

# Remote Hiring Packet

When hiring remotely all new hire onboarding is still required on the hire date. New hires must complete the attached I-9 process within three days of hire, sign the OHSU Confidentiality and Intellectual Property Assignment Agreement (CIPPA) and sign the Federal and State Compliance Verification (Fed/State Compliance) form to be in compliance with paperwork.

Job Required Degrees and Certifications (BLS, ACLS, PALS) also need to be provided to HR Records as of the hire date.

Once signed the CIPPA , Fed/State compliance forms and Degrees and Certifications need to be returned to “[records@ohsu.edu](mailto:records@ohsu.edu).” If they are not able to electronically sign it can be printed and signed and scanned to the records inbox. A photo of the completed documents is sufficient in place of scanning. All pages need to be returned even if some are left blank.

There are two direct deposit forms: Net means the total check is deposited into one account, Fixed allows the employee to split the check into two different accounts. A fixed amount is required for one account and the other would be listed as NET in the amount box. Payroll cannot process percentages and it will delay the direct deposit.

## Packet Contents:

1. Remote I-9 Process and instruction
2. I-9 Acceptable Documentation List
3. CIPPA
4. Fed/State Compliance
5. Direct Deposit forms

## Remote I-9 Process

Remote I-9 is an electronic form sent through Advanced Reporting when the employee will be working 100% remotely without access to an onsite I-9 Preparer.

The remote form requires coordination with a third party acting as an Agent on behalf of OHSU to complete section 2, who will be able to physically review the selected documents from the employee.

### **Due to the limitations imposed by COVID-19 Acceptable OHSU Agents are:**

A designated authorized representative to act on your behalf to complete Section 2. An authorized representative can be any person you designate to complete and sign Form I-9 on behalf of OHSU. OHSU is liable for any violations in connection with the form or the verification process, including any violations of the employer sanctions laws committed by the person designated to act on our behalf.

This coordination falls on the department to complete and communicate to their **HR Specialist or I-9 Preparer** and needs to be completed **within 3 days of the employee's hire date**. The HR Specialist or preparer will initiate the remote invitation with completion instructions once we have **the first and last name and the email address** for the third party agent.

- The Employee will need to complete Section 1, it will then it will prompt them to complete Section 2 (See next page for complete form walkthrough)
- All identification documents must be **valid originals, no copies** are allowed
- If a document from the **List A** is used a front and back copy is required to upload it to the Form I-9 (**For a passport the front is the ID page and the back would mean the last page with the barcode**)

If assistance is needed please contact your HR Specialist for additional support.

## Employee Directions

Invitation email is sent to the verifier with login information, once logged in:

### Section 1:

1. **Employee** inputs sign on information and this will take them to the form.
2. All personal information that is not listed as optional is required and will not move on if it is missing or incorrectly entered.
3. Dashes or slashes are not needed when entering dates or the social security number, they will automatically populate
4. Citizenship/non-citizen radio button is required
5. Once this is properly filled out, the "Signature of Employee" Check box will highlight.
6. Once selected a box with their choice of question will populate and it will require an answer inputted to move on. The question is not checked against anything, it is just the systems version of "I am not a Robot"
7. Click "Close form" and that will move you to section 2

### Section 2:

1. **Verifier** makes sure the top line of the section 2 has populated correctly with the employees Name and Citizenship selection
2. Enter documentation type from the drop downs and the document numbers and expirations
3. When signing the address should reflect 3181 SW Sam Jackson Park Rd, Portland, OR 97239 automatically
4. For your title enter Authorized Agent
5. Save form and select the electronic signature option
6. Submit the form and send any List A documentation to [Records@ohsu.edu](mailto:Records@ohsu.edu) to be attached to the completed form I-9

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

## Instructions for Completing the OHSU Confidentiality and Intellectual Property Assignment Agreement

1. All OHSU employees, agents (including volunteers), students and others are required to complete and sign an OHSU Confidentiality and Intellectual Property Assignment Agreement.
2. The OHSU employee, agent, student or other should read over the entire agreement, refer to and review any applicable OHSU policies including but not limited to OHSU Policies 01-05-010, 01-05-012, 02-20-005 through 02-20-040, 03-60-005, and 04-50-001 (OHSU Policy Manual can be found here: <https://o2.ohsu.edu/policies-and-compliance/ohsu-policy-manual/index.cfm>) prior to accepting its terms. The OHSU employee, agent, student or other should then sign, print their name and date under the ACCEPTED AND AGREED line on the 2nd page of the agreement.
3. If the OHSU employee, agent, student or other created and/or registered any material or had any patents filed or issued prior to their employment or service to OHSU, or prior to their participation in any OHSU Programs, then these should be listed on Exhibit A. If no prior material was created, registered or the OHSU employee, agent, student or other had no patents filed or issued prior to their employment or service to OHSU, or prior to their participation in any OHSU Programs, then Exhibit A should not be completed and should be left blank.
4. The OHSU employee, agent, student or other should submit the completed and signed OHSU Confidentiality and Intellectual Property Assignment Agreement (with the fully signed Exhibit A if applicable) to an OHSU Human Resources Specialist at New Employee Orientation, or to their department/hiring manager, OHSU Visitors and Volunteers, or OHSU's Office of the Provost, as may be most appropriate, who will then submit it to the appropriate Human Resources Systems Specialist (<https://o2apps.ohsu.edu/hr/org-contacts/?bw=1>).
5. Once received by OHSU Human Resources, the Confidentiality and Intellectual Property Assignment Agreement will be reviewed and if anything has been indicated on Exhibit A then it will be sent to OHSU Technology Transfer for review and approval. If Exhibit A is denied, the employee, agent, student or other will receive a notice of denial and further instructions.
6. OHSU Human Resources will save a copy of the completed Confidentiality and Intellectual Property Assignment Agreement and a copy will be sent to the OHSU employee, agent, student or other for their records.
7. Any questions in regards to the completion of this agreement can be directed to OHSU HR Records at [records@ohsu.edu](mailto:records@ohsu.edu). Questions related to Exhibit A can be directed to OHSU Technology Transfer at (503) 494-8200 or [techmgmt@ohsu.edu](mailto:techmgmt@ohsu.edu).

## CONFIDENTIALITY AND INTELLECTUAL PROPERTY ASSIGNMENT AGREEMENT

In consideration of and as a condition of my employment by or service to Oregon Health and Science University, an Oregon public corporation (“OHSU”), or my use of funds, facilities, personnel, equipment, information or other resources administered or controlled by OHSU (“OHSU Resources”), or my participation in any research or other programs which involve the use of OHSU Resources (“OHSU Programs”), I agree to be bound by the policies of OHSU, as now or hereafter constituted, including but not limited to policies concerning confidentiality (see Policies 01-05-010, 01-05-012, 02-20-005 through 02-20-040, and 03-60-005) and Intellectual Property (see Policy 04-50-001) (OHSU Policy Manual can be found here: <https://o2.ohsu.edu/policies-and-compliance/ohsu-policy-manual/index.cfm>). Accordingly, I agree as follows:

1. **Confidentiality.** To safeguard and not to disclose confidential information of OHSU including: (a) patient information; (b) student information; (c) personnel information; (d) matters of a technical nature; (e) matters of a business nature; and (f) other information of a similar nature which is not generally disclosed by OHSU to the public, referred collectively hereafter as “Confidential Information” or “OHSU Restricted Information.” I further agree that I will not use Confidential Information or OHSU Restricted Information except as may be necessary to perform my duties for OHSU. Upon termination of my employment or engagement as a consultant by OHSU, service to OHSU, participation in OHSU Programs, or otherwise as requested, I will deliver promptly to OHSU all Confidential Information, in whatever form, that may be in my possession or under my control.

2. **Assignment of Intellectual Property.** That all my rights, title and interest to any discovery, invention, patent, copyrightable work, copyright, trademark, service mark, trade secret, process, method, technique, procedure, machine, apparatus, instrumentation, circuit, device, system, data, formula, formulation, composition of matter, chemical, article of manufacture, software, computer program, programming code, database, compilation of information, educational and professional materials, media, know-how, design, model, technological development, biological material, tangible property, strain, variety, culture of any organism, or portion, modification, translation, or extension of these items, and any mark used in connection with these items, whether or not patentable or copyrightable, as well another newly-discovered or newly-applied information or concepts, that relate to or are useful on the actual or anticipated business of OHSU, or that result from a derivative from work assigned to me or work performed by me on behalf of OHSU, or that was developed in whole or in part on any OHSU time or using any OHSU Resources, or result from any OHSU Program, belongs exclusively to OHSU. **This Agreement operates as an actual assignment of all those rights to OHSU.** This assignment does not apply to and OHSU shall not claim any interest in intellectual property created or registered, copyrighted, or patent filed or issued prior to my employment or service to OHSU, or prior to my participation in OHSU Programs, and which intellectual property is listed on Exhibit A of this Agreement and approved in writing by OHSU Technology Transfer for exclusion from this assignment.

In order for any intellectual property to be approved by OHSU for exclusion, I agree that it must be declared on Exhibit A and forwarded to OHSU Technology Transfer for review and approval, and OHSU, in its sole discretion, must approve such exclusion (evidenced by OHSU’s signature on Exhibit A), which will then be made a part of the record accompanying this Confidentiality and Intellectual Property Assignment Agreement.

3. **Work Made for Hire.** That all creative work, including but not limited to patentable works, computer programs or models, prepared or originated by me for OHSU or on OHSU time or within the scope of my employment by OHSU or service to OHSU, or from the use of OHSU Resources or from my participation in OHSU Programs, which may be subject to protection under federal copyright law, constitutes work made for hire, all rights to which are owned by OHSU. In any event, **I assign and agree to assign** to OHSU all rights, title, and interest, now existing or arising in the future, whether by way of copyright, trade secret, or otherwise, in all such work, whether or not subject to protection by copyright laws.

4. **Royalty Sharing.** That OHSU acknowledges that I and any co-inventors or coauthors may be entitled to receive a percentage of net licensing income, if any, received by OHSU from licensing or selling intellectual property rights assigned under paragraphs 2 and 3 above under applicable provisions of OHSU policies.

5. **Equitable Relief.** That violation of the covenants in this Agreement will cause irreparable injury to OHSU and that any remedy at law will be inadequate. Therefore, OHSU shall be entitled to, in addition to any other rights or remedies it may have at law or in equity, injunctive relief.

6. **Continuation of Obligations.** That my obligations and the restrictions under this Agreement shall continue indefinitely after termination of my relationship with OHSU.

7. **Entire Agreement; Amendment; Signature.** That this is the entire Agreement with OHSU with respect to its subject matter. This Agreement may be modified, amended or terminated only by an agreement in writing executed by OHSU and me. An electronic signature and a signature transmitted by facsimile or portable document format (PDF) shall be deemed valid as an original signature. This Agreement shall not be denied legal effect, validity, or enforceability solely because an electronic record or electronic signature may have been used in its execution. Similarly, any photocopy or facsimile of this executed Agreement shall have the same legal force as any copy bearing an original signature.

8. **Successors and Assigns; Venue.** That this Agreement shall be binding upon my heirs, executors, administrator or other legal representatives and is for the benefit of OHSU, its successors and assigns. I irrevocably consent and submit to the exclusive and personal jurisdiction of the United States District Court of Oregon or, if such court does not have jurisdiction over such matter, the applicable state court in Multnomah County, Oregon.

ACCEPTED AND AGREED:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

EXHIBIT A

(LEAVE BLANK AND DO NOT SIGN IF NO INTELLECTUAL PROPERTY IS TO BE EXCLUDED)

The Confidentiality and Intellectual Property Assignment Agreement to which this Exhibit A is attached does not apply to the following material which was created or registered or patents filed or issued prior to my employment or service to OHSU, or my participation in OHSU Programs. Information should include the name of the material, type of material, date of material's creation, affiliation at the time of creation, and whether you plan to continue developing the material at OHSU.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**SUBMITTED BY:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED BY OHSU TECHNOLOGY TRANSFER FOR EXCLUSION PURSUANT TO SECTION 2:**

OREGON HEALTH & SCIENCE UNIVERSITY

Signature:

Printed Name:

Date:





## FEDERAL AND STATE PROGRAM COMPLIANCE VERIFICATION

The Oregon Health & Science University (OHSU) integrity program requires that OHSU not employ individuals who are excluded from participation in federal or state healthcare programs, including Medicare and Medicaid. Individuals are excluded from participation for a variety of mandatory exclusions including Medicare or Medicaid fraud, patient abuse or neglect, felony convictions for other health care-related fraud, theft, or other financial misconduct, and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

Permissive exclusions may include misdemeanor convictions related to health care fraud and unlawful manufacture, distribution, prescription, or dispensing of controlled substances; suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence, professional performance, or financial integrity; provision of unnecessary or substandard services; submission of false or fraudulent claims to a Federal health care program; engaging in unlawful kickback arrangements; and defaulting on health education loan or scholarship obligations; and controlling a sanctioned entity as an owner, officer, or managing employee.

This aspect of the integrity program is designed to promote prevention, detection and resolution of conduct that does not conform to federal and state law.

Human Resources, as part of the hiring process, will verify that potential employees have not been excluded from participating in federal or state healthcare programs. In addition, the OHSU Integrity office will verify at least annually that current employees have not been excluded from participation in federal or state healthcare programs.

Discovery that an individual is excluded from participation in federal or state healthcare programs may result in the termination of the individual's employment relationship with OHSU.

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I certify that I have not been excluded from participation in federal or state healthcare programs or other state or federal programs.

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Signature of Applicant

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Date

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Printed Name

*This document must be signed and dated by the employee and forwarded to Human Resources for inclusion in the employee's personnel file.*

## DIRECT DEPOSIT ENROLLMENT FORM FIXED AMOUNT

**ATTENTION:** OHSU Payroll Policy requires a mandatory one pay period bank verification cycle for new Direct Deposit accounts. You will receive a PHYSICAL CHECK until your direct deposit is effective.

NOTE: This form is to start, stop or change a direct deposit of a **FIXED DOLLAR AMOUNT** only of your check. Percentage requests are not processed.

<input type="checkbox"/> New:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<input type="checkbox"/> Cancel:	Bank	
<input type="checkbox"/> Change to:		
Bi-Weekly amount	Account #	Change Bi-Weekly to:
	Routing/Transit/ABA #	

<input type="checkbox"/> New:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<input type="checkbox"/> Cancel:	Bank	
<input type="checkbox"/> Change to:		
Bi-Weekly amount	Account #	Change Bi-Weekly to:
	Routing/Transit/ABA #	

**Please TAPE, do not staple.**

**Please attach voided check(s) here for Checking account(s).**

**Please attach deposit slip(s) here for Savings account(s).**

I agree that if an amount is deposited to my account in excess of my due wages as the result of an error, I will pay this excess to OHSU. If my direct deposit is active then I allow payroll to retrieve the funds from my account if it is within 5 days of payday. I further agree that I shall be responsible for monitoring the above account(s) to ensure that deposits are made to the correct account(s) in the correct amount, and I will immediately report any discrepancies to the OHSU Payroll Office. I will notify OHSU Payroll before I close my account(s). If I fail to do so, I acknowledge that this could delay the receipt of my check by 5 business days from the time of the notification.

**NOTE:** Please complete entire box below to avoid delay or stop in the processing of your direct deposit.  
To ensure confidentiality forms are not returned for correction without an ID# or SSN.

Are you a new hire?     Yes     No                      If Yes, hire date: \_\_\_\_\_

Name (Please Print)	Signature	ID# or SSN	Date
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**Please scan and send the completed form to Payroll by email at [paycheck@ohsu.edu](mailto:paycheck@ohsu.edu) or by fax at (503) 346-6839. The Payroll Office will contact you for confirmation via email. Please allow 2 - 3 pay periods for processing. Please contact Payroll at 494-8103 if you have any questions. Rev July 2017**

## DIRECT DEPOSIT ENROLLMENT FORM

# NET AMOUNT

**ATTENTION:** OHSU Payroll Policy requires a mandatory one pay period bank verification cycle for new Direct Deposit accounts. You will receive a PHYSICAL CHECK until your direct deposit is effective.

NOTE: This form is to start, stop or change a direct deposit of the **Take Home Net Amount** of your check.

<input type="checkbox"/> New <input type="checkbox"/> Cancel <input type="checkbox"/> Change	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Bank
	Account #
	Routing/Transit/ABA #

**Please TAPE, do not staple.**

**Please attach voided check(s) here for Checking account(s).**

**Please attach deposit slip(s) here for Savings account(s).**

*I agree that if an amount is deposited to my account in excess of my due wages as the result of an error, I will pay this excess to OHSU. If my direct deposit is active then I allow payroll to retrieve the funds from my account if it is within 5 days of payday. I further agree that I shall be responsible for monitoring the above account(s) to ensure that deposits are made to the correct account(s) in the correct amount, and I will immediately report any discrepancies to the OHSU Payroll Office. I will notify OHSU Payroll before I close my account(s). If I fail to do so, I acknowledge that this could delay the receipt of my check by 5 business days from the time of the notification.*

**NOTE:** Please complete section below to avoid delay or stop in the processing of your direct deposit.  
To ensure confidentiality forms are not returned for correction without an ID# or SSN.

Are you a new hire?     Yes     No                      If Yes, hire date: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
ID # or SSN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please scan and send the completed form to Payroll by email at [paycheck@ohsu.edu](mailto:paycheck@ohsu.edu) or by fax at (503) 346-6839.  
The Payroll Office will contact you for confirmation via email. Please allow 2 - 3 pay periods for processing.  
Please contact Payroll at 503-494-8103 if you have any questions.**