HELLO.

I'm Liang Zhao. 👋

A Senior UX Designer @ Morgan Stanley.

■ NICE TO MEET YOU

Redesign Manage Employee Function

People problem · Iteration · Outcome · Learning

DESIGN PROCESS

01
Project vision

02
Problem Definition

03
Ideation

04
Validation Iteration

05
Development

06
Monitor

My Team

1 Project manager

3 Stakeholders

2 Product owners

5 Developers

My Roles

User research

Wireframe + Prototype + Visual design

User testing

Design quality control

PEOPLE PROBLEM   ITERATION   OUTCOME   LEARNING

Establish a workflow to allow managers and HRs to manage their employee's information efficiently

Solution

Users

Establish a **workflow** to allow **managers and HRs** to manage their employee's information **efficiently**

People problem

Original dashboard

Insperity

SEARCH…

MCGUIRE MILLARE ▾

👤 MY ACCOUNT

Paycheck

Benefits

401(k)

📁 COMPANY

Manage Employees

Manage Performance

Regulatory and Compliance

Forms and Policies

Manage Employees

EMPLOYEES   HISTORY   MASS UPDATE

SEARCH 🔍

All ▾

○ All   ● Active   ○ Terminated

Last Name ▾	First Name	Middle Name	Job Title	Hire Date	Reports to	Company	Status
ABADJIAN	FILLSTANTANT	LYNN	TRACTOR WASHER	9/23/2015		GREEN COUNTRY EQUIPMENT, LLC	Active
ABADJIAN	EYEJEAN		VEHICLE SERVICE AGENT	8/11/2017	ARIZPE, LAKENORIA	ADVANTAGE OPCO, LLC - MAINLAND	Active
ABARCA-MARISCAL	MINGQIU		CATEGORY SALES MANAGER	7/5/2017	NEBEKER, KYLYN	SCHOOL SPECIALTY, INC.	Active
ABASOLO	SAIMA		ASSOC-FULFILLMENT CENTER	2/7/2000	KHODAVIRDI, DORTHA	SCHOOL SPECIALTY, INC.	Active
ABBE	DASHAWN		MGR-REGIONAL SALES	1/23/2017	ZIELWSKI, KAMERON K	SCHOOL SPECIALTY, INC.	Active
ABDUL QADER	SIMMY	MARIA	CUSTOMER SALES ASSOCIATE	5/2/2017	PEDREGON, VEEJAY	ADVANTAGE OPCO, LLC - MAINLAND	Active
ABOUSSOUAN	HALLAN		FLEET ADMIN	7/13/2017	HIKAL, ZUREMA	ADVANTAGE OPCO, LLC - MAINLAND	Active
ABOUSSOUAN	KAILEYKIELLE	LAZARO	BREWERY WORKER	7/16/2018	MARECEK, JAGDEV	HEALTH-ADE, LLC	Active
ABOUSSOUAN	SORSHA		SERVICE TECHNICIAN	4/19/2002		GREEN COUNTRY EQUIPMENT, LLC	Active
ABROITZ	MABEL	D	SVC WRITER	12/13/2005		GREEN COUNTRY EQUIPMENT, LLC	Active
ACHILLI	DARIJAN	SUE	ASSOCIATE-PROJECT SERVICES	7/14/1988	RAYGANI, ARA	SCHOOL SPECIALTY, INC.	Active
ACHILLI	ELIN		ASSOC-FULFILLMENT CENTER	6/1/2016	ANDREEV, LANNING	SCHOOL SPECIALTY, INC.	Active
ACHOE	THANUSHRI	R	PARTS HELPER	1/17/2001		GREEN COUNTRY EQUIPMENT, LLC	Active

Original employee detail page

Home › Manage Employees › Summary

MANAGE EMPLOYEES

- **Summary**
- Personal
- Employment
- Company
- Position
- Compensation
- Withholdings
- Direct Deposit
- Time Off
- Termination

ABADJIAN, FILLSTANTANT LYNN
Employee ID: 2556128   Company ID: 2923400

Personal Summary

Last Name	**First Name**	**Middle Name**
ABADJIAN	FILLSTANTANT	LYNN

Date of Birth	**Insperity Employee #**	**Social Security #**
10/16	2556128	XXX-XX-1905

Home Address

Street Address	**Address Line 2**		
PO BOX 392			

City	**State**	**Zip**	**County**
GOODWELL	OK	73939-0392	TEXAS

Phone	**Mobile**	**Fax**
	(928) 414-1064	

Email

toledoamber@gmail.com

Emergency Contact

Related Documents
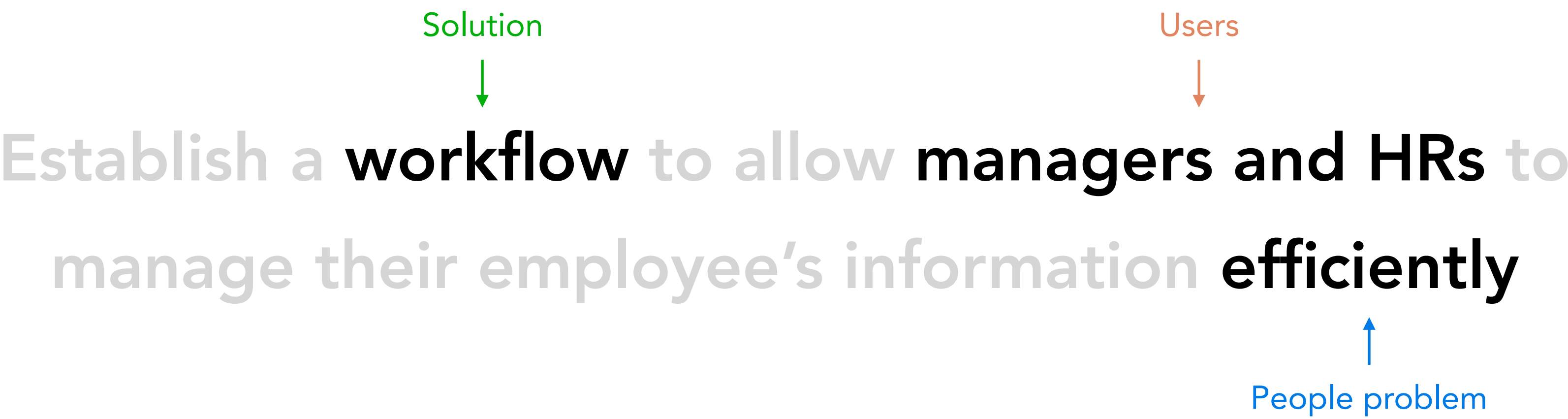
Change of Status
Employment Verification
FLSA Test
State Unemployment
Contact Us
Training Video

Left Form

Position Title:

Department & Location:

Project Code:

Type of Position:
☐ New ☐ Replacement

If Replacement, Name of Person Replacing:

Posting:
☐ Internal ☐ External

Number of Openings:

Reports To (Name, Title):

Position Category:
☐ Exempt ☐ Non-Exempt

Position Status:
☐ Full-time ☐ Part-Time
☐ Regular ☐ Temporary

TDFPS Check Required?
☐ Yes ☐ No

Pay Rate/Range:
☐ / hour or ☐ / year

Work Hours/Days:

Hours Per Week:

Required Qualifications (include _minimum_ education, training, work experience, travel, skills, etc. _required_ for this position):

Preferred Qualifications (indicate the _preferred_ education, training, work experience, skills, etc.):

Description of the Position to be filled (describe the duties and responsibilities – _attach an approved job description for this position_):

Additional Comments:

PLEASE DIRECT RESUMES TO:

Name: **Title:**

Email Address: **Phone Number:**

Signatures and Approvals:

Program Manager:	**Date:**
Director:	**Date:**
Vice President:	**Date:**
Received in Human Resources by:	**Date:** (mm/dd/yyyy)

Right Form

First Name	Middle Name	Last Name	Employee ID No. OR →	Last 4 Digits of Social Security No.

Effective Date of Change (mm/dd/yyyy)	Client Company Name	Client Number

JOB DESCRIPTION CHANGE/TRANSFER - Enter changes and new information only.

New Job Category
☐ Executive/Senior Level Official and Manager   ☒ First/Mid Level Official and Manager   ☐ Professional   ☐ Technician
☐ Sales Worker   ☐ Administrative Support Worker   ☐ Craft Worker   ☐ Operative   ☐ Laborer and Help   ☐ Service Worker

New Job Title   New Job Function (if different from job title)

New Benefit Class	New Billing Group	New Workers' Comp Code	Workers' Comp Audit Request ☐

New Department Code (alpha and/or numeric)	New Location Code (alpha and/or numeric)	New Supervisor

Physical Address	Street Address	City	County	State	ZIP	→	Address Code
Worksite where employee works	Worksite Location is (check one): ☐ Actual Client Location ☐ Offsite Location ☐ Employee's					Insperity Use Only	
Check Delivery where employee's check is delivered							
Reporting where employee's supervisor is located						→	

Print Supervisor Name

Employee Work Email Address	Work Phone Number	Ext.

Change Client Number From To	Work Fax Number

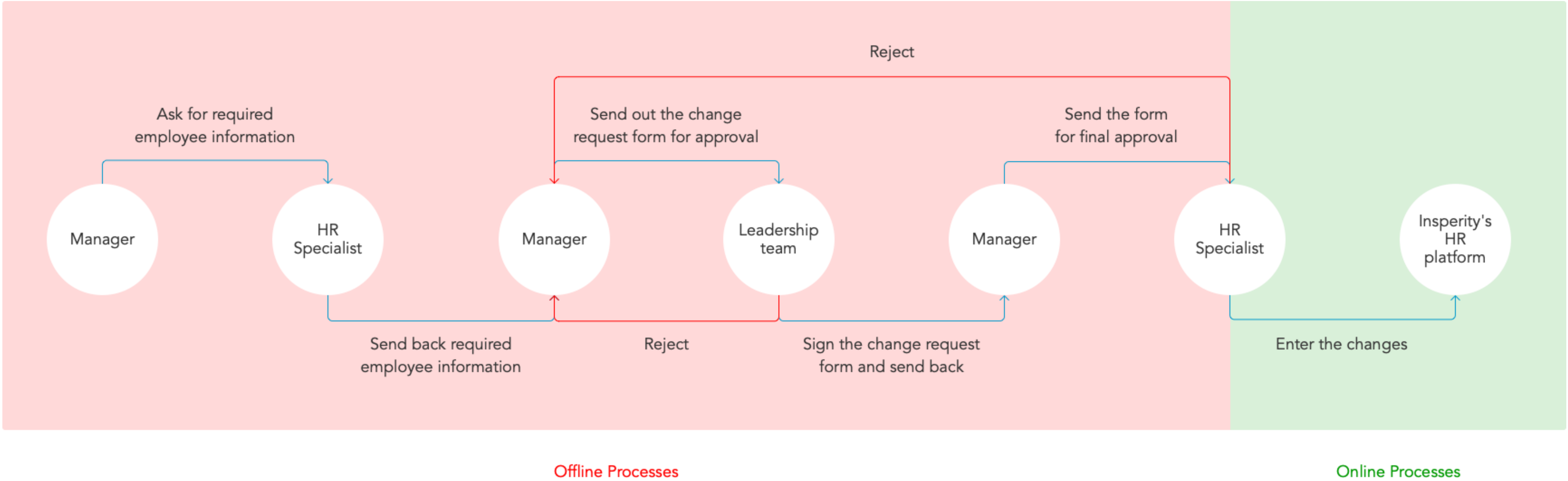| Change Insperity Hire Date (mm/dd/yyyy) From To	Work Cell Number

PAY RATE CHANGE / CLASSIFICATION - Enter changes only. Employee signature required for pay reduction and/or changes from nonexempt to exempt.

☐ Pay Rate Increase*	From:	☐ Hourly ☐ Salary ☐ Other	To:	☐ Hourly ☐ Salary ☐ Other	☐ This Employee supervises others.
☐ Pay Reduction**	From:	☐ Hourly ☐ Salary ☐ Other	To	☐ Hourly ☐ Salary ☐ Other	☐ This Employee no longer supervises others.

Classification Change **TO**
☐ Full-Time   ☐ Part-Time   ☐ Seasonal

Is this Employee Temporary? ☐ Yes ☐ No
If **Yes**, Enter Temp End Date (mm/dd/yyyy)

☐ Exemption Change   Is this employee exempt from overtime payment? ☐ Yes ☐ No
If "Yes", the FLSA Test for Exemption for this position should be completed, signed by the employee and on-site supervisor, and submitted to your Insperity payroll specialist.

By signing below, I acknowledge that this is not a deferral of wages and I have not been promised that any reduction in wages reflected herein will be made up or paid at a later date. I also understand that a reduction in my wages will result in a reduction in benefit for any applicable life insurance, short-term/long-term disability, workers compensation and other benefit which is based on my wages/salary.
**For a reduction in pay, this form must be signed and dated by the employee on or before the effective date of change.

Employee Signature	Date Signed by Employee (mm/dd/yyyy)	*For a payroll contact and/or onsite supervisor pay increase or reduction, the client owner signature is required.
Payroll Contact/Onsite Supervisor Signature	Payroll Contact Printed Name	Date Signed (mm/dd/yyyy)	
Client Owner Signature	Client Owner Printed Name	Date Signed (mm/dd/yyyy)	

TO BE COMPLETED BY PAYROLL SERVICES

Entered By	Date Entered (mm/dd/yyyy)

Original workflow

Metrics | Time spent on task

Satisfaction score

# of customer support tickets

Active users/week

Offline Processes

Online Processes

Online Processes

01

Kick off a change request

by a manager

02

Submit a change request

by a manager

03

Approve

by a HR

01

**Kick off a
change request**

by a manager

02

**Submit a
change request**

by a manager

03

Approve

by a HR

16

Original dashboard

Original dashboard

Iteration 1

Iteration 1

Iteration 1

Final wireframe

Final wireframe

STYLE GUIDE

Typography

Aa
Roboto

Regular · **Medium** · **Bold**

Heading 1

Heading 2

Heading 3

Paragraph

Color scheme

Primary   Secondary   Indicator

Buttons

Primary button

Secondary button

Tertiary button

24

FINAL VISUAL

25

01

02

03

Kick off a
change request

**Submit a
change request**

Approve

by a manager

by a manager

by a HR

Position Title:	Department & Location:	Project Code:

Type of Position: ☐ New ☐ Replacement Number of Openings:	If Replacement, Name of Person Replacing:	Posting: ☐ Internal ☐ External

Reports To (Name, Title):	Position Category: ☐ Exempt ☐ Non-Exempt	Position Status: ☐ Full-time ☐ Part-Time ☐ Regular ☐ Temporary

TDFPS Check Required? ☐ Yes ☐ No	Pay Rate/Range: ☐ / hour or ☐ / year	Work Hours/Days:	Hours Per Week:

Required Qualifications (include _minimum_ education, training, work experience, travel, skills, etc. _required_ for this position):

Preferred Qualifications (indicate the _preferred_ education, training, work experience, skills, etc.):

Description of the Position to be filled (describe the duties and responsibilities – _attach an approved job description for this position_):

Additional Comments:

PLEASE DIRECT RESUMES TO:	
Name:	Title:
Email Address:	Phone Number:

Signatures and Approvals:	
Program Manager:	Date:
Director:	Date:
Vice President:	Date:
Received in Human Resources by:	Date:

01

**Kick off a
change request**

by a manager

02

**Submit a
change request**

by a manager

03

Approve

by a HR

Iterations

Changes Summary

APPROVE   ADD CHANGES   REJECT

Shannon Hobbs 's Promotion   going in effect **05/25/2019**

What Changed	Original		Changed To
Position	Technical Assistant	→	Technical Specialist
Supervisor	Karen Bower	→	Jason White
Pay Rate	$13.40 per hour	→	$2,000.00 per hour

Signatures and Approvals

Position	Name	Date Approved	Signature
Supervisor	Karen Bower	04/25/2019	
Program Manager	Andrew Tannert	04/25/2019	

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Review Promotion Request - Shannon Hobbs

APPROVE   CANCEL

Employee and Effective Date

Employee Name	Change Reason	Effective Date
Shannon Hobbs	Promotion	05/25/2019

Position

What Changes	From		To
Job Title	Technical Assistant	→	Technical Specialist
Supervisor	Karen Bower	→	Jason White

SHOW WHAT'S UNCHANGES

Pay

What Changes	From		To	
Pay Rate	$13.40 per hour	→	$20.00	per hour

SHOW WHAT'S UNCHANGES

Employment

No changes

SHOW WHAT'S UNCHANGES

Attachments

No attachment

+ Add Attachement

Signatures and Approvals

Select	Position	Name	Date Approved
☑	Supervisor	Karen Bower	04/26/2019
☑	Program Manager	Andrew Tannert	04/26/2019

+ Add A Signature for Approval

FINAL VISUAL

Change Summary

Employee and Effective Date

Employee Name	Change Reason	Effective Date
Shannon Hobbs	Supervisor Change	05/25/2019

Position

Job Title	Job Category	Job Function	Job Code
Technical Specialist	Professional	General Labor	11242-5342

Supervisor	Supervises Others
Jason White	No
Karen Bower (Original)	

Department	Department Code
Production	105

Location	Location Code
Texas	105

Pay

Pay Type	Pay Rate	Annual Salary	Pay Period Amount	Hours
Hourly	$2,000.00 per hour	$57,600.00	$2,400.00 Biweekly	80
Overtime	$20.50 per hour	--	--	0

Employment

Employment Status

Hired

Hire Date

04/18/2016

Position Status	Temporary Employment
Full Time	No

No Attachment or Notes

Signatures and Approvals

Position	Name	Date Approved	Signature
Supervisor	Karen Bower	05/25/2019	
Program Manager	Andrew Tannert	05/25/2019	

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Results

~200,000 users

~20 mins	Time spent on task
7.2	Satisfaction score
10% ↓	# of customer support tickets
55%	Active users/week

Offline process ⟶ Digital platform

01

Use intuitive design patterns

02

Mimic real life structure

03

Roll out new design in phases