


# HOW TO CORRECTLY FILL-OUT A FORM 301

# 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

UNCSA

HUMAN  
RESOURCES

## 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.\*\**

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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:

Rev. 06/18

# ACCEPTABLE

UNCSA

HUMAN  
RESOURCES

## 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
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- [W-4](#)
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- [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: All forms on file

Rev. 06/18

# STEP #2

# 301 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**

**UNCSA HUMAN RESOURCES** Form 301  
Temporary Hourly 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: Marquetta Smith Banner ID # 9800XXXX

Permanent Address: 1533 South Main Street

City: Winston Salem State: NC Zip Code: 27127

Department: Human Resources 10300 Supervisor's Name & 6-digit position #: Maggy Sivansay XXXXXX

NOTE: SUPERVISORS MUST BE AUTHORIZED FOR APPROVAL OF TIME SHEETS IN BANNER. IF SUPERVISOR HAS NOT PREVIOUSLY BEEN SET UP, PLEASE COMPLETE THE [BANNER HR AUTHORIZATION PACKET](#) AVAILABLE FROM I.T. PRIOR TO SUBMITTING THIS FORM.

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

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

LIST DUTIES HERE

Please respond to the following questions:

1. Is the individual a current enrolled student (as of the anticipated start date listed below)?	YES	NO
	<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 Appt. Start Date:  Appt. End Date:  \*Appt. End Date may not exceed: - June 9, 2019 For all temporary employees.

Biweekly Start:  Please select the Bi-Weekly Period in which the Anticipated Appt. Start Date falls. Paperwork must be received in HR by the "due to HR" date in order to be active employee for the desired BW Period.

Position Number:  Hourly Rate:

**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="\$25,000.00"/>	Percent: <input type="text" value="1"/>
Banner Index Number: <input type="text"/>	Account Number: <input type="text"/>	Amount: <input type="text"/>	Percent: <input type="text" value="0%"/>
		Total: <input type="text" value="\$25,000.00"/>	Total %: <input type="text" value="100%"/>

**SIGNATURES:**

1. Originator: <input type="text"/>	2. Requesting Dean/Dept. Head/VC: <input type="text"/>
3. Budget: <input type="text"/>	4. Budget - Other: <input type="text"/>
5. 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: 10/2017 Reset Form  
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 301. *(See highlighted section).*
2. Please adhere to bi-weekly schedule. (Click link on 301 to access)
  - a. Notice all appointments must end by June 9, 2019.
3. Do not save any documents from HR webpage due to modifications, we are constantly updating and changing forms.

**UNCSA HUMAN RESOURCES** Form 301  
Temporary Hourly Employee

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 # \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor's Name & 6-digit position #: \_\_\_\_\_

**NOTE: SUPERVISORS MUST BE AUTHORIZED FOR APPROVAL OF TIME SHEETS IN BANNER. IF SUPERVISOR HAS NOT PREVIOUSLY BEEN SET UP, PLEASE COMPLETE THE [BANNER HR AUTHORIZATION PACKET](#), AVAILABLE FROM I.T. PRIOR TO SUBMITTING THIS FORM.**

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:**

1. Is the individual a current enrolled student (as of the anticipated start date listed below)?	YES	NO
	<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 Appt. Start Date: \_\_\_\_\_ Appt. End Date: \_\_\_\_\_ *\*Appt. End Date may not exceed: - June 9, 2019 For all temporary employees.*

Biweekly Start: \_\_\_\_\_ *Please select the Bi-Weekly Period in which the Anticipated Appt. Start Date falls. Paperwork must be received in HR by the "due to HR" date in order to be active employee for the desired BW Period.*

Position Number: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

**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: _____
Total: _____			Total %: _____

**SIGNATURES:**

1. Originator: _____	2. Requesting Dean/Dept. Head/VC: _____
3. Budget: _____	4. Budget - Other: _____
5. 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.  
\*Once form is signed by the Originator it will automatically lock and no further modifications will be allowed.*

FOR HR USE ONLY: PROCESSED: \_\_\_\_\_ Reset Form


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# STEP #3

## 301 HOURLY 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	Marquetta Smith	Appt. Start Date	Jan 1, 2019
Working Title	Office Assistant	Rate Type	Hourly Rate
Department	Human Resources	Rate Per Hour/Term	15.00

**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

I have read these Conditions of Employment and the description of duties outlined on the 301or 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 \_\_\_\_\_

Hiring Supervisor's Signature \_\_\_\_\_

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 301 REVISION



# 301 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 301  
Temporary Hourly 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 # \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name & 6-digit position #: \_\_\_\_\_

**NOTE: SUPERVISORS MUST BE AUTHORIZED FOR APPROVAL OF TIME SHEETS IN BANNER. IF SUPERVISOR HAS NOT PREVIOUSLY BEEN SET UP, PLEASE COMPLETE THE BANNER HR AUTHORIZATION PACKET AVAILABLE FROM I.T. PRIOR TO SUBMITTING THIS FORM.**

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:**

1. Is the individual a current enrolled student (as of the anticipated start date listed below)?	YES	NO
	<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.	YES	NO
	<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 Appt. Start Date: \_\_\_\_\_ Appt. End Date: \_\_\_\_\_ \*Appt. End Date may not exceed: - June 9, 2019 For all temporary employees.

Bi-weekly Start: \_\_\_\_\_ Please select the Bi-Weekly Period in which the Anticipated Appt. Start Date falls. Paperwork must be received in HR by the "due to HR" date in order to be active employee for the desired BW Period.

Position Number: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

**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: _____
Total: _____			Total %: _____

**SIGNATURES:**

1. Originator: _____	2. Requesting Dean/Dept. Head/VC: _____
3. Budget: _____	4. Budget - Other: _____
5. 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.  
\* Once form is signed by the Originator it will automatically lock and no further modifications will be allowed.

**FOR HR USE ONLY:** PROCESSED: \_\_\_\_\_ Reset Form

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**HOW TO CORRECTLY FILL OUT 301  
CANCELATIONS  
AND TERMINATIONS**

# 301 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**

Form 301  
Temporary Hourly Employee  
**DO NOT STAPLE**

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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 # \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name & 6-digit position #: \_\_\_\_\_

**NOTE: SUPERVISORS MUST BE AUTHORIZED FOR APPROVAL OF TIME SHEETS IN BANNER. IF SUPERVISOR HAS NOT PREVIOUSLY BEEN SET UP, PLEASE COMPLETE THE [BANNER HR AUTHORIZATION PACKET](#) AVAILABLE FROM I.T. PRIOR TO SUBMITTING THIS FORM.**

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:

1. Is the individual a current enrolled student (as of the anticipated start date listed below?)	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the individual a current state employee for institution/agency other than UNCOSA? If "yes", contact Budget Department for Dual Employment Policy.	<input type="checkbox"/>	<input type="checkbox"/>
3. Job FTE: <input style="width: 50px;" type="text"/>	Total FTE for Employee (Completed by HR): <input style="width: 50px;" type="text"/>	

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

Anticipated Appt. Start Date:  Appt. End Date:   
\*Appt. End Date may not exceed: - June 9, 2019 For all temporary employees.

Biweekly Start  Please select the Bi-Weekly Period in which the Anticipated Appt. Start Date falls. Paperwork must be received in HR by the "due to HR" date in order to be active employee for the desired BW Period.

Position Number  Hourly Rate:

**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 style="width: 80px;" type="text"/>	Account Number: <input style="width: 80px;" type="text"/>	Amount: <input style="width: 50px;" type="text"/>	Percent: <input style="width: 50px;" type="text"/>	
Banner Index Number: <input style="width: 80px;" type="text"/>	Account Number: <input style="width: 80px;" type="text"/>	Amount: <input style="width: 50px;" type="text"/>	Percent: <input style="width: 50px;" type="text"/>	
Total: <input style="width: 80px;" type="text"/>			Total %: <input style="width: 50px;" type="text"/>	

**SIGNATURES:**

1. Originator: <input style="width: 100%; height: 20px;" type="text"/>	2. Requesting Dean/Dept. Head/VC: <input style="width: 100%; height: 20px;" type="text"/>
3. Budget: <input style="width: 100%; height: 20px;" type="text"/>	4. Budget - Other: <input style="width: 100%; height: 20px;" type="text"/>
5. Human Resources: <input style="width: 100%; height: 20px;" 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.  
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**FOR HR USE ONLY:**  
PROCESSED: \_\_\_\_\_

Reset Form

Revised: 10/2017 Page 1 of 1