



## 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. Our office hours are Monday – Friday (8:00am – 5:00 pm).

It is federally mandated that you provide proof of employment eligibility to work and be paid by UNC Charlotte. *Failure to abide by these requirements will delay your paycheck or terminate your employment.* Once you have been offered a job on campus, you must:

1. Complete Section 1 of the I-9 form electronically on or before your first day of employment.
2. Print/bring the I-9 receipt, I-9 acceptable documentation and packet directly to HR.

### Section 1 of Online I-9 form

- Click on the Electronic I-9 Verification Form link (<https://hr.uncc.edu/i9>).
- Select the language you prefer (English or Spanish).
- Enter your **LEGAL** First Name, Last Name and Social Security Number and click “Continue”

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

- Enter your **legal** name: Last name, First name and Middle initial
- Enter any other Last names you may have used (for example Maiden name)
- Enter your permanent or local mailing address (do not use an overseas address).
- Enter your email address (personal or school)
- Enter your personal telephone number.

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 to Electronically Sign.
- Print out the confirmation page to bring to HR for proof of completion.

Section 2 of this form and submission of I-9 document(s) must be completed/ verified by a HR representative within three days of your employment start date.

- I-9 confirmation page from Section 1 of the I-9
  - completed hiring packet
- I-9 document(s) to verify you are eligible to work. You can find a list of acceptable documents here: <https://www.uscis.gov/i-9-central/acceptable-documents>.

## Forms to be completed and submitted to Human Resources

**Emergency Notification 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.

- Personal information: provide your full name, the last 4 digits of your SSN and UNC Charlotte ID.
- Department or office name: provide the name of the department that hired you (required) and the department telephone number, if known.
- Emergency Contact: provide at least one person to contact in case of an emergency. You must enter their relationship to you, their full name and at least one telephone number.

**Personnel Profile** - 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 includes the Military Selective Service Registration Compliance.

- Personal information: provide your name, address and personal telephone number
- Department/Office: provide the name of the department that you will work for.
- Campus directory: Initial to have your contact information omitted from the directory
- Prior service with the State of NC: Indicate if you have ever worked FOR the State of NC
- Demographic Information: Select one or more races, your birthdate and gender
- Military Selective Service Compliance: check that you are registered or why you are not. (If you need to check your registration, go to <https://www.sss.gov/RegVer/wfVerification.aspx>.)
- Sign and date the form

### Veteran's form

- Print your name on the form.
- Indicate your Veteran status if any.

**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.

- Enter your name, any casual name and the last 4 digits of your SSN
- Enter the name of your department and your title/position
- Sign and date the form.

### Confidentiality and Expectations Agreement for Student Employees

The confidentiality agreement form is used to show that you acknowledge the expectations, conditions, and requirements of student employment.

- Print your name on the top of the form, then sign and date.

### Tax forms –

- You are no longer required to complete tax forms and submit them to Human Resources. When you are set up as a new employee, your withholding will automatically default to Single and 0. For more information, visit the Tax and Payroll FAQ: <https://spaces.uncc.edu/pages/viewpage.action?pageId=11240364>



UNC CHARLOTTE

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.

Employee Name, Last 4 digits of SSN, UNC Charlotte ID, Department or Office Name, Department Phone Number, PERSON # 1 TO CONTACT IN THE EVENT OF AN EMERGENCY, Employee's Relationship to named contact, LAST Name, FIRST Name, Middle Initial, Address Lines 1 & 2, City, State, Zip Code, Contact Telephone Numbers, Home, Business, Mobile

PERSON # 2 TO CONTACT IN THE EVENT OF AN EMERGENCY, Employee's Relationship to named contact, LAST Name, FIRST Name, Middle Initial, Address Lines 1 & 2, City, State, Zip Code, Contact Telephone Numbers, Home, Business, Mobile



# UNC CHARLOTTE

## Personnel Profile

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

Name (first MI last)		Casual Name (ex. Bob, Kathy, etc.)		Last 4 digits of SSN	
Employee's Street Address		City		State	Zip Code
Personal Telephone Number		Department/Office			
		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	
<b>Demographic Information:</b>					
Race Category (Select One or More):					
<input type="checkbox"/>	B - Black	<input type="checkbox"/>	A - Asian	<input type="checkbox"/>	I - American Indian or Alaska Native
<input type="checkbox"/>	W - White	<input type="checkbox"/>	H - Hispanic	<input type="checkbox"/>	P - Native Hawaiian/Pacific Islander
Date of Birth			Gender		
Month	Day	Year	Male	Female	
<b>Military Selective Service Compliance</b>					
<b>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:</b>					
I certify that I am registered with the Selective Service.					
I certify that I am not required to be registered with the Selective Service because:  (Please 'X' one of the following reasons)		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:		

### Veteran's Status Form

Print Name \_\_\_\_\_

Veteran Status	Definition	( ✓ )
Pre-JVA veterans	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.	
Disabled veterans	(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.	
Active duty wartime or campaign badge veterans (was Other Protected)	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.	
Armed forces service medal veterans	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).	
Recently separated veterans	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.	Discharge Date ____/____/____
Not a Veteran	If you are not a US Veteran, please print your name at the top and check this box.	



UNC CHARLOTTE

Patent Agreement

<b>Name</b>	<b>Casual Name (ex. Bob, Kathy, etc.)</b>	<b>Last 4 digits of SSN</b>
<b>Department or Office Name</b>		<b>Title / Position</b>

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*.

<b>Signature</b>	<b>Date</b>

\* **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