Department of Human Resources  
222 King Building | 9201 University City Blvd. | Charlotte, NC 28223 | Phone: 704-687-0669 | http://hr.uncc.edu

**New Hire Employment Forms and Instructions – Student Employees**

The Human Resources department requires that all new hire forms be completed and returned to our office prior to or on your first day of employment. The Human Resources department is located in the King Building, room 222. We can be reached by phone at 704-687-0669, Monday – Friday (8:00am – 5:00 pm).

<table>
<thead>
<tr>
<th>I-9 Online Form</th>
</tr>
</thead>
</table>
| It is federally mandated that you provide proof of employment eligibility to work and be paid by UNC Charlotte. You **must** complete Section 1 of this form on or before your first day of employment, and bring acceptable documentation (please refer to the list of acceptable documents) directly to Human Resources.

Section 2 of this form must be completed and all acceptable documentation **must** be verified by a HR representative within three days of your employment start date. Failure to abide by these requirements will delay your paycheck or terminate your employment. **Do not** fill out this form if you have not accepted a job offer.

- Please click on the Electronic I-9 Verification Form link (https://hr.uncc.edu/i9).
- Click which language you prefer (English or Spanish).

**Personal Information:** **All information boxes must be completed or “N/A” checked.**

- Enter your **legal** First name (no nicknames), Last name and Social Security number.
- Enter your middle initial or check “N/A” if none.
- Enter any other Last names you may have used (for example Maiden name) or check “N/A”
- Enter your permanent or local mailing address (do not use your campus address or overseas address). If no Apartment number, check “N/A”.
- Enter your email address (Personal or school) or check “N/A”
- Enter your personal telephone number or check “N/A”
- Read the Terms of Use and click to acknowledge that you agree to the Terms of Use.

Attest to your citizenship or immigration status.

**Preparer and/or Translator Certification (check one):**

- Did you receive assistance in filling out Section 1?
  (If yes, please have your preparer/translator to complete the certification.)

**Electronic signature:**

- Confirm your name and date of birth, then accept the statement of identity.
- **Create** a PIN number and enter the PIN number in the box. The number must be at least 4 numbers and you do not need to remember the PIN. **Click Electronically Sign.**
- Print out the confirmation page to bring to HR for proof of completion.

*When printing out the documents, only print front and back of the two page documents.*
**W-4 Tax Form**

The W-4 form tells Payroll how much federal income tax to withhold from your paycheck. *Please Note: Human Resources cannot advise on taxes, please consult an accountant or a tax preparer with questions you may have.*

The minimum boxes that are required to be filled out are box 1, 2, 3, and 5.

- **Box 3** – Make sure you mark your marital status.
- **Box 4** – Check, if your last name differs from that shown on your social security card.
- **Box 5** – Enter the number of allowances you will claim (refer to the Personal Allowances Worksheet to determine your allowances).
- **Box 6** – Enter the amount of additional money to be withheld from your paycheck each pay period, if any.
- **Box 7** – If you meet the conditions to claim exemption status, write “Exempt” in this box. *If you claim exempt, please make sure Box 5 is left blank.*
- **Sign and date this form.** This form is not valid unless it is signed and dated.

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**NC-4 Tax Form**

The NC-4EZ form tells Payroll how much state income tax to withhold from your paycheck.

Please fill in the top portion of the form with your social security number, marital status, address, county, city, state, zip code, and country (if not U.S.).

- **Line 1** – Enter the number of allowances you will claim.
- **Line 2** – Enter the amount of additional money to be withheld from your paycheck each pay period, if any.
- **Line 3 or 4** – If you are claiming EXEMPT status, check the box and write the effective year and write EXEMPT in the space provided. If you are claiming exempt because you meet the requirements of the Military Spouses Residency Relief Act, write in the state of domicile.
- **Line 5** – If you are no longer claiming exempt check the applicable box.
- **Sign and date this form.** This form is not valid unless it is signed and dated.

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**Personnel Profile/Selective Service Registration Compliance**

The personnel profile is used to establish an employee record in the UNC Charlotte human resources system. Please complete this form in its entirety.

It also included the Military Selective Service Registration Compliance. To check your registration with the Selective Service, go to [https://www.sss.gov/RegVer/wl/Verification.aspx](https://www.sss.gov/RegVer/wl/Verification.aspx).

If you are not required to be registered with the Selective Service, please check the reason why.

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**Veteran’s Status Form**

Please print your name on the form and indicate your Veteran status if any.

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**Emergency Contact Information**

By completing this form you are authorizing UNC Charlotte officials to contact the listed individual(s) on your behalf in case of an emergency. Please complete this form by providing accurate contact information for two individuals. Make sure that you check the contact person’s relationship to you.

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**Patent Agreement**

This agreement form is used to show that you acknowledge the institution’s Patent and Copyright procedures as an employee of UNC Charlotte.

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**Confidentiality Agreement**

The confidentiality agreement form is used to show that you acknowledge the expectations, conditions, and requirements of student employment. Sign the HR copy and bring to Human Resources. Keep the student copy for your records.
Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if both of the following apply:

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee's Withholding Allowance Certificate

Form W-4

Department of the Treasury
Internal Revenue Service

Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your first name and middle initial</td>
<td>Your social security number</td>
</tr>
</tbody>
</table>

Home address (number and street or rural route) 3 Single Married Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."

City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from the applicable worksheet on the following pages)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

Employee's signature 8 Employee's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet
Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/WithApp. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet
Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $80,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/WithApp to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer
Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

| A | Enter "1" for yourself |  
|---|------------------------|---|
| B | Enter "1" if you will file as married filing jointly |  
| C | Enter "1" if you will file as head of household |  
| D | Enter "1" if:  
- You're single, or married filing separately, and have only one job; or  
- You're married filing jointly, have only one job, and your spouse doesn't work; or  
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. |  
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information.  
- If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "4" for each eligible child.  
- If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for each eligible child.  
- If your total income will be from $175,551 to $200,000 ($339,001 to $400,000 if married filing jointly), enter "1" for each eligible child.  
- If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-" |  
| F | Credit for other dependents.  
- If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "1" for each eligible dependent.  
- If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "1" for every two dependents (for example, "0-" for one dependent, "1-" if you have two or three dependents, and "2-" if you have four dependents).  
- If your total income will be higher than $175,550 ($339,000 if married filing jointly), enter "-0-" |  
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here |  
| H | Add lines A through G and enter the total here  
For accuracy, complete all worksheets that apply.  
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.  
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $52,000 ($24,000 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 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 above. |

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1. Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details.  
2. Enter:  
   - $24,000 if you're married filing jointly or qualifying widow(er)  
   - $18,000 if you're head of household  
   - $12,000 if you're single or married filing separately  
3. Subtract line 2 from line 1. If zero or less, enter "-0-"  
4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).  
5. Add lines 3 and 4 and enter the total  
6. Enter an estimate of your 2018 nonwage income (such as dividends or interest)  
7. Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses  
8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction  
9. Enter the number from the Personal Allowances Worksheet, line H above  
10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.


**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1. Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than "a".

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.

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

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

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here. This is the additional annual withholding needed.

8. Multiply line 7 by line 6 and enter the result here. This is the additional amount to be withheld from each paycheck.

9. Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

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### Table 1

<table>
<thead>
<tr>
<th>If wages from LOWEST paying job are—</th>
<th>Enter on line 2 above</th>
<th>If wages from LOWEST paying job are—</th>
<th>Enter on line 2 above</th>
<th>If wages from HIGHEST paying job are—</th>
<th>Enter on line 7 above</th>
<th>If wages from HIGHEST paying job are—</th>
<th>Enter on line 7 above</th>
</tr>
</thead>
<tbody>
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<td>500</td>
<td>7,001 - 36,175</td>
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<td>1,540</td>
<td>497,476 and over</td>
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<td>200,001 and over</td>
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<td></td>
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</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(h)(2) 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 allowances; 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 aren't required to provide the information requested on a form that's 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

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

City  County (Enter first five letters)

States  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
- Prefer not to complete the extended Form NC-4
- 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.

<table>
<thead>
<tr>
<th>Income</th>
<th># of Children under age 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 20,000</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>20,001 - 30,000</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>30,001 - 40,000</td>
<td>0 0 1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>40,001 - 50,000</td>
<td>0 0 0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>50,001 - 60,000</td>
<td>0 0 0 0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>60,001 and over</td>
<td>0 0 0 0 0 1 2 3 4 5</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, 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 of the Military Spouse Residency Relief Act and I am legally domiciled in a state other than North Carolina. (Enter state of domicile)

   Check Here □

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

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

   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 additional amount entered on Line 2.

   Check Here □

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.
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>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee’s Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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>I - American Indian or Alaska Native</td>
</tr>
<tr>
<td>W - White</td>
</tr>
<tr>
<td>H - Hispanic</td>
</tr>
<tr>
<td>P - Native Hawaiian/Pacific Islander</td>
</tr>
</tbody>
</table>

Date of Birth

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Male/Female</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.

<table>
<thead>
<tr>
<th>I am female.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am in the armed services on active duty. (Members of the Reserves and National Guard are not considered on active duty).</td>
</tr>
<tr>
<td>I am currently 26 years of age, or older.</td>
</tr>
<tr>
<td>I am a permanent resident of the Trust Territory of the Pacific Island or the Northern Marina Islands.</td>
</tr>
<tr>
<td>I am a non-immigrant alien.</td>
</tr>
</tbody>
</table>

Employee’s Signature: Date:
# Veteran’s Status Form

**Print Name** ________________________________

<table>
<thead>
<tr>
<th>Veteran Status</th>
<th>Definition</th>
<th>( □ )</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 as 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>
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</tbody>
</table>

**Discharge Date**

__/__/____
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>
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</table>

<table>
<thead>
<tr>
<th>Department or Office Name</th>
<th>Department Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</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>
<th>F - Father</th>
<th>G - Grandparents</th>
<th>M - Mother</th>
<th>N - Friend / Neighbor</th>
<th>O - Other</th>
<th>P - Parents</th>
<th>R - Grandchild</th>
<th>S - Spouse</th>
<th>U - Guardian</th>
<th>V - Adviser / Sponsor</th>
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<tbody>
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<table>
<thead>
<tr>
<th>LAST Name</th>
<th>FIRST Name</th>
<th>Middle Initial</th>
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<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address Lines 1 &amp; 2</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<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>
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<tbody>
<tr>
<td></td>
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</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>
<th>F - Father</th>
<th>G - Grandparents</th>
<th>M - Mother</th>
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<table>
<thead>
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<th>LAST Name</th>
<th>FIRST Name</th>
<th>Middle Initial</th>
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<tr>
<th>Address Lines 1 &amp; 2</th>
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<th>State</th>
<th>Zip Code</th>
</tr>
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Contact Telephone Numbers

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<th>Mobile</th>
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<tbody>
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</tbody>
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Rev 8/2014
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
THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

STUDENT EMPLOYMENT OFFICE
(Human Resources Department)

CONFIDENTIALITY AND EXPECTATIONS AGREEMENT FOR STUDENT EMPLOYEES

STUDENT'S NAME__________________________________________________________
(Please Print)

In consideration of my employment, continued employment or affiliation with UNC Charlotte, I agree to and acknowledge the following expectations, conditions and requirements:

1. As a condition of my employment with UNC Charlotte, I agree not to divulge, either during or after my period of employment, any confidential information to which I have had access by reason of my employment. I understand that any unauthorized disclosure of such information may result in discharge from my job, prosecution as an offense punishable under The Code of Student Responsibility and/or prosecution under North Carolina state law. I understand that all job-related information should be treated as confidential unless I am otherwise informed by my supervisor.

2. I will not attempt to access, alter, change, add, or delete student record information or University documents unless my supervisor provides specific instructions to do so.

3. I agree to comply with UNC Charlotte's rules, standards and instructions for student behavior, including, but not limited to, those set forth in The Code of Student Responsibility and The Code of Student Academic Integrity.

4. I understand that The Code of Student Responsibility requires me to report to the Office of the Dean of Students any criminal charges or convictions that are entered against me during my enrollment at the University or during any periods between enrollments at the University.

5. I understand that the Office of the Dean of Students will communicate with the Student Employment Office regarding any criminal charges or violations of UNC Charlotte rules, standards and instructions for student behavior. I further understand that the University has the right, in its sole discretion, to impose sanctions, including termination of my employment, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony and/or welfare of the University.

6. I understand that as a student employee I may be the first point of contact for students, faculty, staff and other customers. I understand that it is important that all of these customers be treated with the utmost courtesy and professionalism, and that I present a favorable impression through my actions and appearance.

7. I understand that I am expected to report to work on time and for the work hours that I am scheduled for each week unless I am sick or make other arrangements in advance with my supervisor. If I am out unexpectedly and cannot make it in for my scheduled work hours, I understand that I must call in immediately to report my absence and be excused from work.

8. I understand that my continued employment is based upon satisfactory work performance.

_____________________________  ____________________________
Student's Signature                                      Date

_____________________________  ____________________________
Student Employment Representative's Signature     Date
THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

STUDENT EMPLOYMENT OFFICE
(Human Resources Department)

CONFIDENTIALITY AND EXPECTATIONS AGREEMENT FOR STUDENT EMPLOYEES

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______________________________  ________________________
Student's Signature                  Date

______________________________  ________________________
Student Employment Representative’s Signature  Date