            |                                    |                           |
| Home Phone:  |                              |                         |                            |                                    |                           |
| Work Phone:  |                              |                         |                            |                                    |                           |
| Cell Phone:  |                              |                         |                            |                                    |                           |
| Work Phone 2:  |                              |                         |                            |                                    |                           |
| Other Phone:   |                              |                         |                            |                                    |                           |
| <i>*After submitting a phone number change, please print the Phone Change Checklist (available below) with regards to other carriers you may need to contact regarding your phone change. <a href="#">Phone Change Checklist</a></i> |                              |                         |                            |                                    |                           |

## Emergency Contacts

To verify and update your emergency contacts, select Emergency Contacts. You may add, update, or delete your emergency contacts. Employees may have up to **three (3)** emergency contacts. At least one phone number is required for a contact.

| <a href="#">Names</a> | <a href="#">Demographics</a> | <a href="#">Address</a> | <a href="#">Phone</a> | <a href="#">Emergency Contacts</a> | <a href="#">Education</a> |
|-----------------------|------------------------------|-------------------------|-----------------------|------------------------------------|---------------------------|
|-----------------------|------------------------------|-------------------------|-----------------------|------------------------------------|---------------------------|

| Emergency Contacts               |                |              |         |            |                |                |
|----------------------------------|----------------|--------------|---------|------------|----------------|----------------|
| Select                           | Name           | Relationship | Primary | Home Phone | Work Phone     | Cell Phone     |
| <input type="radio"/>            | Dave Kawaler   | Spouse       | Yes     |            | (716) 555-2222 | (716) 555-4444 |
| <input checked="" type="radio"/> | Kelly Santillo | Sibling      | No      |            |                | (716) 555-8888 |

### Emergency Contact Details

\* First Name:

\* Last Name:

Address, Line 1:

Address, Line 2:

City:

State/Province:

Country:

Postal/Zip Code:

Work Phone:

Home Phone:

Cellular Phone:

International Phone Number:

Email Address:

\* Relationship:

\* Primary Contact?:

## Education

To verify your education information, select Education. To request an update of your degree information, select the Personal Information Form and return a completed copy to Human Resource Management. Additional documentation is required to process the request, e.g., official transcripts.

| <a href="#">Names</a>  | <a href="#">Demographics</a> | <a href="#">Address</a>  | <a href="#">Phone</a>                       | <a href="#">Emergency Contacts</a> | <a href="#">Education</a> |                  |                 |
|--|------------------------------|--------------------------|---|------------------------------------|---------------------------|------------------|-----------------|
| <b>Education</b>   |                              |                          |   |                                    |                           |                  |                 |
| Select   | Degree Date                  | Degree Type              | Degree School and Program                   | Highest Degree?                    | Pending Degree?           | Terminal Degree? | Verified Degree |
| <input checked="" type="radio"/>   | 1996                         | Bachelor of Science      | SUNY College At Buffalo Bachelor of Science | Yes                                | No                        | No               | No              |
| <input type="button" value="View Details"/>  |                              |                          |   |                                    |                           |                  |                 |
| <b>Education Details</b>   |                              |                          |   |                                    |                           |                  |                 |
| Degree Awarded In Year:  |                              | 1996                     |   |                                    |                           |                  |                 |
| Degree Awarded In Month:   |                              |                          |   |                                    |                           |                  |                 |
| Degree Type:   |                              | Bachelor of Science      |   |                                    |                           |                  |                 |
| Degree Program Group:  |                              |                          |   |                                    |                           |                  |                 |
| Program Sub-Group:   |                              |                          |   |                                    |                           |                  |                 |
| Degree Program:  |                              |                          |   |                                    |                           |                  |                 |
| Degree Country:  |                              | United States of America |   |                                    |                           |                  |                 |
| University State:  |                              | New York                 |   |                                    |                           |                  |                 |
| University City:   |                              | Buffalo                  |   |                                    |                           |                  |                 |
| University/College:  |                              | SUNY College At Buffalo  |   |                                    |                           |                  |                 |
| Highest Degree:  |                              | Yes                      |   |                                    |                           |                  |                 |
| Pending Degree:  |                              | No                       |   |                                    |                           |                  |                 |
| Terminal Degree:   |                              | No                       |   |                                    |                           |                  |                 |
| Verified Degree:   |                              | No                       |   |                                    |                           |                  |                 |
| <input type="button" value="Cancel/Return"/>   |                              |                          |   |                                    |                           |                  |                 |
| <p><b>Please note:</b> If information is incomplete or invalid, please click on link below to access the form to be submitted to the Human Resources Office.</p> |                              |                          |   |                                    |                           |                  |                 |
| <a href="#">Personal Information Form</a>  |                              |                          |   |                                    |                           |                  |                 |

## Sign Off

Please sign off the system when you are finished.

## Appendix of Related Forms

Forms available from SUNY HR Portal:

Personal Information Change Form

Address Change List

Phone Change List

Disability Form

Veterans Form

## Questions

Please contact Human Resource Management at 878-4822 or e-mail [kawalel@buffalostate.edu](mailto:kawalel@buffalostate.edu).