

Temporary Employee DocuSign Job Aid



In this Job Aid, we will be taking you through the steps of completing a Temporary Solutions New Hire Onboarding Packet. Please reach out to Temporary Solutions for assistance after reviewing this booklet.

At this time, DocuSign works the most efficiently from a computer while using Google Chrome.

You will be asked to complete the following forms:

1. [Employment through Temporary Solutions](#)
2. [Equal Employment Information](#)
3. [Direct Deposit Form](#)
4. [W4 Tax Form](#)
5. [NC-4 EZ Form](#)
6. [I-9 Form](#)

You may click on each title above to take you to the form on this document.

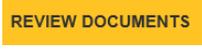
Helpful Tips & Tricks

- In order to move through each section of DocuSign, you must **click** the **Initial** or **Sign Here** icons.
- The **Next** button only takes you to the **next required area**
 - **Please Note:** You can use the **Tab** button on your keyboard or the **Next** button on the screen in order to move through each section
- If a Placement Counselor sent you more than one version of onboarding documents to review, please use the most recent notification in order to start the most current documents
 - For **Direct Deposit Enrollment Form**, please **select Mid-Monthly or Bi-Weekly**
- If you are unsure what current section of the DocuSign requires, please look at two areas:
 - **The blue banner at the top of the DocuSign page**
 - **Hover over the area with your mouse**
- You **do not** have to complete your documents all at one time. You can **Finish Later** by clicking the **Other Actions** drop down at the top of your screen
 - For more information about the **Other Actions Drop down**, please click [here](#)
- If you **do not** have access to a computer, there is a **DocuSign mobile app**

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DocuSign Notification & Command Icon/Button Descriptions

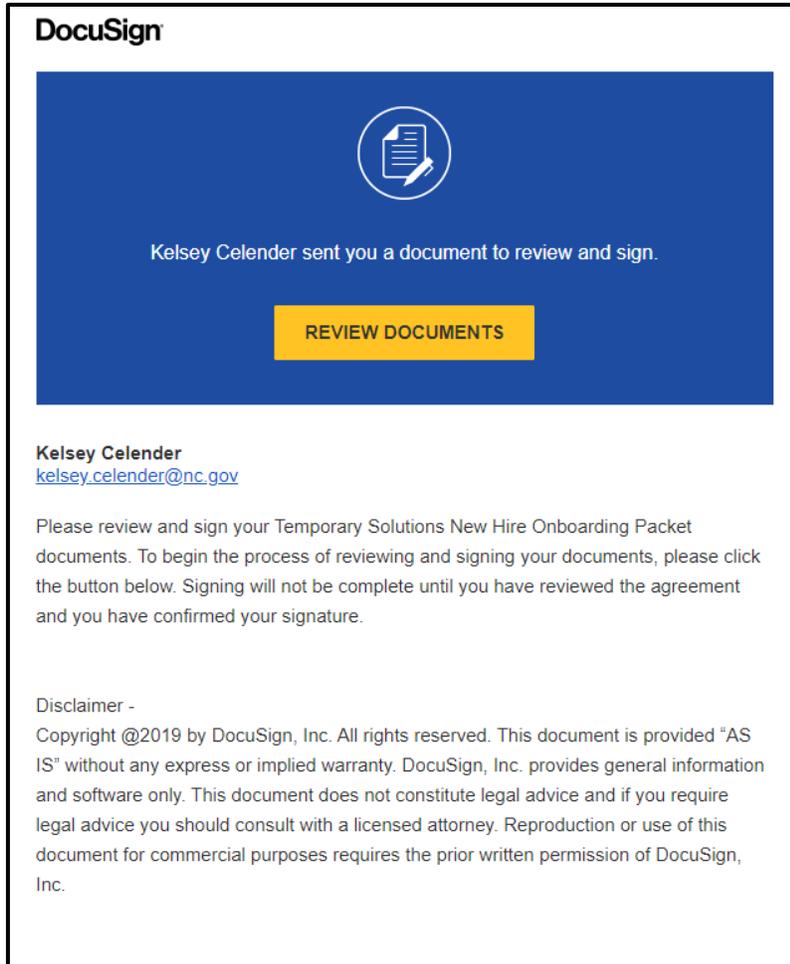
	<p>This button takes the user to the beginning of the document or where the user left off last session.</p>
	<p>This icon shows the user is required to click the Initial Arrow as acknowledgement and agreement of the statement.</p>
	<p>This notification means this area requires the user to click the Sign Arrow as acknowledgement and agreement of the statement.</p>
	<p>This button takes the user to the documents that need to be reviewed.</p>
	<p>This command icon takes the user to the next required section of the document. This does not sign nor initial for the user.</p>
	<p>This command icon shows the user this area requires a selection by clicking a radio button from the options provided.</p>
	<p>This command icon shows the user this section needs to be filled in by typing in the blank text box(s).</p>
	<p>This red circle icon instructs users to select a statement/choice.</p>
	<p>This red rectangle icon instructs users this text box requires to be completed.</p>
	<p>This paperclip icon serves the user as a notification a file is required to be attached.</p>
	<p>This paperclip icon means the user's attachment has uploaded</p>

Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

In order to first retrieve your documents, you will receive an email from a Temporary Solutions Placement Counselor.

Email Message Retrieval & Review

When you open the email from DocuSign, it will look similar to shown below.



Email Message Details

Please **review** the **message details** in the email. The name and email of the Temporary Solutions representative requesting your review and signature is listed on the top left of this email message.

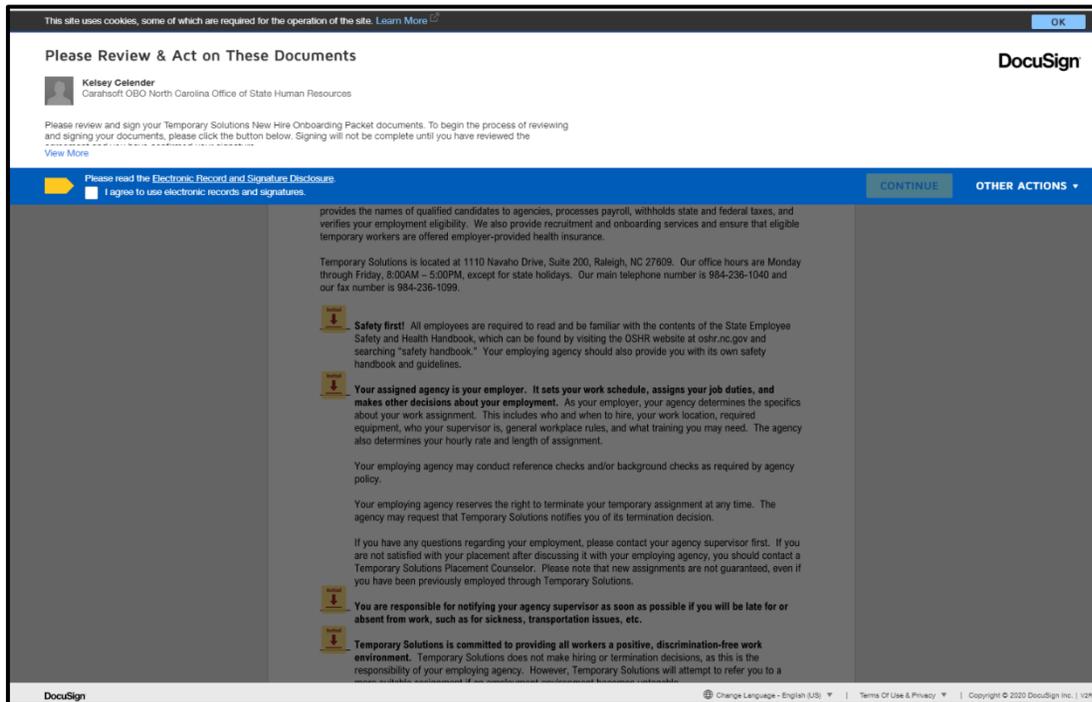
Note: The Placement Counselor’s email address is provided in order to assist you throughout the hire and orientation process.

Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

How to Review the Documents

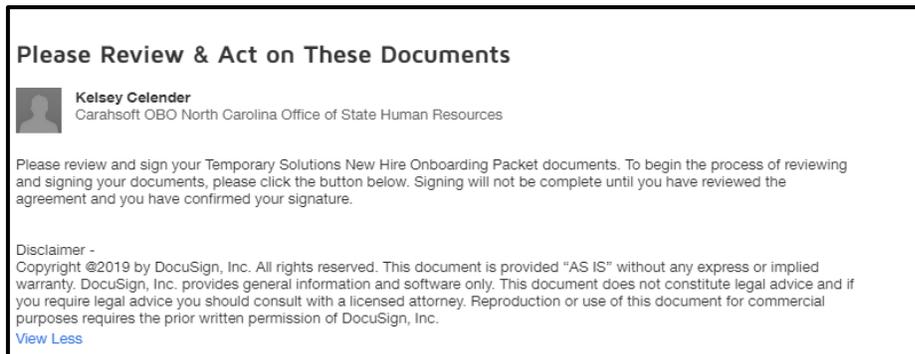
Please **click** the yellow **Review Documents** link in the email. Please make sure you are using **Google Chrome** (if able).

Your screen should now look like shown below.

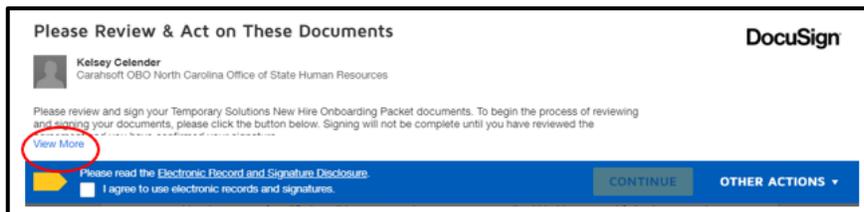


Please Review & Act on These Documents DocuSign Message Details

At the top of your internet screen you will see the message shown below.



If the message on your screen is cut off, please click the blue **'View More'** button (circled in red below).



Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

Next, please read the [Electronic Record and Signature Disclosure agreement](#) by **clicking** the hyperlink.

After you have reviewed the disclosure, please **click** the **white box** in order to agree to use electronic records and signatures.

Note: You **may not** continue until you have agreed to use electronic records and signatures.

After **clicking** that **you agree**, you will notice you are able to **click** the **Continue** button (as shown below).



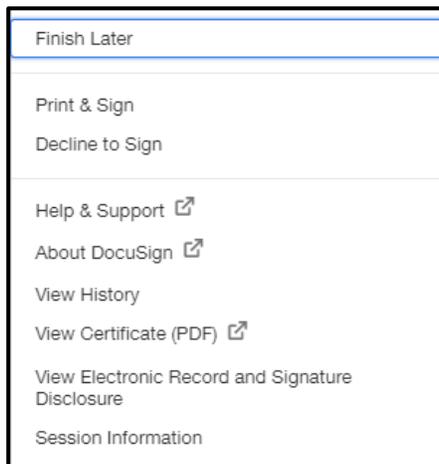
You also will see the option for **Other Actions** drop down. Please see below for more information regarding **Other Actions**.

Other Actions Drop Down Menu

Throughout the process you will be given the option to **Continue, Finish** **Other Actions** drop down menu (shown below).



After clicking the **Other Actions**, you will see the choices below.



Reviewing & Completing Documents

You will be given the following documents to review and complete:

1. Employment through Temporary Solutions
2. Equal Employment Information
3. Direct Deposit Form
4. W4 Tax Form
5. NC-4 EZ Form
6. I-9 Form
7. FN Data Gathering form

Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

When completing each of these forms, **please initial or sign** when required.

DocuSign will let you know which is necessary by the notifications shown below:

	This icon means this area requires you to click the Initial Arrow as acknowledgement and agreement of the statement.
	This icon means this area requires you to click the Sign Arrow as acknowledgement and agreement of the statement.

The first document you are given to review is **the Employment through Temporary Solutions Form**.

Employment through Temporary Solutions Form

Employment through Temporary Solutions Form Details

This form provides you information about being a temporary employee, the responsibility you have as a temporary employee as well as the responsibility of Temporary Solutions and the agency you are assigned to. Please **review, initial** and **sign** as required.

Employment Through Temporary Solutions Form Steps

After reviewing each statement, please **click the Initial** button. This provides DocuSign with your initials. Your initials serve as confirmation you have read and agree with the statement listed.

Please **click Initial** to the left of the **Safety First! Statement**.

This will prompt the **Adopt Your Initials** to create and confirm the following:

Your name, initials and signature in DocuSign

Please Note: *If you have used DocuSign previously your previous selections may already be in place. This is okay.*

How to Adopt Your Name, Initials & Signature in DocuSign

In order to sign, provide your initials and more, please confirm the requested information below.

Adopt Your Initials

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

Temporary Employee TE

SELECT STYLE DRAW UPLOAD

PREVIEW [Change Style](#)

DocuSigned by: Temporary Employee 80D96076C60C4F4... DS TE

By selecting Adopt and Initial, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND INITIAL CANCEL

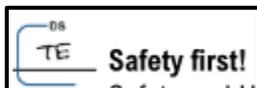
Note: If the Placement Counselor mistyped your name in the request process, you can fix your **Full Name** and **Initials** at this time.

If you would like to change the style, draw or upload a specific signature you are able to at this screen.

Please click [here](#) for assistance in selecting or changing a signature style. The hyperlink will take you to that section of this job aid. In this job aid we will be changing the style only.

If you are ok with the current style, please **click the Adopt and Initial button** (shown below). This confirms your signature and initials.

You will now notice the **Safety First** title now has your initial to the left of it, stating you acknowledge the statement (as shown below).



In order to move through the Employment through Temporary Solutions Form you **must click Initial**.

You may see the **Next** button (shown below). This takes you to the **next required area**, this does **not** complete the initial and signature for you.



Mandatory Break-In-Service Section of Employment Through Temporary Solutions Document

After you have reviewed and initialed the statement regarding mandatory breaks for temporary employees, you will see the **radio button options** to **select** an option regarding the mandatory break.

The options are shown below.

I do not qualify for the mandatory break-in-service exception because I am not retired, a full-time student, or an inmate.

I qualify for the mandatory break-in-service exception because:

Please **select** which applies to you by clicking the **red circle radio button**.

If you do qualify for the mandatory break-in-service exception it should be due to the reasons listed on page 3 of your DocuSign.

If you **select** that you **do qualify**, you will see radio buttons appear to the left of the reasons. Please **select** which option relates to you.

Some of the selections will request you to provide more details (as shown below).

I am not retired from North Carolina state government, but I am drawing retirement benefits from one or more of the following:

- Private company
- United States military
- Federal government
- North Carolina local or county government
- Social Security
- Another State's retirement system
- Other _____

Please make your selections by **clicking** the box to which applies to you.

Please Note: If you click **Other**, you must complete the textbox required by typing in further details.

After completing this section, please keep initialing through the document until page 5/5 of the **Employment through Temporary Solutions** document.

Employee Information & Emergency Contact Information Section

Employee Information Completion

In the Employee Information Section of this form, you must complete the following about yourself:

- Legal Name (Print)
- Signature
- Address
- City, State ZIP
- Home Phone
- Mobile Phone
- Personal Email

Legal Name Section How-To

In order to complete your **Legal Name**, please **click inside the text box** to type your name.

When completed the text box should look similar to below:

Legal Name (Print)	Temporary Employee
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Signature & Date Section How-To

Next, you will need to **sign & date** in the area shown below.

		Date	4/6/2020
---	--	------	----------

You will complete this area by **clicking** the **Sign** icon.

Please Note: The Date will automatically populate for you as shown above.

Address, City, State & Zip Section How-To

Next, you will need to fill in the blank text boxes for your **address, city, state and zip code**.

You will do this by **clicking** on **each blank text box**. After clicking on the blank text box, please type in your information (as you did for the Legal Name completion).

For parts of the form that **do not apply to you**, please type **N/A** as shown below.

Required parts of the forms will not allow you to leave them blank.

Legal Name (Print)	Temporary Employee		
Signature	<small>DocuSigned by:</small> Temporary Employee <small>80D98078C0C4F4...</small>	Date	4/6/2020
Address	1234 Temporary Solutions Lane		
	N/A		
City, State ZIP	Raleigh, NC 27603		

Please Note: You may click the **Tab** button on your keyboard or the **Next** button on the screen in order to move through each section.

Home Phone & Mobile Phone Section How-To

Next, you will need to fill in the blank boxes for both your **home phone** and **mobile phone**.

You will do this by **clicking** on **each blank text box**. After clicking on the blank text box, please type in your information (as you did for other fields).

You must complete **both home and mobile phone** in the **correct format** request.

This format is as follows: ###-###-####

Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

The document will **not accept** phone numbers in formats other than listed above.

If you only have one of the phone number options, **please put that number** into **both sections** as shown below.

Home Phone	919-000-0000	Mobile Phone	919-000-0000
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Personal Email Section How-To

Next, you will need to fill in the blank textbox for your **personal email**. Please make sure this is your **personal email address** and the best email address to reach you.

You will do this by **clicking** on **each blank text box**. After clicking on the blank text box, please type in your information (as you did for other fields).

Please complete the text box by filling it in the format as follows: **emailaddress@domain.com**

The document **will not** accept an invalid email. It **must** be in the format listed above as shown below.

Personal Email	temporaryemployee@gmail.com
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Emergency Contact Information How To

On page 5/5 of the Employment through Temporary Solutions document, you **must** complete the following about your **emergency contact**:

- Name (Print)
- Relationship to You
- Address
- City, State ZIP
- Home Phone
- Mobile Phone
- Personal Email

All these textboxes are completed the same way the Employee Information was completed. Please refer back to the Employee Information Completion, by clicking [here](#) for assistance.

State of North Carolina – Equal Opportunity Information

The information provided on this document will in no way affect you as an applicant. Its sole use will be to determine how well our recruitment efforts are in teaching all segments of the population.

Please read through this document and complete the necessary responses.

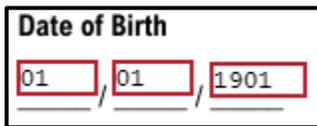
You will complete the following sections of this document:

- Date of Birth
- Sex
- Ethnicity
- Disability
- Legal Name
- Signature
- Date

Date of Birth Section How-To

In order to complete the date of birth section, please complete each text box with the appropriate numbers.

Please complete the form in the following format: **MM/DD/YYYY** (shown below)



The image shows a form field titled "Date of Birth" with a black border. Inside the field, there are three text boxes separated by slashes. The first box contains "01", the second contains "01", and the third contains "1901". Below each box is a horizontal line, suggesting a scrollable area. The text "Date of Birth" is written in bold black font at the top left of the field.

Sex Section How-To

Please **click** the **radio button** that pertains to you.

Ethnicity Section How-To

Please **click** the **radio button** that pertains to you.

If you Select **Other**, please type in the appropriate text box your response.

Disability Section How-To

Please click the radio button that pertains to you.

Please Note: The reporting of a disability is **strictly voluntary**.

Legal Name (Print) How-To

This section should be completed for you already. **If not**, please type your **First Name** and **Last Name**.

The date should automatically complete as well.

Signature Section Completion

Please **click** the **Sign** icon in order to electronically sign the **Equal Opportunity Information** document.

Direct Deposit Enrollment and Change Form

After you have completed the previous form, you will be brought to the **Direct Deposit Enrollment and Change Form**.

This form is used for when a temporary employee is onboarded as well as if any changes need to be made to banking statements.

The Direct Deposit Enrollment & Change Form is shown below.

DocuSign Envelope ID: 2BF1FE01-7315-459D-8104-5E60D4741072



**DIRECT DEPOSIT
ENROLLMENT AND CHANGE FORM**
FORM OSCPX 01

Mid-Month or Bi-Weekly
 Monthly Payroll
 Payroll Unit # _____
(to be completed by Payroll Office)

ENROLL me in direct deposit
 CHANGE my direct deposit

SOCIAL SECURITY NUMBER:	FIRST NAME:	MI:	LAST NAME:
AGENCY OR UNIVERSITY: Temporary Solutions	WORK E-MAIL ADDRESS:	WORK PHONE NUMBER:	

NAME OF BANK OR FINANCIAL INSTITUTION: _____

Deposit to my **CHECKING** or **MONEY MARKET** account *(my name is on this account)*
 Deposit to my **SAVINGS** account *(my name is on this account)*

I am ATTACHING *(check one and STAPLE HERE)*

a **PHOTOCOPY** of a **CHECK** with my preprinted name and current address
 a **CHECK** marked "VOID" with my preprinted name and current address
 an official **BANK FORM**, certified and stamped by a banking official, which provides my account number and the bank routing number
 a **DEPOSIT SLIP** for my savings account **PLUS** the bank routing number shown below: _____



PLEASE NOTE:

The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement payment **AFTER** a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office **immediately** if you change banks or account numbers. The OSC has the right to retract and correct payments, as necessary.

This completed form must be received in your Agency Payroll Office no less than 15 days prior to your next pay date for the direct deposit to be effective for the next pay period.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check one of the following:

I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is not** subject to being transferred to a

In order to complete this form you will need the following:

Social Security Number

First Name Last Name

E-Mail Address

Phone Number

Name of Bank or Financial Institution

A photocopy of a check, an actual check marked void, an official bank form or a deposit slip for a savings accounts

Completing the Direct Deposit Enrollment and Change Form

The first step to completing this document is to **select** what payroll type you, as a temporary employee are.

What payroll status is a temporary employee?

As a temporary employee, please **select Mid-Monthly or Bi-Weekly** as shown below.

<input checked="" type="radio"/> Mid-Month or Bi-Weekly	<input type="radio"/> Monthly Payroll
---	---------------------------------------

Next, please **select** which option pertains to you currently. If you are completing these documents for the first time, please **select Enroll me in direct deposit** (as shown below).

<input checked="" type="radio"/> ENROLL me in direct deposit	<input type="radio"/> CHANGE my direct deposit
--	--

Next, please complete the blank text boxes with your **social security number, first name, last name, your email address and work number.**

Please use the same formatting as requested on the Employment through Temporary Solutions Form. The formats are provided in the screenshot below.

SOCIAL SECURITY NUMBER: 111-111-1111	FIRST NAME: Temporary	MI: 	LAST NAME: Employee
AGENCY OR UNIVERSITY: Temporary Solutions	WORK E-MAIL ADDRESS: temporaryemployee@gmail.com	WORK PHONE NUMBER: 919-000-0000	

Please Note: Use your current (personal) email address and phone number.

Please now type **your bank or financial institution name** in the blank text box (as shown below).

NAME OF BANK OR FINANCIAL INSTITUTION:	Temporary Employee Bank Name
--	------------------------------

You will need to next select which choice pertains to you. This choice will be **how** you will be paid for your first payroll cycle. You will select one of the radio buttons to select.

Please Note: If this information changes, please let Temporary Solutions know as soon as possible.

I am attaching (check one and staple here)

After selecting your choice of deposit, you must choose **how** you want to provide your bank information to Temporary Solutions. You will choose from the following options:

I am ATTACHING (check one and STAPLE HERE)	
<input type="radio"/>	a PHOTOCOPY of a CHECK with my preprinted name and current address
<input type="radio"/>	a CHECK marked "VOID" with my preprinted name and current address
<input type="radio"/>	an official BANK FORM, certified and stamped by a banking official, which provides my account number and the bank routing number
<input type="radio"/>	a DEPOSIT SLIP for my <u>savings account</u> PLUS the bank routing number shown below: _____

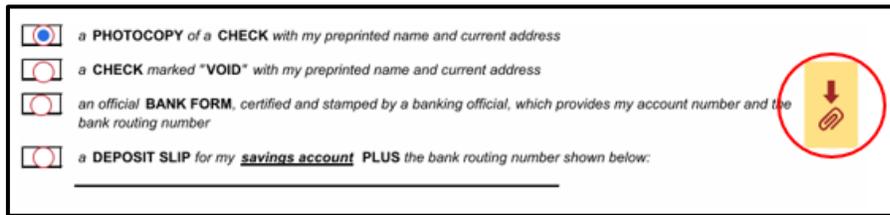


Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

First, please **select** which option by **clicking the radio button** to the left of the choice.

After you have **made your selection**, you will need to **attach your document**.

Please **attach your document** by clicking the **arrow and paperclip button** (circled in picture below).

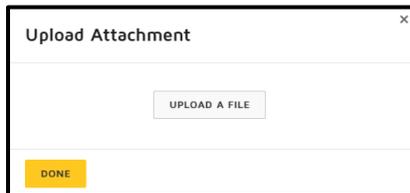


The image shows a DocuSign document selection screen with four radio button options:

- a PHOTOCOPY of a CHECK with my preprinted name and current address
- a CHECK marked "VOID" with my preprinted name and current address
- an official BANK FORM, certified and stamped by a banking official, which provides my account number and the bank routing number
- a DEPOSIT SLIP for my savings account PLUS the bank routing number shown below:

A yellow button with a downward arrow and a paperclip icon is circled in red on the right side of the screen.

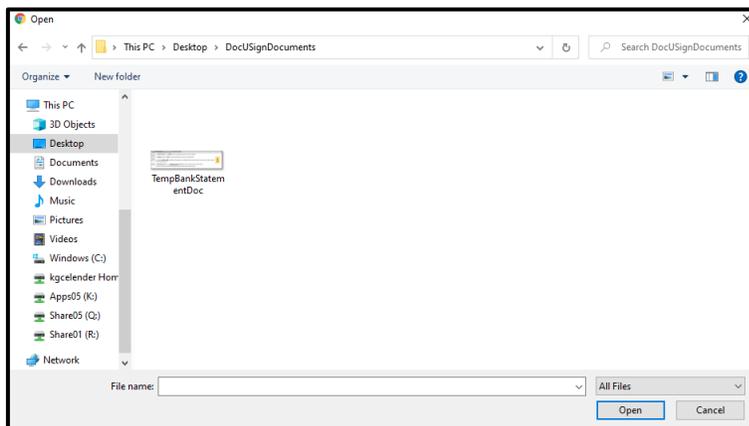
After clicking the attachment button, an **Upload Attachment** screen should pop up, as shown below.



The image shows an "Upload Attachment" dialog box with a central "UPLOAD A FILE" button and a yellow "DONE" button at the bottom left.

Please click **upload a file** in order to attach your required document.

This will prompt your computer to bring you to your files (as shown below).



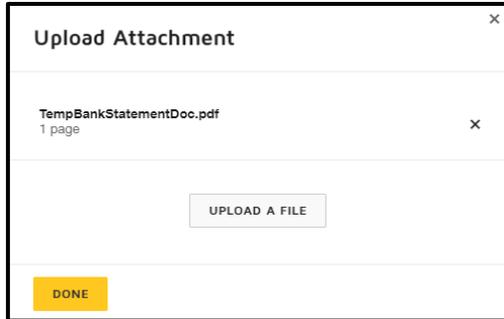
Please next **select the document** you would like to upload and then click **open** (circled below).



Please Note: This may take DocuSign a moment to process the document.

Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

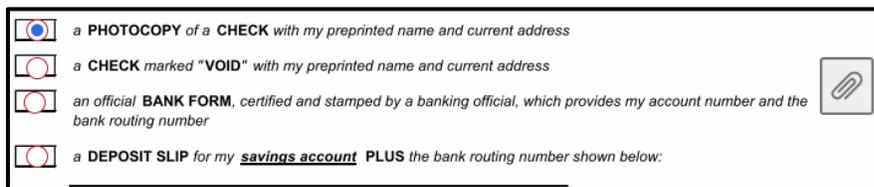
If your upload has completed correctly, you should see the page shown below.



Please click **done** if your document has attached.

Note: If you need to attach another file, please click upload file and follow the previous steps.

You will know your document has attached if the **paperclip** icon has changed (as shown below).



Next, please read the statements and **select the affirmation choice** that pertains to you as shown below.

PLEASE NOTE:	
The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement payment AFTER a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office immediately if you change banks or account numbers. The OSC has the right to retract and correct payments, as necessary.	
This completed form must be received in your Agency Payroll Office no less than 15 days prior to your next pay date for the direct deposit to be effective for the next pay period.	
I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check <u>one</u> of the following:	
<input type="radio"/>	I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.
<input type="radio"/>	I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is subject to being transferred to a foreign bank account. I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.
I authorize the Office of the State Controller to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.	
SIGNATURE: 	DATE: 4/7/2020

In order to complete this document, please **click the sign icon**.

After you have signed the Direct Deposit Enrollment and Change Form, you should see the **W-4 Employee's Withholding Certificate**.

W-4 Employee’s Withholding Certificate

After completing the **Direct Deposit Enrollment and Change Form**, your DocuSign should bring you to the screen shown below.

Form W-4 Department of the Treasury Internal Revenue Service		Employee’s Withholding Certificate ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		OMB No. 1545-0074 2020
Step 1: Enter Personal Information	(a) First name and middle initial _____ Last name _____		(b) Social security number _____	
	Address _____		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.	
	City or town, state, and ZIP code _____ -- select -- _____			
	(c) <input type="radio"/> Single or Married filing separately <input type="radio"/> Married filing jointly (or Qualifying widow(er)) <input type="radio"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.				
Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld <input type="checkbox"/> TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.			
Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)				
Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____ 0			
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ _____	
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ _____	
Step 5:	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.			

In order to complete this document, you will need to complete the **required text boxes** and make your **selections**.

If you need **assistance or further instruction** with the W-4, please scroll down to the page 2 of the document.

Pages 2 – 4 of the W-4 document provide instructions and worksheet in order to assist with completion.

Step 1: Enter Personal Information

The following areas are required:

First name and middle initial Last name *(text box completion)*

Social security number *(text box completion)*

Address *(text box completion)*

State *(must select from drop down menu)*

Zip Code *(text box completion)*

Please **select** how you would like to file your W-4 from the choices shown below.

<input type="radio"/>	Single or Married filing separately
<input type="radio"/>	Married filing jointly (or Qualifying widow(er))
<input type="radio"/>	Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

After making your selection, you can complete **Step 2: Multiple Jobs or Spouse Works Section** (this section is not required).

Step 2: Multiple Jobs or Spouse Works

If you need to complete Step 2, please follow the instructions provided on the form.

After completing Step 1 and/or Step 2, you are required to complete **Step 3: Claim Dependents** for this DocuSign.

Step 3: Claim Dependents

In order to complete **Step 3: Claim Dependents**, you will need to complete the required two text boxes shown below.

Step 3:	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):
Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ <input type="text"/>
	Multiply the number of other dependents by \$500 ▶ \$ <input type="text"/>

If Step 3 does not pertain to you, please put zero as shown below.

\$ <input type="text" value="0"/>	
\$ <input type="text" value="0"/>	
.	3 \$ 0

Please Note: The amounts provided in Step 3 will automatically add for you in DocuSign

Step 4: Other Adjustments

This section is optional. If you need to complete Step 4, please follow the instructions provided on the form.

Step 5: Sign Here

Please read the statement in Step 5. If you agree to the statement, please **click** the **Sign** icon. The date will automatically populate for you.

Once your W-4 is completed, DocuSign will take you to the **NC-4 EZ Employee’s Withholding Allowance Certificate**.

NC-4EZ Employee’s Withholding Allowance Certificate

After completing the **W-4 document**, your DocuSign should bring you to the screen shown below.

NCDOR
Web
11-19

NC-4EZ
Employee’s Withholding
Allowance Certificate

Filing Status (Mark one box only) Single or Married Filing Separately Head of Household Married Filing Jointly or Surviving Spouse

Social Security Number

First Name M.I. Last Name

Address Country (Enter for the interest)

City State Zip Code Country (if not U.S.)

Instructions. Use Form NC-4EZ if you:

- Plan to claim the N.C. Standard Deduction
- Plan to claim the N.C. Child Deduction Amount (but no other N.C. deductions)
- Do not plan to claim N.C. tax credits
- Qualify to claim exempt status (See Lines 3 or 4 below)

Important. If you plan to claim N.C. itemized deductions or plan to claim other N.C. deductions (other than the N.C. Child Deduction Amount), you must complete Form NC-4. If you are a nonresident alien, you must complete Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

If you plan to claim the N.C. Child Deduction Amount, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on Line 1. For married taxpayers, only one spouse may claim the allowance for the N.C. Child Deduction Amount for each child.

Single & Married Filing Separately		Married Filing Jointly & Surviving Spouse		Head of Household	
Income	# of Children under age 17	Income	# of Children under age 17	Income	# of Children under age 17
	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
	# of Allowances		# of Allowances		# of Allowances
0 - 20,000	1 2 3 4 5 6 7 8 9 10	0 - 40,000	1 2 3 4 5 6 7 8 9 10	0 - 30,000	1 2 3 4 5 6 7 8 9 10
20,001 - 30,000	0 1 2 3 4 4 5 6 7 8	40,001 - 60,000	0 1 2 3 4 4 5 6 7 8	30,001 - 45,000	0 1 2 3 4 4 5 6 7 8
30,001 - 40,000	0 1 1 2 3 3 4 4 5 6	60,001 - 80,000	0 1 1 2 3 3 4 4 5 6	45,001 - 60,000	0 1 1 2 3 3 4 4 5 6
40,001 - 50,000	0 0 1 1 2 2 2 3 3 4	80,001 - 100,000	0 0 1 1 2 2 2 3 3 4	60,001 - 75,000	0 0 1 1 2 2 2 3 3 4
50,001 - 60,000	0 0 0 0 1 1 1 1 1 2	100,001 - 120,000	0 0 0 0 1 1 1 1 1 2	75,001 - 90,000	0 0 0 0 1 1 1 1 1 2
60,001 and over	0 0 0 0 0 0 0 0 0 0	120,001 and over	0 0 0 0 0 0 0 0 0 0	90,001 and over	0 0 0 0 0 0 0 0 0 0

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above)

2. Additional amount, if any, you want withheld from each pay period (Enter whole dollars) .00

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:
 • Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and
 • This year, I expect a refund of all State income tax withheld because I expect to have no tax liability. Check Here

4. I certify that I am exempt from North Carolina withholding because I meet the requirements set forth in the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act and Veterans Benefits and Transition Act. (See Form D-401, North Carolina Individual Income Tax Instructions, for more information.) Check Here

If an exemption on Line 3 or Line 4 applies to you, enter the year the exemption became effective

Filing Status

Please **select** one of the options provided as **your filing status**.

Complete Personal Information

In this section, like the previous documents, you will need to complete each required textbox by typing your information in.

The required fields (please complete in the correct formats) are as follows:

- Social Security Number
- First Name
- Last Name
- Address
- County
- City
- Select your state
- Zip Code
- Country (if not US)

Employment Eligibility Verification USCIS Form I-9

In order for your employer to verify your employment eligibility in the United States, you **must complete the I-9 Section 1** and **provide the necessary documentation**.

Please see below for what your DocuSign screen should show for this step.

DocuSign Envelope ID: 2BF1FE01-7315-459D-8104-5E60D4741072



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ 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 identity. 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) Employee		First Name (Given Name) Temporary		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town		State -- select --
Date of Birth (mm/dd/yyyy)		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 boxes):

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 the expiration date 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 	Today's Date (mm/dd/yyyy) 4/7/2020
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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.

You, as the temporary employee will need to do the following:

Complete Section 1 completely

Sign & Date Section 1

Provide the required documentation listed on the I-9 Form

Section 1. Employee Information and Attestation Completion

Please complete each section by typing in the required textboxes.

The required textboxes are as follows:

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

ZIP Code

Date of Birth

US Social Security Number

Employee's Email Address

Employee's Telephone Number

Last Name & First Name

The I-9 has pre-populated your Last name and First Name by the first steps of adopting your name and initials. Please click [here](#) to re-review that section.

Address, City or Town, State & ZIP Code

Please **type** in your **address**.

If you have an apartment number, please complete the Apt. Number by typing in the apartment/unit number.

Please **type** in your **City or Town**.

Please **select** your **State** from the list provided. You can view the list provided by **clicking** on the blank State textbox.

Please **type** in your **ZIP Code**.

Date of Birth

Please complete the date of birth by either typing in the date of birth in the correct format of MM/DD/YYYY **or** selecting your date of birth from the calendar pop up.

U.S. Social Security Number

Please complete the U.S. Social Security Number by **typing** your SSN or Government ID in each **separate** text box. You may do this easily by clicking **tab** on your keyboard after each number.

Employee's E-mail Address

Please complete this section by typing in your email address in the correct format (email@domain.com).

Employee's Phone Number

Please complete this section by typing in your phone number in the correct format (###-###-####).

Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

Check one of the following boxes:

In this section **you are required to check one of the four (1 – 4)** options by clicking on one of the radio buttons (all options are shown below).

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 boxes):

<input type="radio"/> 1. A citizen of the United States	
<input type="radio"/> 2. A noncitizen national of the United States (See instructions)	
<input type="radio"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="radio"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date 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
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If you select one of the options that may need more information, you will be provided with additional text boxes to complete.

Signature of Employee

Please **click** the **Sign** icon in order to verify Section 1 is complete to your best knowledge. The date will automatically populate for you.

Signature of Employee 	Today's Date (mm/dd/yyyy) 4/7/2020
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Preparer and/or Translator Certification

If you used a preparer or translator to assist with Section 1 completion, please check the appropriate box.

If you did use a preparer or translator, please have them complete the required text boxes.

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		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

Once you have completed this, you are done with your I-9 Section 1 section of the Onboarding documents!

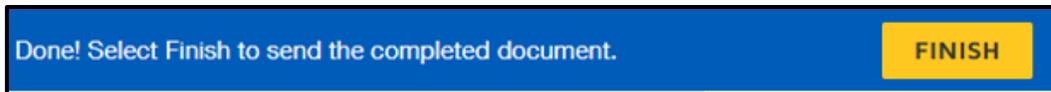
Are you done? Let's find out!

You should **not** see a **Next** button to the left of your documents anymore.

If you do still see the **Next** icon (as shown below), please **click Next** to see what required fields you may have missed.

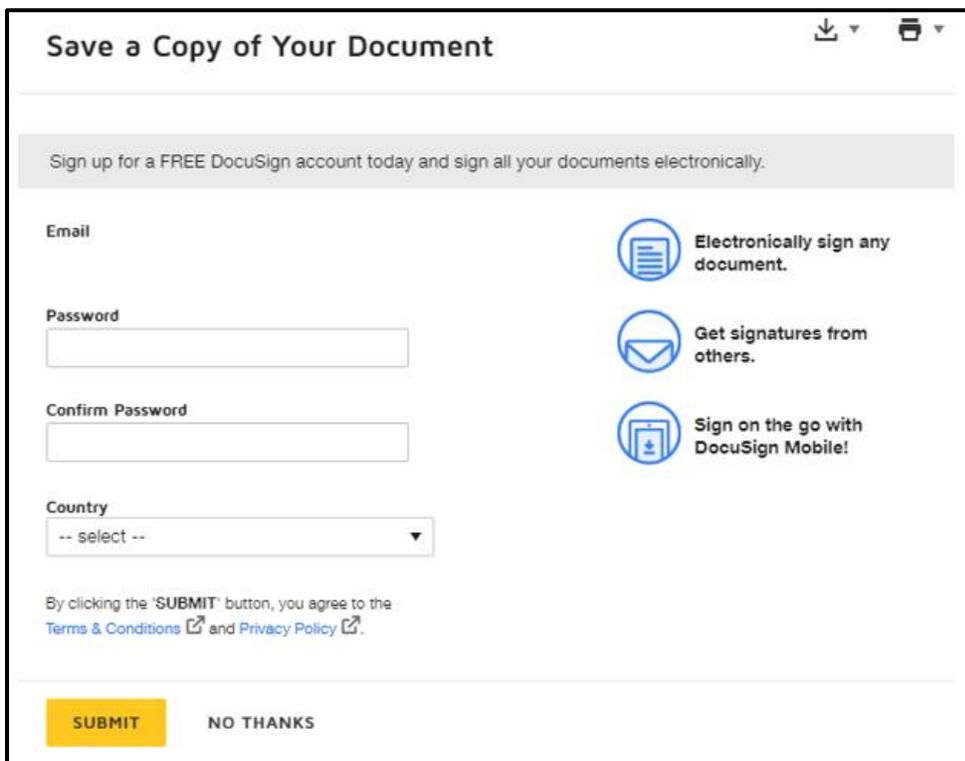


Once the **Next** button icon has disappeared, you should see the '**Done! Select Finish to send the completed document!**' Message appear at the top of your screen (as shown below).



Please **click FINISH**.

Congratulations, you have finished your onboarding documentation! You should now receive a similar notification/request to below:



If you would like to sign up for a free DocuSign account, you may at this time.

If you would like to **save** or **print** your documents, please **click** one of the icons (shown below).



Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

After either **clicking Submit** or **No Thanks**, your screen should populate the message below.



This means the necessary documents have been submitted to your agency's Placement Counselor as well as the HR Administrator at the agency.

Please reach out to the Placement Counselor with any questions or concerns.



Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

Select a Style / Change Signature Style

In order to change your signature style, please click **Change Style** circled in red below.

Adopt Your Initials

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

Temporary Employee TE

SELECT STYLE DRAW UPLOAD

PREVIEW [Change Style](#)

DocuSigned by: DS
Temporary Employee TE
80D96076C60C4F4...

By selecting Adopt and Initial, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND INITIAL CANCEL

After clicking **Change Style**, you will be given a list of several different text font options.

Please **click** which option you prefer. After clicking the style you prefer, you will be given a preview (as shown below).

PREVIEW

DocuSigned by: DS
Temporary Employee TE
80D96076C60C4F4...

By selecting Adopt and Initial, I agree that the signature and initials will (or my agent) use them on documents, including legally binding contracts

ADOPT AND INITIAL CANCEL

If this is the style you like, please click **ADOPT AND INITIAL**.