Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

**Temporary Employee DocuSign Job Aid**

In this Job Aid, we will be taking you through the steps of completing a Temporary Solutions New Hire Onboarding Packet. Please reach out to Temporary Solutions for assistance after reviewing this booklet.

At this time, DocuSign works the most efficiently from a **computer while using Google Chrome**.

You will be asked to complete the following forms:

1. Employment through Temporary Solutions
2. Equal Employment Information
3. Direct Deposit Form
4. W4 Tax Form
5. NC-4 EZ Form
6. I-9 Form

You may click on each title above to take you to the form on this document.

**Helpful Tips & Tricks**

- In order to move through each section of DocuSign, you must **click** the **Initial** or **Sign Here** icons.

- The **Next** button only takes you to the **next required area**
  - Please Note: You can use the **Tab** button on your keyboard or the **Next** button on the screen in order to move through each section

- If a Placement Counselor sent you more than one version of onboarding documents to review, please use the most recent notification in order to start the most current documents
  - For **Direct Deposit Enrollment Form**, please select **Mid-Monthly or Bi-Weekly**

- If you are unsure what current section of the DocuSign requires, please look at two areas:
  - The **blue banner at the top of the DocuSign page**
  - Hover over the area with your mouse

- You **do not** have to complete your documents all at one time. You can **Finish Later** by clicking the **Other Actions** drop down at the top of your screen
  - For more information about the **Other Actions Drop down**, please click **here**

- If you **do not** have access to a computer, there is a **DocuSign mobile app**
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**DocuSign Notification & Command Icon/Button Descriptions**

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>START</strong></td>
<td>This button takes the user to the beginning of the document or where the user left off last session.</td>
</tr>
<tr>
<td>![Initial Arrow]</td>
<td>This icon shows the user is required to click the <strong>Initial Arrow</strong> as acknowledgement and agreement of the statement.</td>
</tr>
<tr>
<td>![Sign Arrow]</td>
<td>This notification means this area requires the user to click the <strong>Sign Arrow</strong> as acknowledgement and agreement of the statement.</td>
</tr>
<tr>
<td><strong>REVIEW DOCUMENTS</strong></td>
<td>This button takes the user to the documents that need to be reviewed.</td>
</tr>
<tr>
<td><strong>NEXT</strong></td>
<td>This command icon takes the user to the next required section of the document. This does <strong>not</strong> sign nor initial for the user.</td>
</tr>
<tr>
<td><strong>SELECT</strong></td>
<td>This command icon shows the user this area requires a selection by clicking a radio button from the options provided.</td>
</tr>
<tr>
<td><strong>FILL IN</strong></td>
<td>This command icon shows the user this section needs to be filled in by typing in the blank text box(s).</td>
</tr>
<tr>
<td>![Circle]</td>
<td>This red circle icon instructs users to select a statement/choice.</td>
</tr>
<tr>
<td>![Rectangle]</td>
<td>This red rectangle icon instructs users this text box requires to be completed.</td>
</tr>
<tr>
<td>![Paperclip]</td>
<td>This paperclip icon serves the user as a notification a file is required to be attached.</td>
</tr>
<tr>
<td>![Paperclip]</td>
<td>This paperclip icon means the user’s attachment has uploaded</td>
</tr>
</tbody>
</table>
In order to first retrieve your documents, you will receive an email from a Temporary Solutions Placement Counselor.

**Email Message Retrieval & Review**
When you open the email from DocuSign, it will look similar to shown below.

![Email Message Retrieval & Review](image)

**Email Message Details**

Please review the **message details** in the email. The name and email of the Temporary Solutions representative requesting your review and signature is listed on the top left of this email message.

**Note:** The Placement Counselor’s email address is provided in order to assist you throughout the hire and orientation process.
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**How to Review the Documents**

Please **click** the yellow **Review Documents** link in the email. Please make sure you are using **Google Chrome** (if able).

Your screen should now look like shown below.

![DocuSign Review Interface]

**Please Review & Act on These Documents DocuSign Message Details**

At the top of your internet screen you will see the message shown below.

![DocuSign Message Details]

If the message on your screen is cut off, please click the blue ‘View More’ button (circled in red below).
Next, please read the Electronic Record and Signature Disclosure agreement by clicking the hyperlink.

After you have reviewed the disclosure, please click the white box in order to agree to use electronic records and signatures.

**Note:** You **may not** continue until you have agreed to use electronic records and signatures.

After clicking that you agree, you will notice you are able to click the **Continue** button (as shown below).

You also will see the option for **Other Actions** drop down. Please see below for more information regarding **Other Actions**.

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

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

**Reviewing & Completing Documents**
You will be given the following documents to review and complete:

1. Employment through Temporary Solutions
2. Equal Employment Information
3. Direct Deposit Form
4. W4 Tax Form
5. NC-4 EZ Form
6. I-9 Form
7. FN Data Gathering form
When completing each of these forms, please initial or sign when required.

DocuSign will let you know which is necessary by the notifications shown below:

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Initial Arrow" /></td>
<td>This icon means this area requires you to click the <strong>Initial Arrow</strong> as acknowledgement and agreement of the statement.</td>
</tr>
<tr>
<td><img src="image" alt="Sign Arrow" /></td>
<td>This icon means this area requires you to click the <strong>Sign Arrow</strong> as acknowledgement and agreement of the statement.</td>
</tr>
</tbody>
</table>

The first document you are given to review is the **Employment through Temporary Solutions** Form.

**Employment through Temporary Solutions Form**

**Employment through Temporary Solutions Form Details**
This form provides you information about being a temporary employee, the responsibility you have as a temporary employee as well as the responsibility of Temporary Solutions and the agency you are assigned to. Please review, initial and sign as required.

**Employment Through Temporary Solutions Form Steps**
After reviewing each statement, please click the **Initial** button. This provides DocuSign with your initials. Your initials serve as confirmation you have read and agree with the statement listed.

Please click **Initial** to the left of the **Safety First! Statement**.

This will prompt the **Adopt Your Initials** to create and confirm the following:
Your name, initials and signature in DocuSign

**Please Note:** If you have used DocuSign previously your previous selections may already be in place. This is okay.
How to Adopt Your Name, Initials & Signature in DocuSign

In order to sign, provide your initials and more, please confirm the requested information below.

Note: If the Placement Counselor mistyped your name in the request process, you can fix your **Full Name** and **Initials** at this time.

If you would like to change the style, draw or upload a specific signature you are able to at this screen.

Please click [here](#) for assistance in selecting or changing a signature style. The hyperlink will take you to that section of this job aid. In this job aid we will be changing the style only.

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

You will now notice the **Safety First** title now has your initial to the left of it, stating you acknowledge the statement (as shown below).

In order to move through the Employment through Temporary Solutions Form you **must click** **Initial**.

You may see the **Next** button (shown below). This takes you to the **next required area**, this does **not** complete the initial and signature for you.
Mandatory Break-In-Service Section of Employment Through Temporary Solutions Document

After you have reviewed and initialed the statement regarding mandatory breaks for temporary employees, you will see the radio button options to select an option regarding the mandatory break.

The options are shown below.

- I do not qualify for the mandatory break-in-service exception because I am not retired, a full-time student, or an inmate.
- I qualify for the mandatory break-in-service exception because:

Please select which applies to you by clicking the red circle radio button.

If you do qualify for the mandatory break-in-service exception it should be due to the reasons listed on page 3 of your DocuSign.

If you select that you do qualify, you will see radio buttons appear to the left of the reasons. Please select which option relates to you.

Some of the selections will request you to provide more details (as shown below).

- I am not retired from North Carolina state government, but I am drawing retirement benefits from one or more of the following:
  - Private company
  - United States military
  - Federal government
  - North Carolina local or county government
  - Social Security
  - Another State's retirement system
  - Other

Please make your selections by clicking the box to which applies to you.

Please Note: If you click Other, you must complete the textbox required by typing in further details.

After completing this section, please keep initialing through the document until page 5/5 of the Employment through Temporary Solutions document.

Employee Information & Emergency Contact Information Section

Employee Information Completion
In the Employee Information Section of this form, you must complete the following about yourself:

- Legal Name (Print)
- Signature
- Address
- City, State ZIP
- Home Phone
- Mobile Phone
- Personal Email
Legal Name Section How-To
In order to complete your Legal Name, please click inside the text box to type your name.

When completed the text box should look similar to below:

| Legal Name (Print) | Temporary Employee |

Signature & Date Section How-To
Next, you will need to sign & date in the area shown below.

You will complete this area by clicking the Sign icon.

Please Note: The Date will automatically populate for you as shown above.

Address, City, State & Zip Section How-To
Next, you will need to fill in the blank text boxes for your address, city, state and zip code.

You will do this by clicking on each blank text box. After clicking on the blank text box, please type in your information (as you did for the Legal Name completion).

For parts of the form that do not apply to you, please type N/A as shown below.

Required parts of the forms will not allow you to leave them blank.

<table>
<thead>
<tr>
<th>Legal Name (Print)</th>
<th>Temporary Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Temporary Employee</td>
</tr>
<tr>
<td>Address</td>
<td>2234 Temporary Solutions Lane</td>
</tr>
<tr>
<td>City, State ZIP</td>
<td>Raleigh, NC 27603</td>
</tr>
</tbody>
</table>

Please Note: You may click the Tab button on your keyboard or the Next button on the screen in order to move through each section.

Home Phone & Mobile Phone Section How-To
Next, you will need to fill in the blank boxes for both your home phone and mobile phone.

You will do this by clicking on each blank text box. After clicking on the blank text box, please type in your information (as you did for other fields).

You must complete both home and mobile phone in the correct format request.

This format is as follows: ###-###-####
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The document will **not accept** phone numbers in formats other than listed above. If you only have one of the phone number options, **please put that number into both sections** as shown below.

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Mobile Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>519-000-0000</td>
<td>519-000-0000</td>
</tr>
</tbody>
</table>

**Personal Email Section How-To**
Next, you will need to fill in the blank textbox for your **personal email**. Please make sure this is your **personal email address** and the best email address to reach you.

You will do this by **clicking on each blank text box**. After clicking on the blank text box, please type in your information (as you did for other fields).

Please complete the text box by filling it in the format as follows: `emailaddress@domain.com`

The document **will not** accept an invalid email. It **must** be in the format listed above as shown below.

<table>
<thead>
<tr>
<th>Personal Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:temporaryemployee@gmail.com">temporaryemployee@gmail.com</a></td>
</tr>
</tbody>
</table>

**Emergency Contact Information How To**
On page 5/5 of the Employment through Temporary Solutions document, you **must** complete the following about your **emergency contact**:

- Name (Print)
- Relationship to You
- Address
- City, State ZIP
- Home Phone
- Mobile Phone
- Personal Email

All these textboxes are completed the same way the Employee Information was completed. Please refer back to the Employee Information Completion, by clicking [here](#) for assistance.
State of North Carolina – Equal Opportunity Information

The information provided on this document will in no way affect you as an applicant. Its sole use will be to determine how well our recruitment efforts are in teaching all segments of the population.

Please read through this document and complete the necessary responses.

You will complete the following sections of this document:

- Date of Birth
- Sex
- Ethnicity
- Disability
- Legal Name
- Signature
- Date

**Date of Birth Section How-To**

In order to complete the date of birth section, please complete each text box with the appropriate numbers.

Please complete the form in the following format: `MM/DD/YYYY` (shown below)

```
Date of Birth
01 01 1901
```

**Sex Section How-To**

Please click the radio button that pertains to you.

**Ethnicity Section How-To**

Please click the radio button that pertains to you.

*If* you Select Other, please type in the appropriate text box your response.

**Disability Section How-To**

Please click the radio button that pertains to you.

*Please Note:* The reporting of a disability is strictly voluntary.

**Legal Name (Print) How-To**

This section should be completed for you already. *If not,* please type your First Name and Last Name.

The date should automatically complete as well.
Signature Section Completion
Please click the Sign icon in order to electronically sign the Equal Opportunity Information document.

Direct Deposit Enrollment and Change Form
After you have completed the previous form, you will be brought to the Direct Deposit Enrollment and Change Form.

This form is used for when a temporary employee is onboarded as well as if any changes need to be made to banking statements.

The Direct Deposit Enrollment & Change Form is shown below.

In order to complete this form you will need the following:
Social Security Number
First Name Last Name
E-Mail Address
Phone Number
Name of Bank or Financial Institution
A photocopy of a check, an actual check marked void, an official bank form or a deposit slip for a savings accounts
Completing the Direct Deposit Enrollment and Change Form

The first step to completing this document is to select what payroll type you, as a temporary employee are.

What payroll status is a temporary employee?

As a temporary employee, please select Mid-Monthly or Bi-Weekly as shown below.

Next, please select which option pertains to you currently. If you are completing these documents for the first time, please select Enroll me in direct deposit (as shown below).

Next, please complete the blank text boxes with your social security number, first name, last name, your email address and work number.

Please use the same formatting as requested on the Employment through Temporary Solutions Form. The formats are provided in the screenshot below.

Please Note: Use your current (personal) email address and phone number.

Please now type your bank or financial institution name in the blank text box (as shown below).

You will need to next select which choice pertains to you. This choice will be how you will be paid for your first payroll cycle. You will select one of the radio buttons to select.

Please Note: If this information changes, please let Temporary Solutions know as soon as possible.

I am attaching (check one and staple here)

After selecting your choice of deposit, you must choose how you want to provide your bank information to Temporary Solutions. You will choose from the following options:
First, please select which option by clicking the radio button to the left of the choice.

After you have made your section, you will need to attach your document.

Please attach your document by clicking the arrow and paperclip button (circled in picture below).

After clicking the attachment button, an Upload Attachment screen should pop up, as shown below.

Please click upload a file in order to attach your required document.

This will prompt your computer to bring you to your files (as shown below).

Please next select the document you would like to upload and then click open (circled below).

Please Note: This may take DocuSign a moment to process the document.
If your upload has completed correctly, you should see the page shown below.

Please click done if your document has attached.

**Note:** If you need to attach another file, please click upload file and follow the previous steps.

You will know your document has attached if the paperclip icon has changed (as shown below).

Next, please read the statements and select the affirmation choice that pertains to you as shown below.

In order to complete this document, please click the sign icon.

After you have signed the Direct Deposit Enrollment and Change Form, you should see the W-4 Employee’s Withholding Certificate.
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W-4 Employee’s Withholding Certificate

After completing the Direct Deposit Enrollment and Change Form, your DocuSign should bring you to the screen shown below.

In order to complete this document, you will need to complete the **required text boxes** and make your selections.

If you need assistance or further instruction with the W-4, please scroll down to the page 2 of the document. Pages 2 – 4 of the W-4 document provide instructions and worksheet in order to assist with completion.
Temporary Solutions Employee DocuSign Booklet – Onboarding Documents

Step 1: Enter Personal Information
The following areas are required:
First name and middle initial Last name (text box completion)
Social security number (text box completion)
Address (text box completion)
State (must select from drop down menu)
Zip Code (text box completion)

Please select how you would like to file your W-4 from the choices shown below.

- Single or Married filing separately
- Married filing jointly (or Qualifying widow(er))
- Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)

After making your selection, you can complete Step 2: Multiple Jobs or Spouse Works Section (this section is not required).

Step 2: Multiple Jobs or Spouse Works
If you need to complete Step 2, please follow the instructions provided on the form.

After completing Step 1 and/or Step 2, you are required to complete Step 3: Claim Dependents for this DocuSign.

Step 3: Claim Dependents
In order to complete Step 3: Claim Dependents, you will need to complete the required two text boxes shown below.

If your income will be $200,000 or less ($400,000 or less if married filing jointly):
Multiply the number of qualifying children under age 17 by $2,000
Multiply the number of other dependents by $500

If Step 3 does not pertain to you, please put zero as shown below.

Please Note: The amounts provided in Step 3 will automatically add for you in DocuSign

Step 4: Other Adjustments
This section is optional. If you need to complete Step 4, please follow the instructions provided on the form.

Step 5: Sign Here
Please read the statement in Step 5. If you agree to the statement, please click the Sign icon. The date will automatically populate for you.

Once your W-4 is completed, DocuSign will take you to the NC-4 EZ Employee’s Withholding Allowance Certificate.
NC-4EZ Employee’s Withholding Allowance Certificate

After completing the W-4 document, your DocuSign should bring you to the screen shown below.

Filing Status
Please select one of the options provided as your filing status.

Complete Personal Information
In this section, like the previous documents, you will need to complete each required textbox by typing your information in.

The required fields (please complete in the correct formats) are as follows:

Social Security Number
First Name
Last Name
Address
County
City
Select your state
Zip Code
Country (if not US)
Complete Total Number of Allowances You are Claiming
In order to complete the total number of allowances claimed, please review the table provided on DocuSign.

You may then complete the number of allowances claimed by typing the number in the required text box (as shown below).

In the example below, the temporary employee is claiming zero allowances.

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above).

(Step 3 – 5) on NC-4EZ
Steps 3 – 5 are not required. These steps are shown below.

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 set forth in the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act and Veterans Benefits and Transition Act.
   (See Form D-401, North Carolina Individual Income Tax Instructions, for more information.)
   Check Here

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

5. I certify that I no longer meet the requirements for an 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 additional amount entered on Line 2.
   Check Here

Please follow the instructions provided in DocuSign in order to complete these steps.

Sign Here
Please read the statement above the Employee’s Signature Line.
If you agree to the statement, please click the Sign icon. The date will automatically populate for you.
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Employment Eligibility Verification USCIS Form I-9

In order for your employer to verify your employment eligibility in the United States, you must complete the I-9 Section 1 and provide the necessary documentation.

Please see below for what your DocuSign screen should show for this step.

You, as the temporary employee will need to do the following:

Complete Section 1 completely
Sign & Date Section 1
Provide the required documentation listed on the I-9 Form
Section 1. Employee Information and Attestation Completion
Please complete each section by typing in the required textboxes.

The required textboxes are as follows:
- Last Name (Family Name)
- First Name (Given Name)
- Address (Street Number and Name)
- City or Town
- State
- ZIP Code
- Date of Birth
- US Social Security Number
- Employee’s Email Address
- Employee’s Telephone Number

**Last Name & First Name**
The I-9 has pre-populated your Last name and First Name by the first steps of adopting your name and initials. Please click here to re-review that section.

**Address, City or Town, State & ZIP Code**
Please type in your address.
*If you have an apartment number,* please complete the Apt. Number by typing in the apartment/unit number.

Please type in your City or Town.

Please select your State from the list provided. You can view the list provided by clicking on the blank State textbox.

Please type in your ZIP Code.

**Date of Birth**
Please complete the date of birth by either typing in the date of birth in the correct format of MM/DD/YYYY or selecting your date of birth from the calendar pop up.

**U.S. Social Security Number**
Please complete the U.S. Social Security Number by typing your SSN or Government ID in each separate text box. You may do this easily by clicking tab on your keyboard after each number.

**Employee’s E-mail Address**
Please complete this section by typing in your email address in the correct format (email@domain.com).

**Employee’s Phone Number**
Please complete this section by typing in your phone number in the correct format (###-###-####).
Check one of the following boxes:
In this section you are required to check one of the four (1 – 4) options by clicking on one of the radio buttons (all options are shown below).

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.
I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States
2. A noncitizen national of the United States (See Instructions)
3. A lawful permanent resident (Alien Registration Number/USCIS Number): ________________
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): ________________
   Some aliens may write “NULL” in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
1. Alien Registration Number/USCIS Number: ________________
   OR
2. Form I-94 Admission Number: ________________
   OR
3. Foreign Passport Number: ________________
   Country of Issuance: ________________

If you select one of the options that may need more information, you will be provided with additional text boxes to complete.

Signature of Employee
Please click the Sign icon in order to verify Section 1 is complete to your best knowledge. The date will automatically populate for you.

Preparer and/or Translator Certification
If you used a preparer or translator to assist with Section 1 completion, please check the appropriate box.
If you did use a preparer or translator, please have them complete the required text boxes.

Signature of Preparer or Translator
Today’s Date (mm/dd/yyyy)
Last Name (Family Name)
First Name (Given Name)
Address (Street Number and Name)
City or Town
State
ZIP Code

Once you have completed this, you are done with your I-9 Section 1 section of the Onboarding documents!
Are you done? Let’s find out!
You should not see a Next button to the left of your documents anymore.

If you do still see the Next icon (as shown below), please click Next to see what required fields you may have missed.

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

Please click FINISH.

Congratulations, you have finished your onboarding documentation! You should now receive a similar notification/request to below:

If you would like to sign up for a free DocuSign account, you may at this time.

If you would like to save or print your documents, please click one of the icons (shown below).
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After either **clicking Submit** or **No Thanks**, your screen should populate the message below.

![You're All Done!](image)

You'll receive a copy once everyone has signed

This means the necessary documents have been submitted to your agency’s Placement Counselor as well as the HR Administrator at the agency.

**Please reach out to the Placement Counselor with any questions or concerns.**
Select a Style / Change Signature Style
In order to change your signature style, please click Change Style circled in red below.

After clicking Change Style, you will be given a list of several different text font options. Please click which option you prefer. After clicking the style you prefer, you will be given a preview (as shown below).

If this is the style you like, please click ADOPT AND INITIAL.