How to update your personal details and medical information on Dayforce.

N 🖉				Quick links Image: Provide the state of the state o	
			<u> </u>	Favourites	Ed
Welcome to your new home ex Finding what you need in Dayforce j delivered to you on your home page	cperience! just got easier with personalised 3.	I content, company new	vs and actionable tasks	Hub	Attendance (Year at a Glance)
Balances		Balance summari	es (Request new time off)	Calendar	Time Away List
Holiday Carry Over - Days Ho 0.00000 Days 4 Salances reflect your currently available to	Niday - Days	diustments		Forms	Timesheet
Earnings	and, and they the means periodity do		View pay details	Quick links	
Last pay: •••••	Change from previous	Show	Next pay: in 30 Days 22 December 2023	Profile Money Law poerin	g Course
				GDPR Course	

1. Select profile on your home screen.

- 2. Check and update your 'About me' information (address, contact information & emergency contacts). Remember to click 'save' once done.
- 3. Click 'forms' along the top.

Personal • Career • Forms Settings •						
\smile	About Me					
	Contact Information Addresses Primary Residence	Contact Information Phone Numbers Home Email Addresses Personal Email Online Profiles No online profile available	Emergency Contacts Primary Emergency Contact Name Mobile Phone Secondary Emergency Contact Name Mobile Phone			
	Personal Information Marital Status	Dependants	Beneficiaries			
	No marital status information available	No dependant information available	No beneficiary information available			

4. Select the 'medical information' form.

arch Forms	Search Reset
Results	
Absence (3)	
局 Fit Note	
Request Leave of Absence	
Return from Leave of Absence (Employee)	
Hiring (1)	
E New Starter Checklist	
Personal (5)	
E Current Beneficiary Information	
🖹 Diversity	
🖹 Inclusivity	
Medical Information	
E nume sind manuar status	
Policies (2)	
E Cove Learning Academy Portfolio	
E Team Member Handbook Information	
 Tax & Salary (1) 	
🖹 Direct Deposit	

5. Complete the form. Please include any health conditions that you believe may affect you or your colleagues whilst at work in the section highlighted in green below. Once finished click submit.

Medical Information						
Employee Info						
Name	Lindsay Wells					
Employee No.	123456					
Date:	22/11/2023					
Information about this form						
This is the basic text of the form and some instructions about why it is needed etc This is for the customer to fill in.						
Items marked with an * are required						
Me	dical and Doctors Information					
Medical Information (Conditions or Allergies)						
Doctors Name*	[]					
Doctors Phone Number*	i					
Doctors Address*						
	Next of Kin Information					
Nort of Kin Name*						
Next of Kin Name*						
Contact Details*	·'					
Comment Add comment to the employee's file.						
· · · · · · · · · · · · · · · · · · ·						
	Save Drate 🗸 Submit Cancel	Print				