

HOW TO CORRECTLY FILL-OUT A FORM 401


STEP #1

TEMPORARY EMPLOYEE

CHECKLIST/COVER SHEET

- **Fill-out:**

- **Department :**
List the dept. he/she will be working at
- **Employee Name**
- **Submitted by:**
usually the name of the originator
- **Make sure to check off every document listed once completed**
- **Additional Notes:**
usually used to denote that TEMP. ALREADY HAS SOME DOCUMENTS ON FILE



Temporary Employee Checklist and Cover Sheet

All documents listed below must be submitted to HR in accordance with the established deadlines for submission of paperwork. Please refer to The Bi-Weekly Payroll Processing Schedule for hourly employee deadlines. For flat rate employees all paperwork please refer to the date addressed in HR E NEWS.

Department

Employee Name

Submitted by

If documentation listed below is already on file in HR, please note below. It is not necessary to send again.

- [Completed 301](#) or [401](#) - Electronic Copy received from HR with all required signatures
- Completed [Temporary Employee Contract](#) - Requires signature of employee and hiring supervisor
- [Race & Ethnicity Information Sheet](#)
- [I-9](#) (with copy of acceptable ID)*If social security card is not used for the I-9, HR must receive a copy of the card or review the card to verify name and number for payroll purposes.
- [W-4](#)
- [NC-4](#) or [NC-4 EZ](#)
- [Direct Deposit Form](#) with required attachment
- [Criminal Background Check](#) - Non-students only
- [UNCSA Employee Vehicle Registration Form](#)
- Please check box if temporary employee will be given an office number. Please provide number in additional notes section below. If no, please say "No Phone" in additional notes section below.

Additional Notes:

Rev. 06/18



ACCEPTABLE



Temporary Employee Checklist and Cover Sheet

All documents listed below must be submitted to HR in accordance with the established deadlines for submission of paperwork. Please refer to The Bi-Weekly Payroll Processing Schedule for hourly employee deadlines. For flat rate employees all paperwork please refer to the date addressed in HR E NEWS.

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Additional Notes:

ACCEPTABLE



Temporary Employee Checklist and Cover Sheet

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Department

Employee Name

Submitted by

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- [W-4](#)
- [NC-4 or NC-4 EZ](#)
- [Direct Deposit Form](#) with required attachment
- [Criminal Background Check](#) - Non-students only
- [UNCSA Employee Vehicle Registration Form](#)
- Please check box if temporary employee will be given an office number. Please provide number in additional notes section below. If no, please say "No Phone" in additional notes section below.

Additional Notes:

STEP #2

401 HOURLY TEMP EMPLOYMENT FORM

Fill-out:

- If email needs to be created for incoming temp employee
- Name:
- Permanent Address, City, State, Zip
- Department
- Supervisor's Name AND Position #(six digits)
- Working Title and Description of Duties
- Answer YES/NO to Questions 1-2
- Current FTE
- Anticipated Start Date
- Appt. End Date
- Position #
- Hourly Rate
- Fund Type:
Select: STATE or FOUNDATION
Enter SIX DIGIT FUND # and ACCT. #
Provide estimate of AMOUNT
- Route for signatures

HUMAN RESOURCES

Form 401
Temporary-Flat Rate Employee
DO NOT STAPLE

Please check the box to create an e-mail address for the temporary employee.
 Please indicate if this is a revision of a previously approved form.

Name as it appears on SS Card:

Banner ID #: Department:

Permanent Address:

City: State: Zip Code:

PAYMENT PLAN: payment plan always begins at the first of the month and ends at the end of the month (ex. June 1 to July 31)

Payment Begins: Payment Ends:

Working Title: EX: Student Driver, Administrative Assistant, etc

Description of Duties: Include a short description of the work to be performed.

List of Duties to go here.

Please respond to the following questions:

	YES	NO
1. Is the individual a current enrolled student (as of the anticipated start date listed below)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the individual a current state employee for institution/agency other than UNCSA? If "yes", contact Budget Department for Dual Employment Policy.	<input type="checkbox"/>	<input type="checkbox"/>
3. Job FTE: <input type="text" value="0.625 (25 hours per wk)"/>		
Total FTE for Employee (Completed by HR): <input type="text"/>		

If Total FTE is 0.75 (30 hours per week) or more, UNCSA is required to offer benefits (health care) which will be split between employing departments. UNCSA temporary employees cannot exceed an FTE of 1.0 (40 hours).

Anticipated Start Date: Appt. End Date:

Position Number/FLAT RATE Employee:

Fund Type: State Foundation Please mark if budget index, account, or amount has been modified.

Budget: Requested Payment Account Numbers-Use funds from the following source(s). If funding source is Foundation, please add Project Number in addition to Banner Index (EX: 312176/00-00000).

Banner Index Number: <input type="text" value="XXXXXX"/>	Account Number: <input type="text" value="XXXXXX"/>	Amount: <input type="text" value="\$2,500.00"/>	Percent: <input type="text" value="100"/>
Banner Index Number: <input type="text"/>	Account Number: <input type="text"/>	Amount: <input type="text"/>	Percent: <input type="text" value="0%"/>
<input type="radio"/> Please mark if this is for a student service stipend (work-related).			Total: <input type="text" value="\$2,500.00"/> Total %: <input type="text" value="100%"/>

SIGNATURES:

1. Originator: <input type="text"/>	2. Requesting Dean/Dept. Head/V/C: <input type="text"/>
3. Budget: <input type="text"/>	4. Budget - Other: <input type="text"/>
6. Human Resources: <input type="text"/>	

*Once all signatures have been obtained, HR will e-mail approved form back to the Originator. Originator will compile all hiring forms as listed on the Temporary Employee Checklist and Cover Sheet and submit completed package to HR to implement payroll.
 * Once form is signed by the Originator it will automatically lock and no further modifications will be allowed.

FOR HR USE ONLY:
PROCESSED:

Revised: 8/02/2017 Page 1 of 1

THINGS TO KNOW:

1. ONCE DOCUMENT IS SIGNED YOU WILL NOT BE ABLE TO MODIFY ANY INFORMATION, except for the top part of the 401 *(see highlighted section)*.
2. Do not save any documents from HR webpage due to modifications, we are constantly updating and changing forms.

UNCSA HUMAN RESOURCES **Form 401**
Temporary-Flat Rate Employee
DO NOT STABLE

Please check the box to create an e-mail address for the temporary employee.
 Please indicate if this is a revision of a previously approved form.

Name as it appears on SS Card: _____

Banner ID #: _____ Department: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

PAYMENT PLAN: *payment plan always begins at the first of the month and ends at the end of the month (ex. June 1 to July 31)*

Payment Begins: _____ Payment Ends: _____

Working Title: _____ EX: Student Driver, Administrative Assistant, etc

Description of Duties: Include a short description of the work to be performed.

Please respond to the following questions:

	YES	NO
1. Is the individual a current enrolled student (as of the anticipated start date listed below?)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the individual a current state employee for institution/agency other than UNCSA? If "yes", contact Budget Department for Dual Employment Policy.	<input type="checkbox"/>	<input type="checkbox"/>

3. Job FTE: _____ Total FTE for Employee (Completed by HR): _____

If Total FTE is 0.75 (30 hours per week) or more, UNCSA is required to offer benefits (health care) which will be split between employing departments. UNCSA temporary employees cannot exceed an FTE of 1.0 (40 hours).

Anticipated Start Date: _____ Appt. End Date: _____

Position Number/FLAT RATE Employee _____

Fund Type: State Foundation Please mark if budget index, account, or amount has been modified.

Budget: Requested Payment Account Numbers-Use funds from the following source(s). If funding source is Foundation, please add Project Number in addition to Banner Index (EX: 312176/00-00000).

Banner Index Number: _____	Account Number: _____	Amount: _____	Percent: _____
Banner Index Number: _____	Account Number: _____	Amount: _____	Percent: _____
<input type="radio"/> Please mark if this is for a student service stipend (work-related).			Total: _____ Total %: _____

SIGNATURES:

1. Originator: _____ 2. Requesting Dean/Dept. Head/VC: _____

3. Budget: _____ 4. Budget - Other: _____

6. Human Resources: _____

*Once all signatures have been obtained, HR will e-mail approved form back to the Originator. Originator will compile all hiring forms as listed on the [Temporary Employee Checklist and Cover Sheet](#) and submit completed package to HR to implement payroll.
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STEP #3

401 FLAT RATE TEMPORARY EMPLOYEE CONTRACT

Fill-out:

- **Name**
- **Effective Date**
- **Working Title**
- **Rate Type**
- **Department**
- **Rate per hour**
- **Employee's signature**
- **Hiring Supervisor's signature**
- **Make sure EFFECTIVE DATE matches date on 301**
- **Please make sure employee answers questions 8-10**



Temporary Employee Contract

Name of Temp Employee	<input type="text" value="Marquetta Smith"/>	Appt. Start Date	<input type="text" value="Jan 1, 2019"/>
Working Title	<input type="text" value="Office Assistant"/>	Rate Type	<input type="text" value="Flat Rate"/>
Department	<input type="text" value="Human Resources"/>	Rate Per Hour/Term	<input type="text" value="25000.00"/>

Conditions of Employment

1. My appointment is for a period of eleven calendar months or less from the date of my first work day at the University of North Carolina School of the Arts (UNCSA).
2. In no case shall my temporary employment for UNCSA exceed eleven (11) consecutive months. Should I be employed for 11 consecutive months, my employment will be terminated (effective no later than the last day of that 11-month period) and I will not be eligible to be re-hired by UNCSA in a temporary capacity for a minimum period of 31 days after the date my appointment was terminated.
3. That federal law requires each new employee to complete the "Employee Information and Verification" section of the Federal Form I-9 and to submit certain original documents for examination in order to verify and certify identification and employment eligibility. UNCSA requires compliance with these requirements prior to the employee's first day of work.
4. That I am required to provide my social security number so that UNCSA can satisfy income-reporting and withholding obligations required by Federal and State of North Carolina laws. Unless I have marked through this statement and put my initials beside it, I voluntarily permit UNCSA to use my social security number as an identifier for its internal employment record keeping and data processing operations.
5. That, subject to Wage-Hour requirements, I authorize UNCSA to withhold from my final paycheck the cost of any keys, uniforms, or other State-owned property I fail to return when my appointment ends, and I authorize UNCSA to withhold from my final paycheck the amount of any other debt I owe to UNCSA.
6. That the rules governing my work schedule, meal and break periods, time records, pay day, wage-hour status (for overtime purposes), and the policies covering equal employment opportunity, reporting an on-the-job injury, workplace violence, illegal drugs in the workplace, bias-related harassment and other policies as listed on the "Policies" page of the Human Resources web site have been provided to me by a department representative.
7. My appointment is at-will and can be terminated at any time by either UNCSA or me; provided that I be paid for work done up until termination.
8. Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) (If yes, explain fully on an additional sheet.) Yes No
A criminal background check will be conducted as a condition of employment.
9. Are you a North Carolina State Retiree? Yes No
10. Are you a veteran of the United States Armed Forces? Yes No
- 10a. If yes, are you claiming Veterans's Preference? Yes No

These Conditions of Employment and the description of duties outlined on the 301 or 401 form constitute the sole and total agreement relating to my employment and supersede any previous conversations, documents or understandings relating to my employment. My signature below certifies that I have read, understand, and accept all of the above conditions.

Employee's Signature	<input type="text"/>
Hiring Supervisor's Signature	<input type="text"/>

EQUAL OPPORTUNITY EMPLOYER

Rev 09/17

FOR NEW TEMP. EMPLOYEES

- **I-9, W-4, NC-4 or NC-4EZ, Direct Deposit, Criminal Background Check, Race & Ethnicity Information Sheet**
 - All required documents can be found at:
 - [Human Resources – Temporary Recruitment](#)

HOW TO CORRECTLY FILL-OUT A FORM 401 REVISION

401 REVISION

The following items need to be complete:

- An explanation for the revision in the *“working title and description of duties box”*
- The revision box checked or the Budget Revision marked
- Route for ALL signatures

UNCSA HUMAN RESOURCES **Form 401**
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Please check the box to create an e-mail address for the temporary employee.
 Please indicate if this is a revision of a previously approved form.

Name as it appears on SS Card: _____
Banner ID #: _____ Department: _____
Permanent Address: _____
City: _____ State: _____ Zip Code: _____

PAYMENT PLAN: *payment plan always begins at the first of the month and ends at the end of the month (ex. June 1 to July 31)*
Payment Begins: _____ Payment Ends: _____

Working Title: _____ EX: Student Driver, Administrative Assistant, etc

Description of Duties: Include a short description of the work to be performed.
Example 1: We would like to extend their contract out past the original date:
Example 2: We would like Jane to work additional hours.
Example 3: We would like to increase his/her pay to compensate for additional duties being performed – list additional duties.

Please respond to the following questions:

	YES	NO
1. Is the individual a current enrolled student (as of the anticipated start date listed below?)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the individual a current state employee for institution/agency other than UNCSA? If "yes", contact Budget Department for Dual Employment Policy.	<input type="checkbox"/>	<input type="checkbox"/>

3. Job FTE: _____ Total FTE for Employee (Completed by HR): _____

If Total FTE is 0.75 (30 hours per week) or more, UNCSA is required to offer benefits (health care) which will be split between employing departments. UNCSA temporary employees cannot exceed an FTE of 1.0 (40 hours).

Anticipated Start Date: _____ Appt. End Date: _____
Position Number/FLAT RATE Employee: _____

University State Foundation Please mark if budget index, account, or amount has been modified.

Budget: Requested Payment Account Numbers-Use funds from the following source(s). **If funding source is Foundation, please add Project Number in addition to Banner Index (EX: 312176/00-00000).**

Banner Index Number: _____	Account Number: _____	Amount: _____	Percent: _____
Banner Index Number: _____	Account Number: _____	Amount: _____	Percent: _____
<input type="radio"/> Please mark if this is for a student service stipend (work-related).			Total: _____ Total %: _____

SIGNATURES:

1. Originator: _____ 2. Requesting Dean/Dept. Head/VC: _____
3. Budget: _____ 4. Budget - Other: _____
6. Human Resources: _____

*Once all signatures have been obtained, HR will e-mail approved form back to the Originator. Originator will compile all hiring forms as listed on the [Temporary Employee Checklist and Cover Sheet](#) and submit completed package to HR to implement payroll.
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**HOW TO CORRECTLY FILL OUT 401
CANCELATIONS
AND TERMINATIONS**

401 CANCELATIONS & TERMINATIONS

The following items need to be complete:

- in the “*working title and description of duties box*” state “**PLEASE CANCEL or PLEASE TERMINATE**”
 - *Use cancel – when the temp gives notice to leave*
 - *Use terminate – when the supervisor decides to end the contract*
- The revision box checked or the Budget Revision marked
- Route for ALL signatures

HUMAN RESOURCES

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Permanent Address: _____

City: _____ State: _____ Zip Code: _____

PAYMENT PLAN: *payment plan always begins at the first of the month and ends at the end of the month (ex. June 1 to July 31)*

Payment Begins: _____ Payment Ends: _____

Working Title: _____ EX: Student Driver, Administrative Assistant, etc

Description of Duties: Include a short description of the work to be performed.

Example 1: Please Cancel Contract
 Example 2: Please Terminate Contract

Please respond to the following questions:

	YES	NO
1. Is the individual a current enrolled student (as of the anticipated start date listed below?)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the individual a current state employee for institution/agency other than UNCSA? If "yes", contact Budget Department for Dual Employment Policy.	<input type="checkbox"/>	<input type="checkbox"/>
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Anticipated Start Date: _____ Appt. End Date: _____

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SIGNATURES:

1. Originator: _____	2. Requesting Dean/Dept. Head/VC: _____
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