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).

I-9 Online Form

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 to receive a PIN.
- Enter the PIN in the box and click Electronically Sign. You do not need to keep this PIN.
- 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.

- 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.

### 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.

### 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 includes the Military Selective Service Registration Compliance. To check your registration with the Selective Service, go to [https://www.sss.gov/RegVer/wfVerification.aspx](https://www.sss.gov/RegVer/wfVerification.aspx).

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

### Veteran’s Status Form

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

### 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.

### 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.

### 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.
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, 2016. 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 $350 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-earners/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. If you have pension or annuity income, 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 your Form W-4 takes effect, use Pub. 505 to see how the amount your withholding compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $150,000 (Single) or $180,000 (Married).

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

B Enter "1" if:
- You're single and have only one job;
- You're married, 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.

C Enter "1" for your spouse. But, you may choose to enter "0-0" if you are married and have either a working spouse or 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.)

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.

For any adjustments to income, 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 ($20,000 if married), see the Two-Earners/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

Whether you are 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.

Your first name and middle initial

Your last name

2 Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

3 Single Married Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

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

7 I claim exemption from withholding for 2017. 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.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature (This form is not valid unless you sign it.)

Date

9 Office code (optional)

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2017)
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 adjusted gross income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 or you're married filing jointly or you're a qualifying widow(er) $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,900 if you're married filing separately. See Pub. 505 for details.

   $12,700 if married filing jointly or qualifying widow(er) $1

2. Enter:

   $9,350 if head of household $2

   $6,350 if single or married filing separately $3

3. Subtract line 2 from line 1. If zero or less, enter "0" $4

4. Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505). $5

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.) $6

6. Enter an estimate of your 2017 nonwage income (such as dividends or interest) $7

7. Subtract line 6 from line 5. If zero or less, enter "0" $8

8. Divide the amount on line 7 by $4,050 and enter the result here. Drop any fraction $9

9. Enter the number from the Personal Allowances Worksheet, line H, page 1 $10

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 $11

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) $12

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 $65,000 or less, do not enter more than "3" $13

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 $14

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 $15

5. Enter the number from line 1 of this worksheet $16

6. Subtract line 5 from line 4 $17

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here $18

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed $19

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 $20

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married Filing Jointly</td>
<td>All Others</td>
</tr>
<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>-1</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 - 30,000</td>
<td>3</td>
</tr>
<tr>
<td>30,001 - 40,000</td>
<td>4</td>
</tr>
<tr>
<td>40,001 - 50,000</td>
<td>5</td>
</tr>
<tr>
<td>50,001 - 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 and over</td>
<td>13</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>14</td>
</tr>
<tr>
<td>$0 - $38,000</td>
<td>15</td>
</tr>
</tbody>
</table>

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 3409(b) and 6109 and their regulations require you to provide this information to your employer if 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 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 __________________________

First Name __________________________ M.I. __________________________ Last Name __________________________

Address __________________________

City __________________________ State __________________________ Zip Code __________________________ Country __________________________

FORM NC-4EZ: Please use this form if you:
- Plan to claim the N.C. standard deduction
- Plan to claim no 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.

<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</td>
<td>1</td>
</tr>
<tr>
<td>20,001-60,000</td>
<td>0</td>
<td>1</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) _________.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

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.
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>
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</table>

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

<table>
<thead>
<tr>
<th>Personal Telephone Number</th>
<th>Department/Office</th>
</tr>
</thead>
<tbody>
<tr>
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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?  
Yes  No

Demographic Information:

Race Category (Select One or More):
- B - Black
- A - Asian
- W - White
- H - Hispanic
- I - American Indian or Alaska Native
- P - Native Hawaiian/Pacific Islander

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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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.

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

<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</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>
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<tr>
<td>Other Protected)</td>
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</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>Discharge Date</td>
</tr>
</tbody>
</table>
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>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Department or Office Name</th>
<th>Department Phone Number</th>
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PERSON # 1 TO CONTACT IN THE EVENT OF AN EMERGENCY

|-----------------------------------------|------------------|-------------|----------------------|----------------------|-------------|------------|-------------------|-----------|----------------------|-----------|--------------|------------------|------------|--------------|-------------------|

<table>
<thead>
<tr>
<th>LAST Name</th>
<th>FIRST Name</th>
<th>Middle Initial</th>
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</table>

Address Lines 1 & 2

Address Lines 1 & 2

City

State

Zip Code

Contact Telephone Numbers

<table>
<thead>
<tr>
<th>Home</th>
<th>Business</th>
<th>Mobile</th>
</tr>
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<tbody>
<tr>
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PERSON # 2 TO CONTACT IN THE EVENT OF AN EMERGENCY

|-----------------------------------------|------------------|-------------|----------------------|----------------------|-------------|------------|-------------------|-----------|----------------------|-----------|--------------|------------------|------------|--------------|-------------------|

<table>
<thead>
<tr>
<th>LAST Name</th>
<th>FIRST Name</th>
<th>Middle Initial</th>
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<td></td>
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</tbody>
</table>

Address Lines 1 & 2

Address Lines 1 & 2

City

State

Zip Code

Contact Telephone Numbers

<table>
<thead>
<tr>
<th>Home</th>
<th>Business</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
Patent Agreement

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

<table>
<thead>
<tr>
<th>Department or Office Name</th>
<th>Title / Position</th>
</tr>
</thead>
</table>

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**.

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* University Policy Statement #301: Patent Policy can be found online at: [http://legal.uncc.edu/policies/up-301](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
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______________________________          ________________
Student’s Signature                              Date

______________________________          ________________
Student Employment Representative’s Signature   Date
Student Employment

FYI's

- Students may work up to a **total of 20 hours per week** through on campus employment.

- **Go to Banner Self Service** and click on your Student Services/Student Accounts tab to sign up for Direct Deposit. Direct deposit is mandatory for all UNC Charlotte employees. To ensure timely receipt of your paychecks, you must set up direct deposit. It is recommended that you check the box that indicates that ALL funds from the University can go into the designated account. This way, if you receive a Paycheck, Refund, or Financial Aid, (all funds) from the University will go in to that account automatically. You also have the option to designate funds to go in to different accounts.

- **If you are an hourly employee**, the Student Employment Office is the 1st of 3 Offices that handles your hiring paperwork. The last office is Payroll. The Payroll Office sets up students in WebTime Entry (WTE). This is an electronic system where you will complete an online time sheet. Once you are set up in WTE, you will receive an email from the Payroll Office with instructions about entering your hours. An Employee Tab will also be available in your Banner Self Service Account. This is where you will find your electronic time sheet. You need to submit your timesheet at the end of each month. Failure to do so will delay your pay for a month. **Hourly student employees** are paid on the 15th of each month for the previous month’s work. When the 15th falls on a Saturday or Sunday, or Holiday, you will be paid on the previous workday.

- **If you are a Graduate Assistant**, you will be paid semi-monthly, on the 15th and the last working day of the month. When the 15th falls on a Saturday or Sunday, you will be paid on the previous Friday. The student employment office is the last in the electronic que to approve these assignments. **From the date the SEO approves** to the end date of the contract, Banner will evenly distribute your award amongst the number of Payrolls available. Banner does not double up on payments.

- **If you are being paid a stipend each month**, stipends pay out on the last working day of each month.

- The **yellow card** or **blue card** you received signifies that you completed your I-9 and hiring packet. Take the card back to your hiring department so they can make a copy for their records and set your start date. It is credit card sized so that you can place it in your wallet for easy access. For as long as you are a student worker and you do not have a year or more break between jobs, the paperwork you completed will transfer from one department to another. If you should have a year or more break in service or accept some other type of employment on campus, your paperwork will need to either be updated or redone.

- **Special Note:** You completing the I-9 and subsequent hiring packet is the 1st part of the hiring paperwork process. The yellow or blue card indicates to the hiring department that they can submit the documentation that will assign you to a job in Banner and ultimately get you on the Payroll. Some types of jobs are done on paper, others electronically. The hiring packet you completed cannot be processed until the departmental paperwork is received and their paperwork cannot be processed until your hiring packet is done. It all works hand-in-hand. If all is not in place by the allotted deadlines, your pay will be delayed.

Revised: 06/14/2017