Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can’t claim exemption from withholding if your total income exceeds $1,050 and includes more than $500 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don’t apply to supplemental wages greater than $1,000,000.

Basic instructions. If you aren’t exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax and interest, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After you complete Form W-4, make sure the number of withholding allowances you claimed is correct. See Pub. 15, General Information About Income Tax Withholding, for details about withholding for each income level.

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.

- You're single and have only one job; or
- You're married, have only one job, and your spouse doesn't work; or
- You wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

B Enter "1" if:

- You are married, have only one job, and your spouse doesn't work; or
- You wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

C Enter "1" for your spouse. But, if you choose to enter "0-0" if you are married and have another spouse or work more than one job. (Entering "0-0" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)

F Enter "1" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit.

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child, then less "1" if you have two or four eligible children or less "2" if you have five or more eligible children.

- If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($80,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Employee’s Withholding Allowance Certificate

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($80,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($80,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($80,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($80,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 and you're married filing jointly or you're a qualifying widow(er); $287,660 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,950 if you're married filing separately. See Pub. 556 for details.  

   - $12,700 if married filing jointly or qualifying widow(er)  
   - $9,350 if head of household  
   - $8,350 if single or married filing separately  
   - $  1 $ 

2. Enter:  
   - $9,350 if head of household  
   - $8,350 if single or married filing separately  
   - $  2 $ 

3. Subtract line 2 from line 1. If zero or less, enter "-0-".  

   - 3 $ 

4. Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505).  

   - 4 $ 

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505.)  

   - 5 $ 

6. Enter an estimate of your 2017 nonwage income (such as dividends or interest).  

   - 6 $ 

7. Subtract line 6 from line 5. If zero or less, enter "-0-".  

   - 7 $ 

8. Divide the amount on line 7 by $4,050 and enter the result here. Drop any fraction.  

   - 8 $ 

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.  

   - 9 $ 

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.  

    - 10 $ 

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**Two-Earners/Multiple Jobs Worksheet** (See Two earners or multiple jobs on page 1.)

**Note:** Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).  

   - 1 $ 

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "$3".  

   - 2 $ 

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.  

   - 3 $ 

**Note:** If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.  

   - 4 $ 

5. Enter the number from line 1 of this worksheet.  

   - 5 $ 

6. Subtract line 5 from line 4.  

   - 6 $ 

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.  

   - 7 $ 

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.  

   - 8 $ 

9. Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.  

   - 9 $ 

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### Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>0</td>
</tr>
<tr>
<td>7,001 - 14,000</td>
<td>1</td>
</tr>
<tr>
<td>14,001 - 22,000</td>
<td>2</td>
</tr>
<tr>
<td>22,001 - 35,000</td>
<td>3</td>
</tr>
<tr>
<td>35,001 - 44,000</td>
<td>4</td>
</tr>
<tr>
<td>44,001 - 55,000</td>
<td>5</td>
</tr>
<tr>
<td>55,001 - 65,000</td>
<td>6</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>7</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>8</td>
</tr>
<tr>
<td>80,001 - 95,000</td>
<td>9</td>
</tr>
<tr>
<td>95,001 - 115,000</td>
<td>10</td>
</tr>
<tr>
<td>115,001 - 130,000</td>
<td>11</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>12</td>
</tr>
<tr>
<td>140,001 - 150,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>14</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $75,000</td>
<td>0</td>
</tr>
<tr>
<td>75,001 - 135,000</td>
<td>1</td>
</tr>
<tr>
<td>135,001 - 205,000</td>
<td>2</td>
</tr>
<tr>
<td>205,001 - 360,000</td>
<td>3</td>
</tr>
<tr>
<td>360,001 - 405,000</td>
<td>4</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>5</td>
</tr>
<tr>
<td>$0 - $38,000</td>
<td>0</td>
</tr>
<tr>
<td>38,001 - 85,000</td>
<td>1</td>
</tr>
<tr>
<td>85,001 - 185,000</td>
<td>2</td>
</tr>
<tr>
<td>185,001 - 400,000</td>
<td>3</td>
</tr>
<tr>
<td>400,001 and over</td>
<td>4</td>
</tr>
<tr>
<td>$610</td>
<td>0</td>
</tr>
<tr>
<td>1,010</td>
<td>5</td>
</tr>
<tr>
<td>1,130</td>
<td>6</td>
</tr>
<tr>
<td>1,340</td>
<td>7</td>
</tr>
<tr>
<td>1,600</td>
<td>8</td>
</tr>
</tbody>
</table>

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**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(q) and 6109 and their regulations require you to provide this information: your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowance; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
## NC-4EZ Employee's Withholding Allowance Certificate

**Social Security Number**

**Marital Status**
- Single
- Head of Household
- Married or Surviving Spouse

**First Name** (Use capital letters for your name and address)

**M.I.**

**Last Name**

**Address**

**County** (Enter first five letters)

**City**

**State**

**Zip Code** (5 Digits)

**Country** (If not U.S.)

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**FORM NC-4EZ:** Please use this form if you:
- Plan to claim the N.C. standard deduction
- Plan to claim tax credits or only the credit for children
- Prefer not to complete the extended Form NC-4
- Qualify to claim exempt status (See lines 3 or 4 below)

**Important:** If you are a nonresident alien you must use Form NC-4 NRA.

You may complete Form NC-4, if you plan to claim N.C. itemized deductions, federal adjustments to income, or N.C. deductions.

If you do not plan to claim the credit for children, enter zero (0) on line 1. If you plan to claim the credit for children, 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 1 spouse may claim the allowance for the credit for each child.

### Single & Married Filing Separately

<table>
<thead>
<tr>
<th>Income</th>
<th># of Children under age 17</th>
<th># of Allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20,000</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>20,001-50,000</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

### Married Filing Jointly & Surviving Spouse

<table>
<thead>
<tr>
<th>Income</th>
<th># of Children under age 17</th>
<th># of Allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-40,000</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>40,001-100,000</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Income</th>
<th># of Children under age 17</th>
<th># of Allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-32,000</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>32,001-80,000</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

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, withheld from each pay period (Enter whole dollars)

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.

4. I certify that I am exempt from North Carolina withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in the state of [Enter state of domicile] Check Here □

   If line 3 or line 4 above applies to you, enter the effective year 20

5. I certify that I no longer meet the requirements for exemption on line 3 □ or line 4 □ (Check applicable box)

   Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on line 1 and any amount entered on line 2.

   **CAUTION:** If you furnish an employer with an Employee’s Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

**Employee’s Signature**

**Date**

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or 4, whichever applies.
Emergency Notification Information

This information will be used to make an appropriate notification in the event of an emergency involving a faculty or staff member.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Last 4 digits of SSN</th>
<th>UNC Charlotte ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department or Office Name</th>
<th>Department Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PERSON # 1 TO CONTACT IN THE EVENT OF AN EMERGENCY**

<table>
<thead>
<tr>
<th>Employee's Relationship to named contact</th>
<th>A - Aunt / Uncle</th>
<th>B - Sibling</th>
<th>C - Child / Children</th>
<th>D - Domestic Partner</th>
<th>E - Embassy</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST Name</td>
<td>FIRST Name</td>
<td>Middle Initial</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>----------------</td>
<td>------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact Telephone Numbers**

<table>
<thead>
<tr>
<th>Home</th>
<th>Business</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PERSON # 2 TO CONTACT IN THE EVENT OF AN EMERGENCY**

<table>
<thead>
<tr>
<th>Employee's Relationship to named contact</th>
<th>A - Aunt / Uncle</th>
<th>B - Sibling</th>
<th>C - Child / Children</th>
<th>D - Domestic Partner</th>
<th>E - Embassy</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST Name</td>
<td>FIRST Name</td>
<td>Middle Initial</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>----------------</td>
<td>------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact Telephone Numbers**

<table>
<thead>
<tr>
<th>Home</th>
<th>Business</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The information requested on this form will be used for the following purposes:
- To establish an employee record on the University's Human Resources System (which includes Payroll)
- Compliance with Equal Employment Opportunity and Affirmative Action reporting requirement provisions of State and Federal laws
- Compliance with State law regarding Military Selective Service

<table>
<thead>
<tr>
<th>Name (first MI last)</th>
<th>Casual Name (ex. Bob, Kathy, etc.)</th>
<th>Last 4 digits of SSN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employee's Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Personal Telephone Number</th>
<th>Department/Office</th>
</tr>
</thead>
</table>

Please initial if you would like to omit your address/contact number from the Campus Directory. (Updates can be made on Banner Self Service.)

Do you have prior service with the State of North Carolina?

Yes  No

**Demographic Information:**

<table>
<thead>
<tr>
<th>Race Category (Select One or More):</th>
</tr>
</thead>
<tbody>
<tr>
<td>B - Black</td>
</tr>
<tr>
<td>A - Asian</td>
</tr>
<tr>
<td>W - White</td>
</tr>
<tr>
<td>H - Hispanic</td>
</tr>
<tr>
<td>I - American Indian or Alaska Native</td>
</tr>
<tr>
<td>P - Native Hawaiian/Pacific Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

**Military Selective Service Compliance**

In accordance with General Statute 143b-421.1, I hereby certify, as a condition of employment, that I have complied with the requirements of the Military Selective Service Act. My specific compliance is as follows:

I certify that I am registered with the Selective Service.

I am female.

I am in the armed services on active duty. (Members of the Reserves and National Guard are not considered on active duty).

I am currently 26 years of age, or older.

I am a permanent resident of the Trust Territory of the Pacific Island or the Northern Marina Islands.

I am a non-immigrant alien.

Employee's Signature:  Date:
<table>
<thead>
<tr>
<th>Veteran Status</th>
<th>Definition</th>
<th>Discharge Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-JVA veterans</td>
<td>an individual who is an employee of or applicant to a contractor with a contract of $25,000 or more entered into prior to December 1, 2003, and unmodified since to $100,000 or more, and who is a special disabled veteran, veteran of the Vietnam era, recently separated veteran, or other protected veteran.</td>
<td></td>
</tr>
<tr>
<td>Disabled veterans</td>
<td>(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of service-connected disability.</td>
<td></td>
</tr>
<tr>
<td>Active duty wartime or campaign badge veterans (was Other Protected)</td>
<td>a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.</td>
<td></td>
</tr>
<tr>
<td>Armed forces service medal veterans</td>
<td>any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).</td>
<td></td>
</tr>
<tr>
<td>Recently separated veterans</td>
<td>any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.</td>
<td></td>
</tr>
</tbody>
</table>
Patent Agreement

Name

Casual Name (ex. Bob, Kathy, etc.)

Last 4 digits of SSN

Department or Office Name

Title / Position

In consideration of my appointment to the faculty/staff of the University of North Carolina at Charlotte, and as a condition of that appointment, I do hereby agree as follows:

1. I have read and understand the Institutional Patent and Copyright Procedures of the University of North Carolina at Charlotte (*University Policy Statement #301: Patent Policy)

2. I agree to abide by the Patent Policy and to communicate promptly to the UNC Charlotte Office of Research a full and complete disclosure of all inventions conceived or reduced to practice by me in connection with my duties supported in whole or part by UNC Charlotte.

3. I further agree that I will assign the inventions and all applications and patents relating thereto to UNC Charlotte, a sponsor, or the federal government as and when requested by UNC Charlotte.

4. I understand that unless otherwise specifically agreed in writing I shall receive my share of the gross revenues from the licensing or sale of my invention in accordance with the revenue distribution formula set forth under the Patent Policy.

5. I understand that UNC Charlotte will rely upon this Agreement in making research and licensing agreements with third parties.

This Agreement shall not apply to any invention which does not come within the scope of UNC Charlotte ownership as defined in the Patent Policy.

Signature

Date

* University Policy Statement #301: Patent Policy can be found online at: http://legal.uncc.edu/policies/up-301
Certifying Employee Status Under Retirement Reemployment Laws

Section A. Tell us about yourself.

FIRST NAME | MI | LAST NAME | SUFFIX | SSN (last 4 digits)
MMAILING ADDRESS
CITY | STATE | ZIP CODE | DATE OF BIRTH
POSITION TITLE | TELEPHONE NUMBER

Section B. Please understand that retirees are subject to earnings restrictions.

Retirees may be subject to earnings restrictions upon returning to work. State return-to-work laws require suspension of retirement benefits when earnings from applicable employers exceed the allowable limit. Before returning to work, be sure that you understand the return-to-work laws that apply to the System from which you retired. For example, new retirees in the Teachers' and State Employees' Retirement System (TSERS) may not work with a TSERS employer, or make arrangements for future work, until the first six months of retirement have passed. A summary of return-to-work laws for the Local Government Employees' Retirement System and the Teachers' and State Employees' Retirement System is located in Guides B, C, and D.

Section C. Please tell us if you are receiving a monthly benefit from any of the systems below.

☐ YES, I am currently receiving a monthly benefit from the following: (check all that apply)
  - Teachers' and State Employees' Retirement System (TSERS)
  - Local Governmental Employees' Retirement System (LGERS)
  - Consolidated Judicial Retirement System (CJRS)
  - Legislative Retirement System (LRS)
  - Disability Income Plan of North Carolina (DIPNC)

☐ NO, I am not currently receiving a monthly benefit from any of the above listed systems.

Section D. Please sign below.

I certify that I have read the Guides and the information I provided in Sections A and C is correct to the best of my knowledge. I understand that if my employment subsequently creates an overpayment of benefits from the Retirement Systems Division, I am fully responsible for the repayment of the said overpayment.

Member's Signature __________________________ Date __________________

Section E. Please submit this form to your employer.

Please do not send this form to the Retirement Systems Division (RSD). Your employer should retain this form.

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
325 North Salisbury Street, Raleigh, North Carolina 27603-1385
(919) 807-3050 in the Raleigh area or (877) 627-3287 toll free
www.myncreetirement.com

REV 20091106
ESRR Page 1 of 1
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON’T HAVE A DISABILITY
☐ I DON’T WISH TO ANSWER

______________________________  __________________________
Your Name                     Today’s Date
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

1 Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.