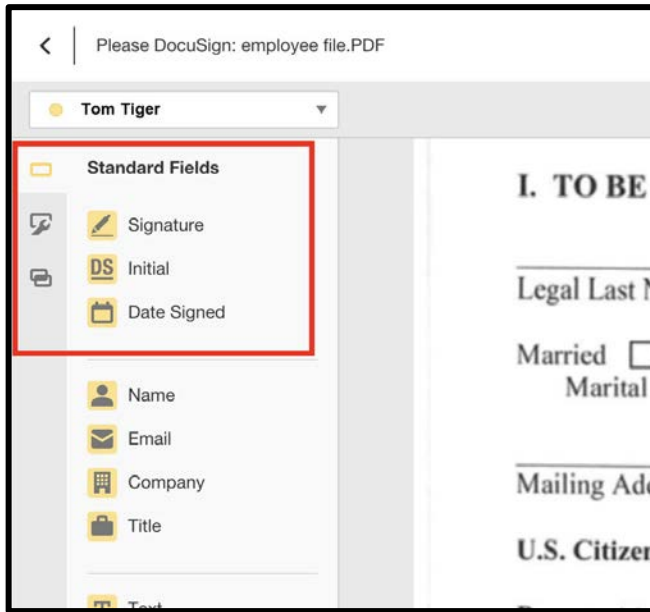
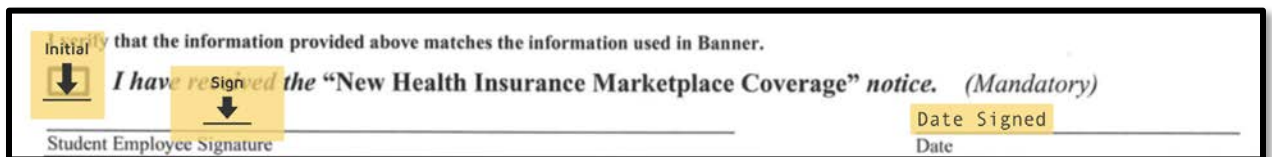


## Setting Signatures for Your Envelope/Document

1. Once you have clicked Next, you will see your document with the options available for adding to your envelope.



2. In this example we will be adding the Initial, Signature, and Date Signed fields to the envelope.



Note: Each separate person you add to the envelope will appear as a different color.

I certify that the information provided above matches the information used in Banner.

**I have signed the "New Health Insurance Marketplace Coverage" notice. (Mandatory)**

Student Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Date \_\_\_\_\_

**II. TO BE COMPLETED BY DEPARTMENT (PLEASE PRINT CLEARLY and USE BLACK or BLUE INK)**

Dept. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Dept. Campus Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Index \_\_\_\_\_ Org. Number \_\_\_\_\_ Time Keeping Org. # \_\_\_\_\_ Account \_\_\_\_\_  
(Dept. Account #) (if different from main Org. #)

Period of Employment \_\_\_\_\_ to \_\_\_\_\_ Form I-9 attached? Yes  No  If no, reason \_\_\_\_\_

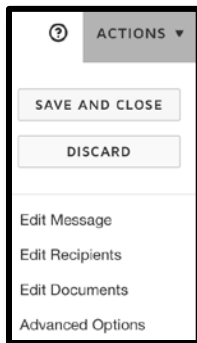
Position Number \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ (minimum is \$7.25/hour) Attach Payrate Justification Form if more than \$16.00/hr

I certify that funds have been budgeted in this department for 100% of the student's earnings. I understand: (a) enrollment of at least half-time will not subject the students gross wages and this department/account budget to FICA deductions; (b) employment will be in accordance with University procedures, as well as Federal and State laws; (c) the student cannot work in this department until this Payroll Action Form, Form I-9, and the Direct Deposit Authorization Form have been received and approved by the Student Employment Office.

Full Name \_\_\_\_\_ Date Signed \_\_\_\_\_  
Print Full Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ @memphis.edu Email \_\_\_\_\_ @memphis.edu  
E-mail Address (please print) Alternate Contact E-mail Address (please print)

- Once all the signature fields have been set, from the Actions menu make a selection. From here you can Save and Close, Discard, Edit the Message, Edit Recipients, Edit Documents, or go to Advanced Options.



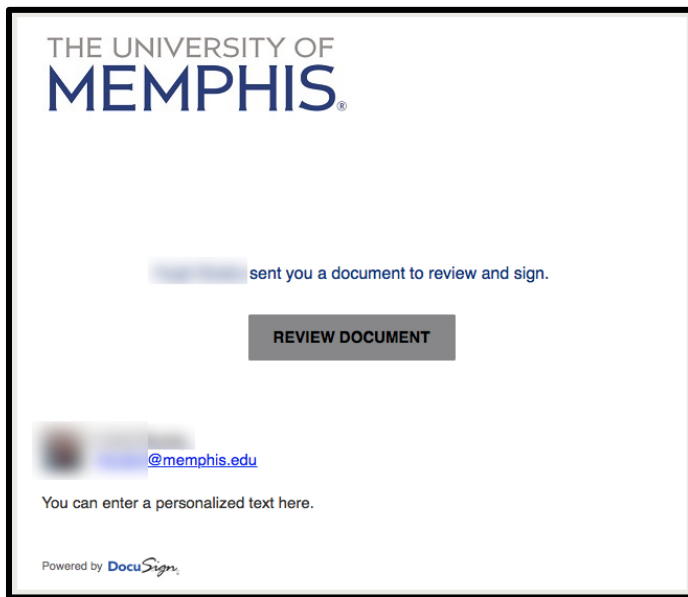
- Once everything is ready to send, click Next.



5. If you are on the Signature list, a window will pop up asking "Do you want to sign this document now?" .




6. If you select Sign Now, you will receive an email telling you that a document needs your signature.



7. To sign, click the link in your email and it will take you to DocuSign. Look at your inbox, **A)** select the file you would like to sign, then **B)** click Sign.



8. A message will tell you to review the documents, click Continue.



Please Review & Act on These Documents

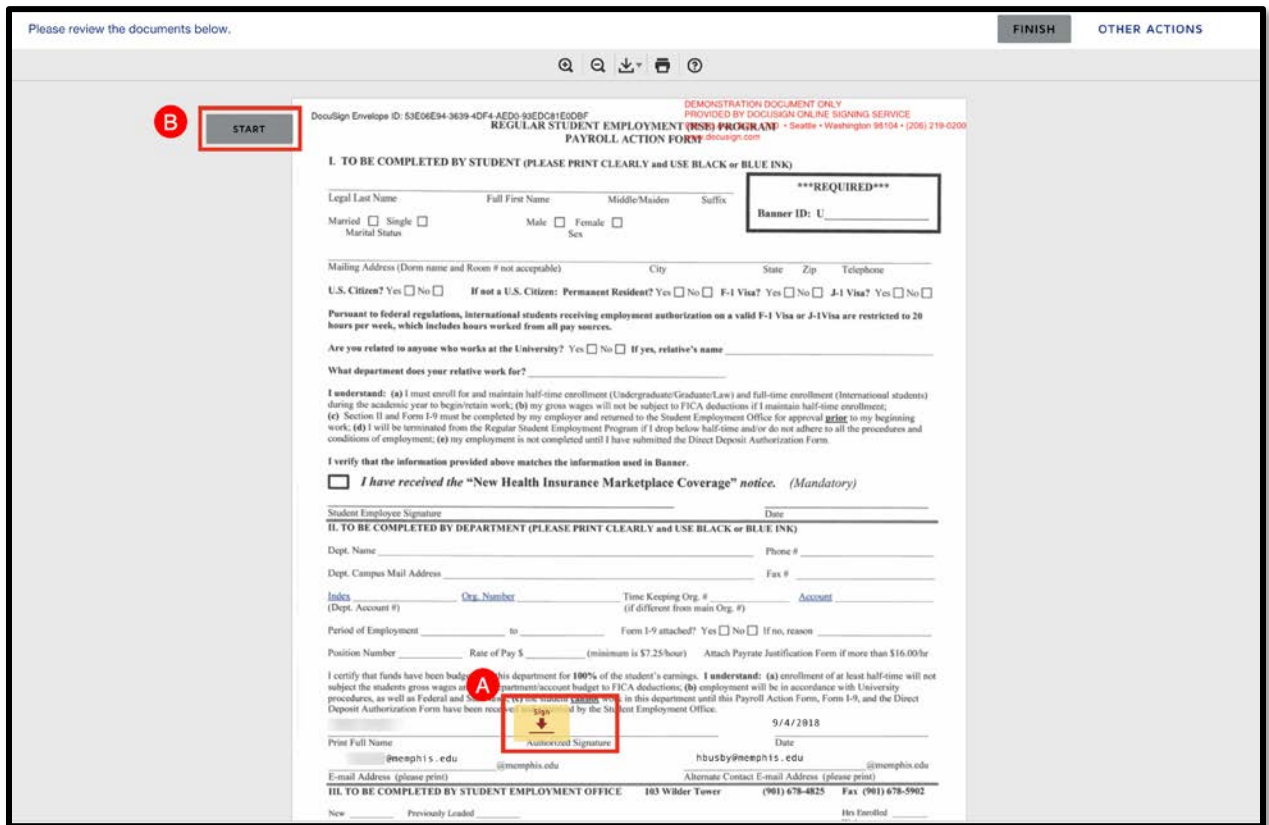
University of Memphis

You can enter a personalized text here.

Please review the documents below.

**CONTINUE** OTHER ACTIONS

9. Next you will see your document with A) fields to sign. B) Click Start.



Please review the documents below. **FINISH** OTHER ACTIONS

**B** **START**

DocuSign Envelope ID: 53E06E94-3639-4DF4-AED0-93EDC81E0DBF

REGULAR STUDENT EMPLOYMENT (RSE) PROGRAM

PAYROLL ACTION FORM

I. TO BE COMPLETED BY STUDENT (PLEASE PRINT CLEARLY and USE BLACK or BLUE INK)

Legal Last Name \_\_\_\_\_ Full First Name \_\_\_\_\_ Middle/Maiden \_\_\_\_\_ Suffix \_\_\_\_\_

Married  Single  Male  Female

Mailing Address (Dorm name and Room # not acceptable) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

U.S. Citizen? Yes  No  If not a U.S. Citizen: Permanent Resident? Yes  No  F-1 Visa? Yes  No  J-1 Visa? Yes  No

Pursuant to federal regulations, international students receiving employment authorization on a valid F-1 Visa or J-1 Visa are restricted to 20 hours per week, which includes hours worked from all pay sources.

Are you related to anyone who works at the University? Yes  No  If yes, relative's name \_\_\_\_\_

What department does your relative work for? \_\_\_\_\_

I understand: (a) I must enroll for and maintain half-time enrollment (Undergraduate/Graduate/Law) and full-time enrollment (International students) during the academic year to begin/retain work; (b) my gross wages will not be subject to FICA deductions if I maintain half-time enrollment; (c) Section II and Form I-9 must be completed by my employer and returned to the Student Employment Office for approval prior to my beginning work; (d) I will be terminated from the Regular Student Employment Program if I drop below half-time and/or do not adhere to all the procedures and conditions of employment; (e) my employment is not completed until I have submitted the Direct Deposit Authorization Form.

I verify that the information provided above matches the information used in Banner.

I have received the "New Health Insurance Marketplace Coverage" notice. (Mandatory)

Student Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

II. TO BE COMPLETED BY DEPARTMENT (PLEASE PRINT CLEARLY and USE BLACK or BLUE INK)

Dept. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dept. Campus Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Index \_\_\_\_\_ Org. Number \_\_\_\_\_ Time Keeping Org. # \_\_\_\_\_ Account \_\_\_\_\_

(Dept. Account #) \_\_\_\_\_ (if different from main Org. #)

Period of Employment \_\_\_\_\_ to \_\_\_\_\_ Form I-9 attached? Yes  No  If no, reason \_\_\_\_\_

Position Number \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ (minimum is \$7.25/hour) Attach Payrate Justification Form if more than \$16.00/hr

I certify that funds have been budgeted in this department for 100% of the student's earnings. I understand: (a) enrollment of at least half-time will not subject the student's gross wages and this department's account budget to FICA deductions; (b) employment will be in accordance with University procedures, as well as Federal and State laws, in this department until this Payroll Action Form, Form I-9, and the Direct Deposit Authorization Form have been received and signed by the Student Employment Office.

Print Full Name \_\_\_\_\_ Date 9/4/2018

\_\_\_\_\_ Authorized Signature \_\_\_\_\_

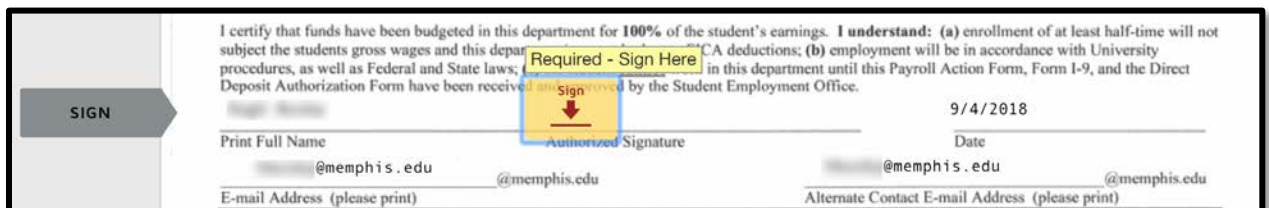
\_\_\_\_\_@memphis.edu \_\_\_\_\_@memphis.edu hbsby@memphis.edu \_\_\_\_\_@memphis.edu

E-mail Address (please print) \_\_\_\_\_ Alternate Contact E-mail Address (please print) \_\_\_\_\_

III. TO BE COMPLETED BY STUDENT EMPLOYMENT OFFICE: 103 Wilder Tower (901) 678-4825 Fax (901) 678-5902

New \_\_\_\_\_ Previously Hired \_\_\_\_\_ Hrs Forecasted \_\_\_\_\_

10. The Start icon will move to the space on the page you need to sign and will mark it with a yellow flag.



I certify that funds have been budgeted in this department for 100% of the student's earnings. I understand: (a) enrollment of at least half-time will not subject the student's gross wages and this department's account budget to FICA deductions; (b) employment will be in accordance with University procedures, as well as Federal and State laws, in this department until this Payroll Action Form, Form I-9, and the Direct Deposit Authorization Form have been received and signed by the Student Employment Office.

**Required - Sign Here**

Print Full Name \_\_\_\_\_ Date 9/4/2018

\_\_\_\_\_@memphis.edu \_\_\_\_\_@memphis.edu \_\_\_\_\_@memphis.edu \_\_\_\_\_@memphis.edu

E-mail Address (please print) \_\_\_\_\_ Alternate Contact E-mail Address (please print) \_\_\_\_\_

**SIGN**

11. Click on the Sign flag. A) Once you have done so you will see your signature. B) Click Finish.

I have received the "New Health Insurance Marketplace Coverage" notice. (Mandatory)

Student Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. TO BE COMPLETED BY DEPARTMENT (PLEASE PRINT CLEARLY and USE BLACK or BLUE INK)**

Dept. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dept. Campus Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Index \_\_\_\_\_ Org. Number \_\_\_\_\_ Time Keeping Org. # \_\_\_\_\_ Account \_\_\_\_\_  
(Dept. Account #) (if different from main Org. #)

Period of Employment \_\_\_\_\_ to \_\_\_\_\_ Form I-9 attached? Yes  No  If no, reason \_\_\_\_\_

Position Number \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ (minimum is \$7.25/hour) Attach Payrate Justification Form if more than \$16.00/hr

I certify that funds have been budgeted in this department for 100% of the student's earnings. I understand: (a) enrollment of at least half-time will not subject the students gross wages and this department/account budget to FICA deductions; (b) employment will be in accordance with University procedures, as well as Federal and State laws; (c) the student cannot work in this department until this Payroll Action Form, Form I-9, and the Direct Deposit Authorization Form have been received and approved by the Student Employment Office.

Print Full Name Sam Siger Date 9/4/2018

\_\_\_\_\_@memphis.edu \_\_\_\_\_@memphis.edu

E-mail Address (please print) \_\_\_\_\_ Alternate Contact E-mail Address (please print) \_\_\_\_\_

**III. TO BE COMPLETED BY STUDENT EMPLOYMENT OFFICE** 103 Wilder Tower (901) 678-4825 Fax (901) 678-5902

New \_\_\_\_\_ Previously Loaded \_\_\_\_\_ Has Enrolled \_\_\_\_\_  
W-4 \_\_\_\_\_  
I-9 Form \_\_\_\_\_  
DDA \_\_\_\_\_

Approved to Begin Work on \_\_\_\_\_ to \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_

Suffix \_\_\_\_\_ Primary  Secondary

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Rev. 09/2013

*The University of Memphis is an Equal Opportunity/Affirmative Action University committed to education of a non-racially identifiable student body.*

employee file.PDF 1 of 1

**B** **FINISH**