

Temporary Solutions Job Aid – DocuSign Remote Verification



In this Job Aid, we will be taking you through the steps of completing a Temporary Solutions Onboarding Packet as an HR Representative and I-9 verification remotely. Please reach out to Temporary Solutions for assistance after reviewing this booklet.

We suggest using **Google Chrome** when working through the DocuSign database.

You will be asked to review and complete the following:

1. [Temporary Solutions Guidelines for Remote Employment](#)
2. [How to Attach Agency's Telework Policy](#)
3. [I-9 Section 2 Completion & Instructions](#)
4. [Viewing I-9 Temporary Employee Document\(s\)](#)

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 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 Dropdown**, please click [here](#)
- If you **do not** have access to a computer, there is a **DocuSign mobile app**

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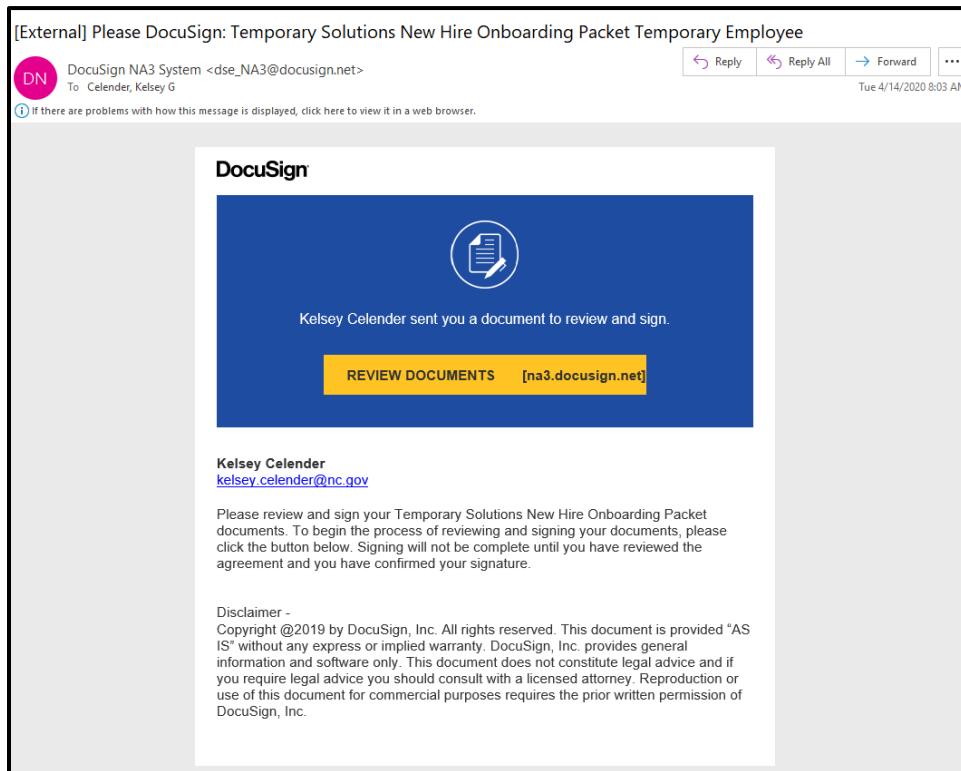
DocuSign Notification & Command Icon/Button Descriptions

| | |
|---|---|
|  | <p>This button takes the user to the beginning of the document <u>or</u> 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> |

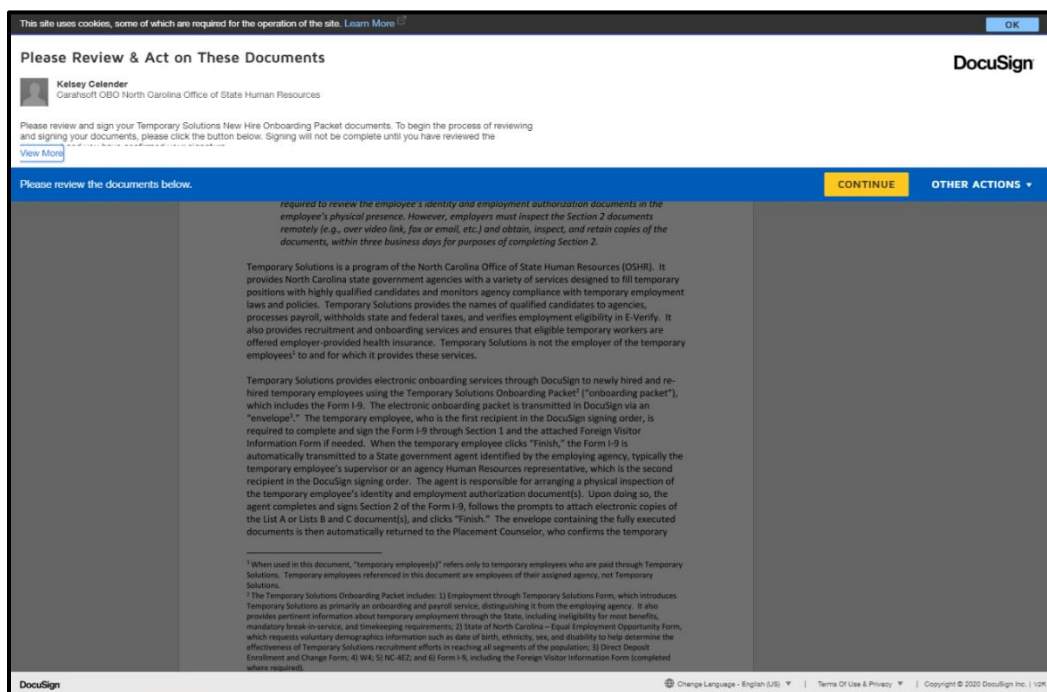
Temporary Solutions Employer DocuSign Booklet – Onboarding & Remote Verification

You will receive an email from email@docusign.net. If you have not received this, please check your junk and spam folders.

The email will look as shown below:

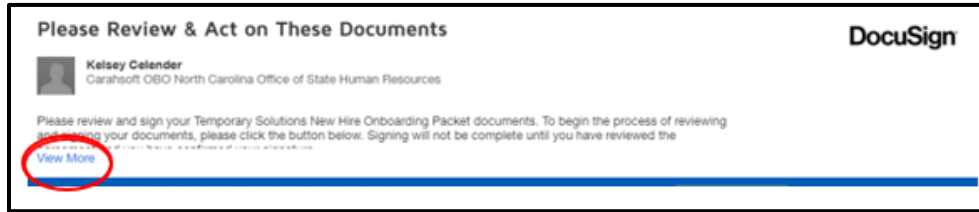


Please **click Review Documents**. This should take you to the DocuSign website. The title of the page should be **Please Review & Act on These Documents** (as shown below).



Temporary Solutions Employer DocuSign Booklet – Onboarding & Remote Verification

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



After reviewing the statement, please **click continue** (as shown below).

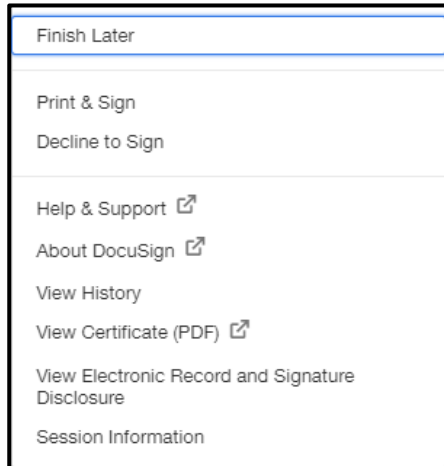


Other Actions Drop Down Menu

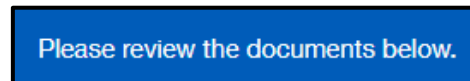
Throughout the process you will be given the option to **Continue, Finish, Other Actions** drop down menu (shown below).



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



Helpful Tip: If you are ever lost within DocuSign and/or unsure of what the current section requires, please look at the blue header within DocuSign (as shown below).



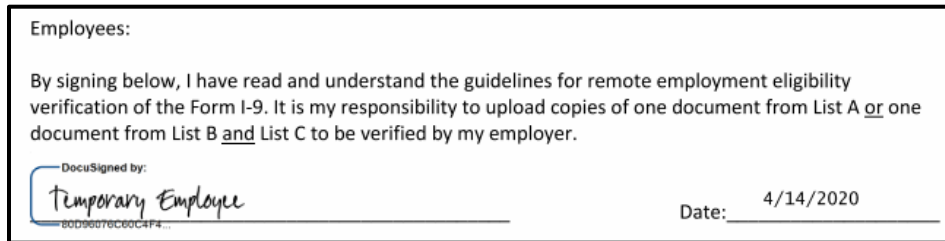
Temporary Solutions Guidelines for Remote Employment Eligibility Verification (Form I-9)

After clicking **continue**, you will be brought to the documents completed by your agency’s temporary employee. The first document you are required to **review, and sign** is the **Guidelines for Remote Employment Eligibility Verification (I-9)**.

Please **click** the **start** command button. You will need to then read the Temporary Solutions Guidelines for Remote Employment Eligibility Verification.

Please let Temporary Solutions know if you have any questions **after** reading the **entire guidelines document**.

You will see that the temporary employee has already agreed to this document by their signature being provided (as shown below).

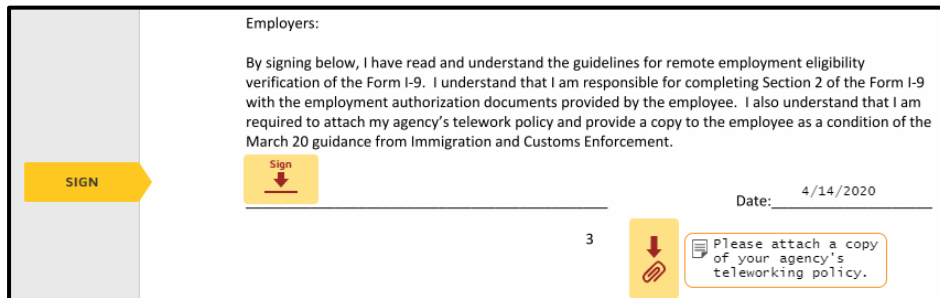


Employees:

By signing below, I have read and understand the guidelines for remote employment eligibility verification of the Form I-9. It is my responsibility to upload copies of one document from List A or one document from List B and List C to be verified by my employer.

DocuSigned by:
Temporary Employee Date: 4/14/2020


After reading and understanding this document, you will be asked to **sign and date** (as shown below).



Employers:

By signing below, I have read and understand the guidelines for remote employment eligibility verification of the Form I-9. I understand that I am responsible for completing Section 2 of the Form I-9 with the employment authorization documents provided by the employee. I also understand that I am required to attach my agency’s telework policy and provide a copy to the employee as a condition of the March 20 guidance from Immigration and Customs Enforcement.

SIGN Sign Date: 4/14/2020

3  Please attach a copy of your agency’s teleworking policy.

Please **click** the **sign** icon. The date will automatically populate for you to **today’s date**.

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.

Please Note: In the screenshot below the Temporary Employee confirmed their information.

The screenshot shows a DocuSign window titled "Adopt Your Initials". At the top, it says "Confirm your name, initials, and signature." Below this, there are two input fields: "Full Name*" with the value "Temporary Employee" and "Initials*" with the value "TE". There are three tabs: "SELECT STYLE" (which is active), "DRAW", and "UPLOAD". Below the tabs is a "PREVIEW" section showing a signature "Temporary Employee" and initials "TE" next to a "DS" icon. A "Change Style" link is visible in the top right of the preview area. At the bottom, there are two buttons: "ADOPT AND INITIAL" (highlighted in yellow) and "CANCEL". A small disclaimer is visible below the preview area.

Please 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.

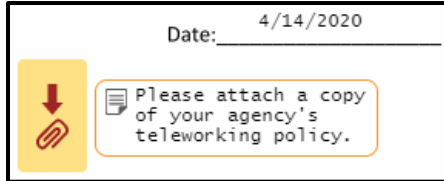
If you are ok with the current style, please **click the Adopt and Initial button** (shown below). This confirms your signature and initials.

Your signature will now populate where the **sign** icon was previously.

Attaching Copy of Agency's Telework Policy

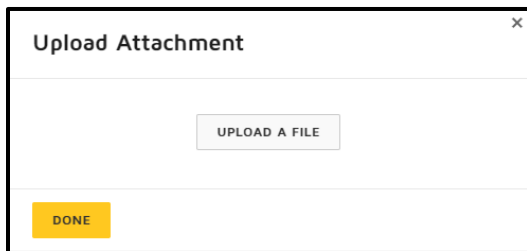
After you have signed and dated to agree that you have reviewed the guidelines, you will be asked to **attach a copy** of your **agency's teleworking policy**. This is a **requirement** for **remote verification**.

Please **click** the **yellow paperclip icon** to **attach** the requested **telework policy**.

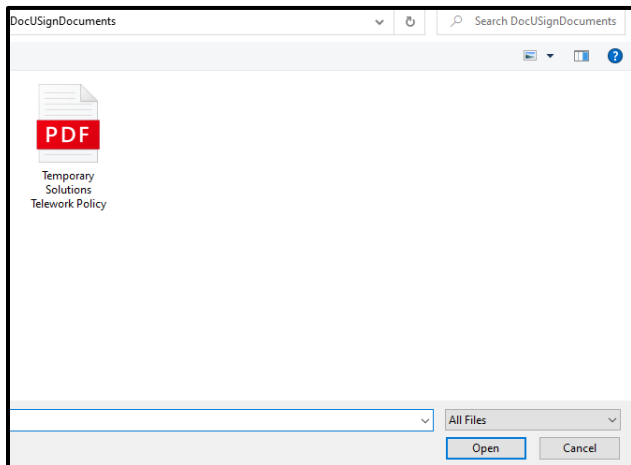


*****Please Note:** If you do not have an agency telework policy on file, please ask your agency's HR team for the completed template provided by the Office of State Human Resources. ***

After **clicking** the **paperclip icon**, you will be provided an **upload attachment** screen (as shown below).



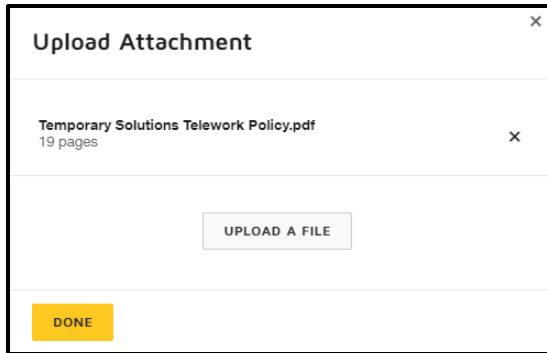
Please **click** the **upload a file** button. This will prompt your computer to bring you to your files (as shown below).



Please either **double click** the **document** you would like to attach or **click once to select** and then **click open**.

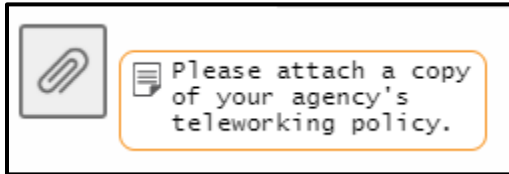
Temporary Solutions Employer DocuSign Booklet – Onboarding & Remote Verification

If your document uploaded correctly, your screen should look like below.



If you have uploaded your correct telework policy, please **click done**.

You will now see the **paperclip icon** has updated (as shown below). This means your attachment has saved in DocuSign.



In order to move to the next section, you may either **click** the **next** command button or you may scroll through the document.

In this Job Aid, we will **click next**.

I-9 Section 2 Completion Instructions

The screenshot below provides an example of what your DocuSign screen should currently show.

Please Note: The yellow framed text boxes are **notes** in order to assist you with completing the Section 2 completely. These will not affect the credibility of the Section 2 completion.

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

Section 2. Employer or Authorized Representative Review and Verification
Employer or authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must provide one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists" page.

List A Identity and Employment Authorization **OR** **List B** Identity **AND** **List C** Employment Authorization

Document Information:

| | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Document Title | Document Title | Document Title |
| Issuing Authority | Issuing Authority | Issuing Authority |
| Document Number | Document Number | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) | Expiration Date (if any) (mm/dd/yyyy) | Expiration Date (if any) (mm/dd/yyyy) |

Section 2 & 3 In This Space:

If the temporary employee provided a List B document, they must also provide a List C document.
 You, as the Authorized Representative, must completed both the List B and the List C required fields above.

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): [] (See instructions for exemptions)

Signature of Employer or Authorized Representative: [] Today's Date (mm/dd/yyyy): 4/15/2020 Title of Employer or Authorized Representative: []

Last Name of Employer or Authorized Representative: [] First Name of Employer or Authorized Representative: [] Employer's Business or Organization Name: []

Employer's Business or Organization Address (Street Number and Name): [] City or Town: [] State: [] ZIP Code: []

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)
 A. New Name (if applicable) B. Date of Rehire (if applicable)

First, please see the **Last Name, First Name** and **Citizenship/Immigration Status** have been completed for you.

Next, you will **need to review the document(s)** the temporary employee **attached in DocuSign**. As stated in the **Guidelines for Remote Employment document**, you must **review these documents prior to completing Section 2**.

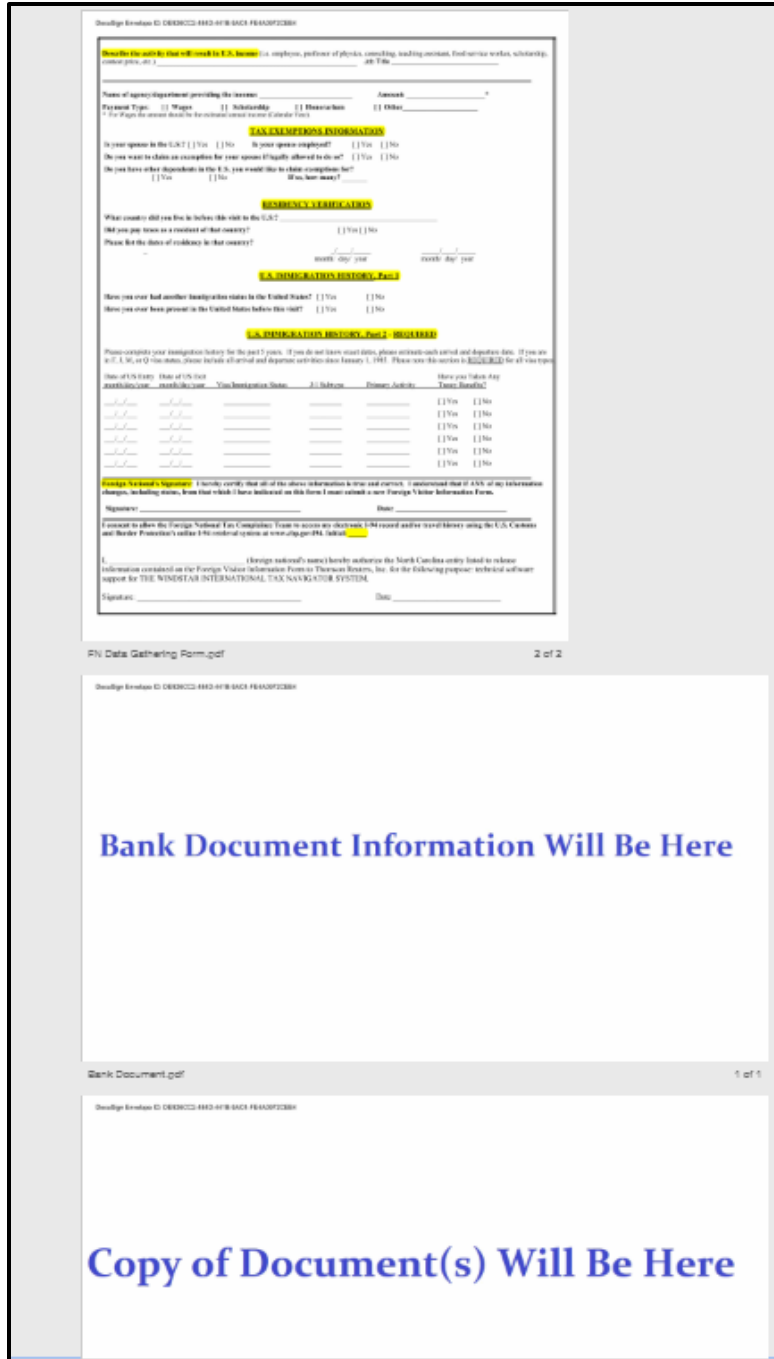
Temporary Solutions Employer DocuSign Booklet – Onboarding & Remote Verification

Below are instructions on how to find the document(s) in DocuSign.

How to Find the I-9 Section 2 Documents in DocuSign

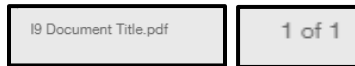
You will be able to see the document(s) by scrolling through DocuSign (you will scroll down past the FN Data Gathering Form as shown in screenshot below).

In this Job Aid, the temporary employee attached a **List A Document only**.



Please Note: You may be able to tell what the document is by the title given by the temporary employee (shown in screenshot below).

The numbers shown in screenshot below also show you how many pages/documents were submitted within the attachment.



If the temporary employee chose to attach a List B document, they are required to ALSO attach a List C document for their onboarding documents to be considered complete.

****You may not complete the form without the correct documentation****

In this job aid, the temporary employee attached their passport, which as shown on the **List of Acceptable Documents as a List A document**.

Because the temporary employee provided their List A document, you will complete List A section **only**. Please complete all the requested information.

First, please **click the red circle radio button** in order to select which document(s) were provided by the temporary employee.

Next, please **complete the required information for your selected area**. Below you will see an example.

| <input checked="" type="radio"/> List A Identity and Employment Authorization | OR | <input type="radio"/> List B Identity | AND | List C Employment Authorization |
|--|----|--|-----|---------------------------------------|
| Document Title Passport | | Document Title | | Document Title |
| Issuing Authority Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number Document Number | | Document Number | | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) 1/01/2022 | | Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) |

Please Note: In this job aid, the temporary attached a List A Document only (as shown above)

***** Important:** If the temporary employee attached a List B and List C document, after clicking the List B radio button, List C will populate to complete as well. You must complete both sections. ***

If the temporary employee attached both, the screenshot below must be completed.


| <input checked="" type="radio"/> List B Identity | AND | List C Employment Authorization |
|---|-----|---------------------------------------|
| Document Title | | Document Title |
| Issuing Authority | | Issuing Authority |
| Document Number | | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) |

Please Note: Remember to read the yellow notes on the I-9 Form to assist you

After completing the required areas of the document information, you will now complete your information as the authorized representative (as shown below).

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

| | | | | |
|---|--|---|--|--|
| Signature of Employer or Authorized Representative  | | Today's Date (mm/dd/yyyy) 4/14/2020 | Title of Employer or Authorized Representative <input type="text"/> | |
| Last Name of Employer or Authorized Representative <input type="text"/> | | First Name of Employer or Authorized Representative <input type="text"/> | | Employer's Business or Organization Name <input type="text"/> |
| Employer's Business or Organization Address (Street Number and Name) <input type="text"/> | | City or Town <input type="text"/> | State -- select -- | ZIP Code <input type="text"/> |


Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | | |
|---|---|--|---|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) <input type="text"/> | First Name (Given Name) <input type="text"/> | Middle Initial <input type="text"/> | Date (mm/dd/yyyy) <input type="text"/> | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|--|---|---|
| Document Title <input type="text"/> | Document Number <input type="text"/> | Expiration Date (if any) (mm/dd/yyyy) <input type="text"/> |
|--|---|---|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | | | |
|---|--|--|---|--|
| Signature of Employer or Authorized Representative  | | Today's Date (mm/dd/yyyy) 4/14/2020 | Name of Employer or Authorized Representative <input type="text"/> | |
|---|--|--|---|--|

Completion of Certification of Section 2

The required information is listed below:

The employee's first day of employment

Your signature

Your title

Your Last Name

Your First Name

Your Agency Name

Your Agency's Address, City, State & Zip Code

An example of the completed information is shown below. In this example, the Authorized Representative is an HR Technician with Temporary Solutions.

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

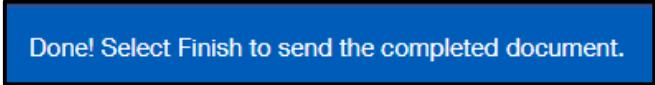
The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

| | | | | |
|--|--|--|---|--|
| Signature of Employer or Authorized Representative <small>DocuSigned by:</small> Kelley Calender | | Today's Date (mm/dd/yyyy) 4/14/2020 | Title of Employer or Authorized Representative HR Technician | |
| Last Name of Employer or Authorized Representative LastName | | First Name of Employer or Authorized Representative FirstName | | Employer's Business or Organization Name OSHR Temporary Solutions |
| Employer's Business or Organization Address (Street Number and Name) 1110 Navaho Drive, Suite 200 | | City or Town Raleigh | State NC | ZIP Code 27609 |

After completion of the certification, you must click the final **sign** icon.

Please **click** the **sign icon** in order to sign & date the next statement.

If you have completed all the required areas, you should receive a **Done! Select Finish to send the completed document** message in the blue header (as shown below).



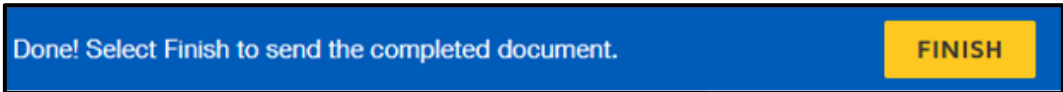
Are you done? Let's check!

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.

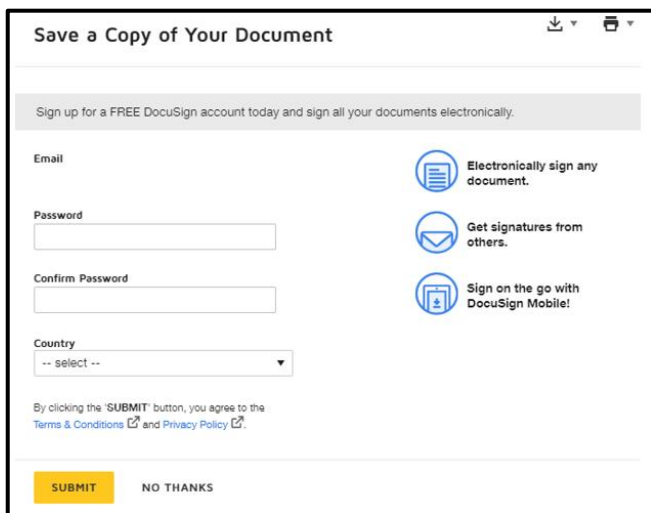


Once the **Next** button icon has disappeared, you should see the '**Done! Select Finish to send the completed document!**' Message appear at the top of your screen (as shown below).



Please **click FINISH**.

Congratulations, you have finished your DocuSign review & completion! 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).




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 for onboarding.

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



| Section 2. Employer or Authorized Representative Review and Verification | | | | |
|---|---------------------------------------|---|--|-------------------------------------|
| <i>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")</i> | | | | |
| Employee Info from Section 1 | Last Name (Family Name) Employee | First Name (Given Name) Temporary | M.I. | Citizenship/Immigration Status 1 |
| <input checked="" type="radio"/> List A Identity and Employment Authorization | | OR | <input type="radio"/> List B Identity | |
| | | AND | <input type="radio"/> List C Employment Authorization | |
| Document Title | Document Title | Document Title | | |
| Issuing Authority | Issuing Authority | Issuing Authority | | |
| Document Number | Document Number | Document Number | | |
| Expiration Date (if any) (mm/dd/yyyy) | Expiration Date (if any) (mm/dd/yyyy) | Expiration Date (if any) (mm/dd/yyyy) | | |
| Document Title | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. | | | | |
| The employee's first day of employment (mm/dd/yyyy): <input type="text"/> (See instructions for exemptions) | | | | |
| Signature of Employer or Authorized Representative  | | Today's Date (mm/dd/yyyy) 4/14/2020 | Title of Employer or Authorized Representative <input type="text"/> | |
| Last Name of Employer or Authorized Representative <input type="text"/> | | First Name of Employer or Authorized Representative <input type="text"/> | Employer's Business or Organization Name <input type="text"/> | |
| Employer's Business or Organization Address (Street Number and Name) <input type="text"/> | | City or Town <input type="text"/> | State -- select -- | ZIP Code <input type="text"/> |