

# Team Member Acknowledgement Form

I, \_\_\_\_\_,  
Team Member Name (Please print) Team Member ID #

acknowledge the following:

## **Teammate Handbook**

I have received the Carolinas HealthCare System Teammate Handbook. If I have any questions concerning any information contained in the handbook, I understand I may contact my leader, my regional Human Resources representative or the corporate Workforce Relations department at 704-631-0141 for further clarification.

THIS TEAMMATE HANDBOOK, INCLUDING THE POLICIES AND PROCEDURES REFERENCED HEREIN, IS MERELY INTENDED TO OFFER GENERAL GUIDANCE TO CAROLINAS HEALTHCARE SYSTEM TEAMMATES. THIS DOCUMENT DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT, NOR IS IT INTENDED TO MAKE COMMITMENTS TO TEAMMATES CONCERNING THEIR EMPLOYMENT WITH CAROLINAS HEALTHCARE SYSTEM. EMPLOYMENT WITH CAROLINAS HEALTHCARE SYSTEM IS "AT WILL." AS SUCH, CAROLINAS HEALTHCARE SYSTEM AND ITS TEAM MEMBERS ARE IN AN EMPLOYMENT RELATIONSHIP WHICH CAN BE ENDED BY EITHER PARTY, AT ANY TIME, AND FOR ANY REASON PERMITTED BY LAW THAT EITHER DEEMS APPROPRIATE.

AGAIN, NEITHER THIS HANDBOOK NOR ANY OTHER CAROLINAS HEALTHCARE SYSTEM POLICY OR PROCEDURE, WRITTEN OR OTHERWISE, SHOULD BE CONSTRUED AS A CONTRACT FOR EMPLOYMENT.

## **Drug Awareness Program**

I hereby acknowledge being presented a copy of the Carolinas HealthCare System policy on drugs and alcohol and a "Drug Free Workplace" as required by the Drug-Free Workplace Act of 1988.

In the New Teammate Orientation Program:

- I have been given information on Carolinas HealthCare System policies regarding drugs/alcohol in the workplace, and understand that I have the responsibility for reading and familiarizing myself with the content of these policies. I further understand the disciplinary action that may be taken for illegal drug activity. I also understand discipline up to, and including, end of employment may be imposed for a conviction of a drug-related offense on or off the premises of Carolinas HealthCare System.
- I understand Carolinas HealthCare System intends to have a drug-free workplace and wants to provide assistance for any teammate who has a drug/alcohol problem. The Employee Assistance Program can be contacted at 704-355-5021.
- I am aware that if I am charged with, or convicted of, a drug or alcohol related offense I must report the charge or conviction to Carolinas HealthCare System as required by HR Policy 5.19 - Charges, Convictions or Sanctions.

\_\_\_\_\_  
**Team Member Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Facility**

# NC-4 Employee's Withholding Allowance Certificate

**PURPOSE** - Complete **Form NC-4, Employee's Withholding Allowance Certificate**, so that your employer can withhold the correct amount of State income tax from your pay. **If you do not provide an NC-4 to your employer, your employer is required to withhold based on single with zero allowances.**

**FORM NC-4 EZ** - You may use this form if you intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

**FORM NC-4 NRA** - If you are a nonresident alien you must use Form NC-4 NRA.

**FORM NC-4 BASIC INSTRUCTIONS** - Complete the **Allowance Worksheet**. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, and N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

**TWO OR MORE JOBS** - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

**NONWAGE INCOME** - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at [www.dornnc.com](http://www.dornnc.com) under individual income tax forms.

**HEAD OF HOUSEHOLD** - Generally you may claim head of household 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. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

**SURVIVING SPOUSE** - You may claim surviving spouse status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

**MARRIED TAXPAYERS** - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses' incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

**All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.**

**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.



Cut here and give this certificate to your employer. Keep the top portion for your records.

# NC-4 Employee's Withholding Allowance Certificate

**1. Total number of allowances you are claiming**

(Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet)

**2. Additional amount, if any, withheld from each pay period (Enter whole dollars)**

\_\_\_\_\_ .00

Social Security Number _____ - _____ - _____		<b>Marital Status</b> <input type="radio"/> Single <input type="radio"/> Head of Household <input type="radio"/> Married or Surviving Spouse		
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____		M.I. _____	Last Name _____	
Address _____				County (Enter first five letters) _____
City _____	State _____	Zip Code (5 Digit) _____	Country (If not U.S.) _____	

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.

Answer **all** of the following questions for your filing status.

**Single -**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$11,249?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Will you have adjustments or deductions from income from Page 3, Schedule 2?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

**Married Filing Jointly -**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$19,999?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Will you have adjustments or deductions from income from Page 3, Schedule 2?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Will your spouse receive combined wages and taxable pensions of less than \$6,250 or only retirement benefits not subject to N.C. income tax? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

**Married Filing Separately -**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Will your portion of N.C. itemized deductions from Page 3, Schedule 1 exceed \$11,249?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Will you have adjustments or deductions from income from Page 3, Schedule 2?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

**Head of Household-**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$16,499?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Will you have adjustments or deductions from income from Page 3, Schedule 2?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

# NC-4 Allowance Worksheet

## Surviving Spouse -

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$19,999?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Will you have adjustments or deductions from income from Page 3, Schedule 2?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "No" to all of the above, **STOP HERE** and enter **THREE (3)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Part II to determine if you qualify for additional allowances. Otherwise, enter **THREE (3)** on Form NC-4, Line 1.

## NC-4 Part II

- |  |     |            |
|--|-----|------------|
| 1. Enter your total estimated N.C. itemized deductions from Page 3, Schedule 1 .....   | 1.  | \$ _____ . |
| 2. Enter the applicable N.C. standard deduction based on your filing status. <span style="font-size: 2em; vertical-align: middle;">}</span> \$ 8,750 if single<br>\$17,500 if married filing jointly or surviving spouse<br>\$ 8,750 if married filing separately<br>\$14,000 if head of household ..... | 2.  | \$ _____ . |
| 3. Subtract line 2 from line 1. If line 1 is less than line 2, enter ZERO (0) .....  | 3.  | \$ _____ . |
| 4. Enter an estimate of your total federal adjustments to income and State deductions from federal adjusted gross income from Page 3, Schedule 2 .....   | 4.  | \$ _____ . |
| 5. Add lines 3 and 4 .....   | 5.  | \$ _____ . |
| 6. Enter an estimate of your nonwage income (such as dividends or interest) .....  | 6.  | \$ _____ . |
| 7. Enter an estimate of your State additions to federal adjusted gross income from Page 3, Schedule 3 .....  | 7.  | \$ _____ . |
| 8. Add lines 6 and 7 .....   | 8.  | \$ _____ . |
| 9. Subtract line 8 from line 5 ( <i>Do not enter less than zero</i> ) .....  | 9.  | \$ _____ . |
| 10. Divide the amount on line 9 by \$2,500. Round down to whole number .....   | 10. | _____      |
| Ex. \$3,900 ÷ \$2,500 = 1.56 rounds down to 1  |     |            |
| 11. Enter the amount of your estimated N.C. tax credits from Page 4, Schedule 4 ..   | 11. | \$ _____ . |
| 12. Divide the amount on line 11 by \$140. Round down to whole number .....  | 12. | _____      |
| Ex. \$200 ÷ \$140 = 1.43 rounds down to 1  |     |            |
| 13. If filing as single, head of household, or married filing separately, enter zero (0) on this line.<br>If filing as surviving spouse, enter 3.<br>If filing as married filing jointly, enter the appropriate number from either (a), (b), (c), or (d) below.  |     |            |
| (a) Your spouse expects to have zero wages and expects to receive retirement benefits that will all be nontaxable for N.C. purposes, enter 3. (Nontaxable retirement benefits include: <i>Bailey</i> , Social Security, and Railroad retirement)   |     |            |
| (b) Your spouse expects to have combined wages and taxable pensions of more than \$1, but less than \$3,750, enter 2.  |     |            |
| (c) Your spouse expects to have combined wages and taxable pensions of more than \$3,750 but less than \$6,250, enter 1.   |     |            |
| (d) Your spouse expects to have combined wages and taxable pensions of more than \$6,250, enter 0 .....  | 13. | _____      |
| 14. Add lines 10, 12, and 13, and enter the total here .....   | 14. | _____      |
| 15. If you completed this worksheet on the basis of married filing jointly, the total number of allowances determined on line 14 may be split between you and your spouse, however, you choose. Enter the number of allowances from line 14 that your spouse plans to claim .....                        | 15. | _____      |
| 16. Subtract line 15 from line 14 and enter the total number of allowances here and on line 1 of your <b>Form NC-4, Employee's Withholding Allowance Certificate</b> .....   | 16. | _____      |

# NC-4 Allowance Worksheet Schedules

**Important: If you cannot reasonably estimate the amount to enter in the schedules below, you should enter ZERO (0) on line 1, NC-4.**

Schedule 1	Estimated N.C. Itemized Deductions	
Qualifying mortgage interest	\$ _____	.
Real estate property taxes	\$ _____	.
Total qualifying mortgage interest and real estate property taxes*		\$ _____
Charitable Contributions (Same as allowed for federal purposes)		\$ _____
Medical and Dental Expenses (Same as allowed for federal purposes)		\$ _____
Total estimated N.C. itemized deductions. Enter on Page 2, Part II, Line 1		\$ _____

\*The sum of your qualified mortgage interest and real estate property taxes may not exceed \$20,000. For married taxpayers, the \$20,000 limitation applies to the combined total of qualified mortgage interest and real estate property taxes claimed by both spouses, rather than to each spouse separately.

Schedule 2	Estimated Federal Adjustments to Income	
Federal adjustments to income are the amounts that are deducted from total income claimed on your federal return. Adjustments to income may include:		
Health savings account deduction	\$ _____	.
Moving expenses	\$ _____	.
Alimony paid	\$ _____	.
IRA deduction	\$ _____	.
Student loan interest deduction	\$ _____	.
Certain business expenses of reservists, performing artist, and fee-basis governmental officials	\$ _____	.
Total Federal Adjustments to Income		\$ _____
<b>Estimated State Deductions from Federal Adjusted Gross Income to Consider for NC-4 Purposes</b>		
20% of prior bonus depreciation addback	\$ _____	.
20% of prior section 179 addback	\$ _____	.
Amount by which North Carolina basis of property exceeds federal basis of property - in year taxpayer disposes of property	\$ _____	.
Total State Deductions from Federal Adjusted Gross Income		\$ _____
<b>(Do not consider any amount of the portion of Bailey Retirement Benefits, Social Security Benefits, or Railroad Retirement Benefits included in Adjusted Gross Income.)</b>		
Total Federal Adjustments to Income and State Deductions from Federal Adjusted Gross Income. Enter on Page 2, Part II, Line 4		\$ _____

Schedule 3	Estimated State Additions to Federal Adjusted Gross Income to Consider for NC-4 Purposes	
Shareholder's share of built-in gains tax that the S corporation paid for federal income tax purposes	\$ _____	.
Amount by which federal basis of property exceeds NC basis of property – in year taxpayer disposes of property	\$ _____	.
Amount of gross income from domestic production activities that a taxpayer excludes from gross income under section 199 of the Internal Revenue Code	\$ _____	.
Amount excluded from the taxpayer's gross income for the discharge of qualified principal residence indebtedness under Section 108 of the code.	\$ _____	.
Adjustment for bonus depreciation	\$ _____	.
Adjustment for section 179 expense deduction	\$ _____	.
Total State Additions to Federal Adjusted Gross Income. Enter on Page 2, Part II, Line 7		\$ _____

# NC-4 Allowance Worksheet Schedules

**Schedule 4**

**Estimated N.C. Tax Credits**

Tax Credit for Income Taxes Paid to Other States by Individuals \$ \_\_\_\_\_ .

**Credit for Children**

A taxpayer who is allowed a federal child tax credit under section 24 of the Internal Revenue Code is allowed a tax credit for each dependent child unless adjusted gross income exceeds the threshold amount shown below. The credit can be claimed only for a child who is under 17 years of age on the last day of the year.

Filing Status	Adjusted Gross Income	No. of Children	Credit Amount per Qualifying Child	Estimated Credit
Single	Up to \$20,000	_____	\$125	\$ _____ .
	Over \$20,000 and up to \$50,000	_____	\$100	\$ _____ .
	Over \$50,000	_____	\$0	\$ _____ .
Married Filing Jointly or Surviving Spouse	Up to \$40,000	_____	\$125	\$ _____ .
	Over \$40,000 and up to \$100,000	_____	\$100	\$ _____ .
	Over \$100,000	_____	\$0	\$ _____ .
Head of Household	Up to \$32,000	_____	\$125	\$ _____ .
	Over \$32,000 and up to \$80,000	_____	\$100	\$ _____ .
	Over \$80,000	_____	\$0	\$ _____ .
Married Filing Separately	Up to \$20,000	_____	\$125	\$ _____ .
	Over \$20,000 and up to \$50,000	_____	\$100	\$ _____ .
	Over \$50,000	_____	\$0	\$ _____ .

**Additional Tax Credits and Carryovers**

G.S. 105-129.105, Credit for Rehabilitating Income-Producing Historic Structure \$ \_\_\_\_\_ .

G.S. 105-129.106, Credit for Rehabilitating Nonincome-Producing Historic Structure \$ \_\_\_\_\_ .

Tax Credit Carryover from previous years \$ \_\_\_\_\_ .

Total Tax Credits and Carryovers. Enter on Page 2, Part II, Line 11 \$ \_\_\_\_\_ .

## Multiple Jobs Table

Find the amount of your estimated annual wages from your lowest paying job(s) in the left hand column. Follow across to find the amount of additional tax to be withheld for each pay period. Enter the additional amount to be withheld on line 2 of your **Form NC-4**.

### Additional Withholding for Single, Married, or Surviving Spouse with Multiple Jobs

Estimated Annual Wages		Payroll Period			
At Least	But Less Than	Monthly	Semimonthly	Biweekly	Weekly
0	500	1	1	1	0
500	1500	5	2	2	1
1500	2500	9	5	4	2
2500	3500	14	7	6	3
3500	4500	19	9	9	4
4500	5500	23	12	11	5
5500	6500	28	14	13	6
6500	7500	33	16	15	8
7500	8500	37	19	17	9
8500	Unlimited	41	20	19	9

### Additional Withholding for Head of Household Filers with Multiple Jobs

Estimated Annual Wages		Payroll Period			
At Least	But Less Than	Monthly	Semimonthly	Biweekly	Weekly
0	1000	2	1	1	1
1000	2000	7	3	3	2
2000	3000	12	6	5	3
3000	4000	16	8	8	4
4000	5000	21	10	10	5
5000	6000	26	13	12	6
6000	7000	30	15	14	7
7000	8000	35	17	16	8
8000	9000	40	20	18	9
9000	10000	44	22	20	10
10000	11000	49	24	23	11
11000	12000	54	27	25	12
12000	13000	58	29	27	13
13000	14000	63	31	29	15
14000	Unlimited	65	33	30	15

# NC-4EZ Employee's Withholding Allowance Certificate

Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

\_\_\_\_\_ Single \_\_\_\_\_ Head of Household \_\_\_\_\_ Married or Surviving Spouse

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ County (Enter first five letters) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (5 Digit) \_\_\_\_\_ Country (If not U.S.) \_\_\_\_\_

**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.

Single & Married Filing Separately		Married Filing Jointly & Surviving Spouse		Head of Household	
Income	# of Children under age 17	Income	# of Children under age 17	Income	# of Children under age 17
	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
	# of Allowances		# of Allowances		# of Allowances
0-20,000	0 1 2 3 4 5 6 7 8 8	0-40,000	0 1 2 3 4 5 6 7 8 8	0-32,000	0 1 2 3 4 5 6 7 8 8
20,001-50,000	0 1 2 2 3 4 5 5 6 7	40,001-100,000	0 1 2 2 3 4 5 5 6 7	32,001-80,000	0 1 2 2 3 4 5 5 6 7

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 Check Here
- 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. Check Here

**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.



# Photo ID/Access Control Badges

Physical Security, Access Control Department

## Photo Identification Badge Registration Form

You will turn this form into the badging associate any time after your Teammate Health Assessment, and before you're due to report for work. **You cannot report for work without a badge.** The Physical Security Access Control team strives to provide ample and convenient opportunities for you to get or replace your badge. There may be a badging associate at orientation to print your Badge, however visiting one of your badge offices is the best way to ensure your badge is ready by the time you report to work. If you are unable to provide any of the information requested on this form, please contact your leader.

If additional assistance is needed, please call the New Teammate Badging Office at 704-631-0350.

### PERSONAL INFORMATION

TODAY'S DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TEAMMATE ID \_\_\_\_\_ OR SOCIAL SECURITY # \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

PREFERRED FIRST NAME (TO BE PRINTED ON BADGE) \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ MOBILE TELEPHONE \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_

RELATION \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

### DEPARTMENTAL INFORMATION

( ) NEW HIRE ( ) REHIRE ( ) CONTRACTOR TO PERMANENT

DEPARTMENT \_\_\_\_\_

FACILITY/FACILITIES YOU'LL BE WORKING IN \_\_\_\_\_

STATE LICENSURES/CREDENTIALS TO BE PRINTED ON BADGE (I.E.: MD, RN, RMA, HCT, ETC.)

LEADER \_\_\_\_\_ LEADER TELEPHONE \_\_\_\_\_



Carolinan HealthCare System

*Caring for New Teammates*

# Photo ID/Access Control Badges

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## Frequently Asked Questions about Photo ID/Badges

### Where Is the Department of Access Control Located?

FOR MOST NEW TEAMMATES, AFTER HEALTH ASSESSMENT

#### Western New Teammate Badging Office

4435 Golf Acres  
Charlotte, NC 20217  
Building P, Suite 300  
Phone: 704-631-0350  
Hours: T-F 8am-5pm

#### NorthEast Badging Office

675 Memorial Drive, Suite 103  
Concord, NC 28025  
Parking Lot N  
Phone: 704-403-0620  
Hours: M-F 7:30am-12pm; 12:30pm-3pm

#### CMC Main Badging Office

1000 Blyth Blvd.  
Charlotte, NC 29203  
Annex Building  
(Drive by the Emergency Dept. drop off)  
Phone: 704-355-6266  
Hours: Tuesday 11am-4pm;  
W-F 7am-12pm, 2pm-4pm

FOR UNION AND CLEVELEND TEAMMATES

(BADGES CAN ONLY BE MADE AFTER ORIENTATION)

#### CHS Union

600 Hospital Drive  
Monroe, NC 28115  
Security Office inside ED waiting room  
Phone: 980-993-3195  
Hours: Call for availability

#### CHS Cleveland (and Cleveland Pines)

\*Cleveland Healthy @ Home Employees must come to one of the other badging sites  
201 E Grover Street  
Shelby, NC 28150  
HR (Second Floor, Grover Building)

FOR EXISTING TEAMMATES TO RE-PRINT A BADGE OR PICK-UP A TOPPER

#### CMC Main Badging Office

See above  
CHS North East  
See above  
CHS Union  
See above  
CHS Cleveland  
See above

#### CHS Lincoln MOB 1

447 McAlister Road  
Lincolnton, NC 28092  
HR Office Phone:  
980-212-600

#### CHS Stanly

301 Yadkin Street  
Albemarle, NC 28001



# Photo ID/Access Control Badges

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## Frequently Asked Questions about Photo ID/Badges

### What is a badge?

A badge is a plastic card with your name and photo on it, inside it has a tiny radio frequency identifier which our system uses to validate access to your reserved parking and designated work area, and selected general access doors. You must exercise care to prevent damage to the badge itself. NEVER punch holes in your badge to display your pins. If you lose or damage your badge, contact the support center at 704-466-6161 and open an "Incident" with Security-Access Control. Arrangements will then be made to have your badge replaced at a cost of \$10.

### What is the badge access system?

The system is programmed to provide a secure environment for all team members, because it will only allow entry into specified areas for authorized personnel. This will prevent others from parking in your assigned area, and prevent unauthorized individuals from entering your work area.

### How do I use my badge?

Simple hold the badge 1-3 inches away from the badge reader you wish to use. The reader will constantly display an orange or red LED, and when a badge is presented the LED will flash green and beep. If you have access to the area the reader will turn green for 4-10 seconds, during this time you will be able to open the door. Your badge will only work in your assigned areas. It will not open any parking gates or doors for which it is not programmed to operate.

### What if my badge doesn't work on certain doors or parking gates? (No green light after the beep)

First make certain that you are at the correct area and you're using the badge correctly, see above. Your leader should instruct you on where to park and what entrances to use prior to your first day. The badges will not work at any reader for which they are not programmed. If you and your leader are in agreement that you should have access to a space, your leader should submit an Online Service Request (OSR) to Security-Access Control.

If **within the first 30 days of work**, your badge is not working on doors that your peers have access to, and doors that your leader requested previously for you to have access to, call the New-Hire Badging Office.

### What if my badge doesn't work? (No beep on any/only one reader)

Make certain you are using your badge correctly, see above, and that there are no other badges (to other facilities, such as your apartment) interfering with your CHS Badge. If the issue is with **all readers**, your badge is damaged and must be replaced. If you do not hear a beep on **only one reader** but other readers are working for you, the reader is damaged. Contact the support center at 704-466-6161.



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### What if I change departments or jobs?

Your leader should request a "topper" (plastic only overlay card to lay atop your real badge, you will not discard your real badge) in the OSR that references your transfer. Your access changes will be handled in this OSR as well. If either is omitted, a separate OSR should be submitted for the topper and/or access changes.

### What if I do not like the picture on my Photo ID badge?

This is a personal and sensitive issue for the teammate, however this a difficult challenge for the Access Control staff, for reasons of practicality. Given the staff's constant volume of work, we cannot add retakes to the budget or schedule. Photographs will be retaken if the original photograph cannot be seen, or if there are additional problems with it.

### What if my name has changed and I need a new Photo ID badge with my new name on it?

All paperwork to record your new name must be submitted through Human Resources. Once the name change has been approved, updated into PeopleSoft and recorded in the database, an OSR can be created to issue you a topper with the new name, it will then be sent out to you.

### What are licensures and credentials?

Examples of these are MD, RN, RMA, etc. The badging associate who makes your badge will print only one of the licensures and credentials you listed on the registration form. It must be one that is approved by Human Resources. If your credentials have changed, all paperwork to record your new credentials must be submitted through Human Resources. Once Human Resources has documented your new credential and the change has been recorded into PeopleSoft and the Access Control database, you may submit an OSR to have a new topper sent out to you.

