



UTEP

DocuSign®

Development Phase

Agenda

- DocuSign Benefits & Cost
- DocuSign Process
- Samples (Signing Group, Workflow, Form, & Email)
- Let's get started!
 - Live review of form
- Next Steps

Why Use DocuSign?

- Benefits of using DocuSign:
 - Legally binding
 - Gather signatures within campus or outside of campus
 - Ability to re-route envelopes
 - Automatic reminders for approval
 - Diminish the use of paper documents

*Grant funding is not accepted

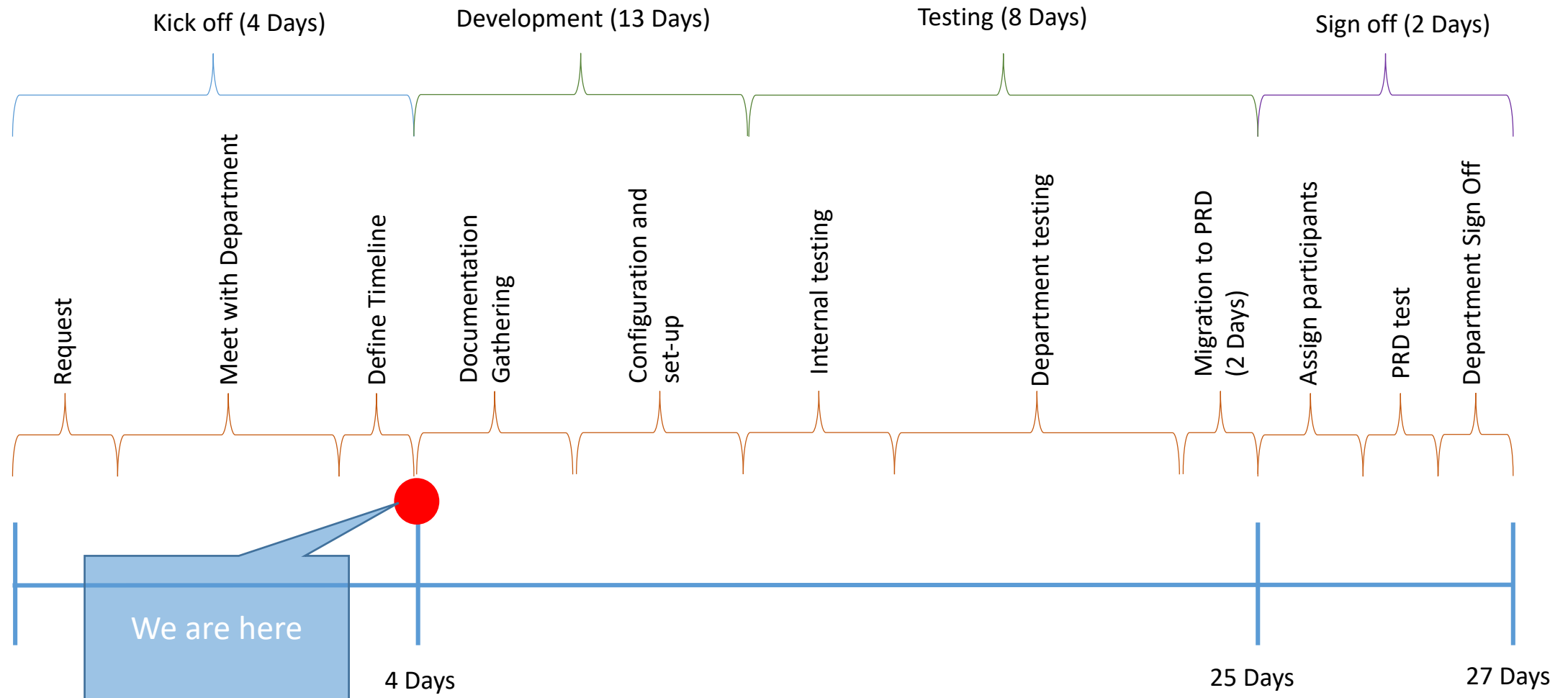
Why Use DocuSign?

- Documents sent are known as **envelopes**
 - Envelopes act as packages for documents
 - Each envelope has an individual status that can be tracked
 - E.g. Completed, Voided, Waiting for Action
- Envelope Sharing
 - Allows users to collaborate on envelopes
 - Can gain visibility into other user's envelopes
 - Ability to take action on other user's envelopes

DocuSign Costs

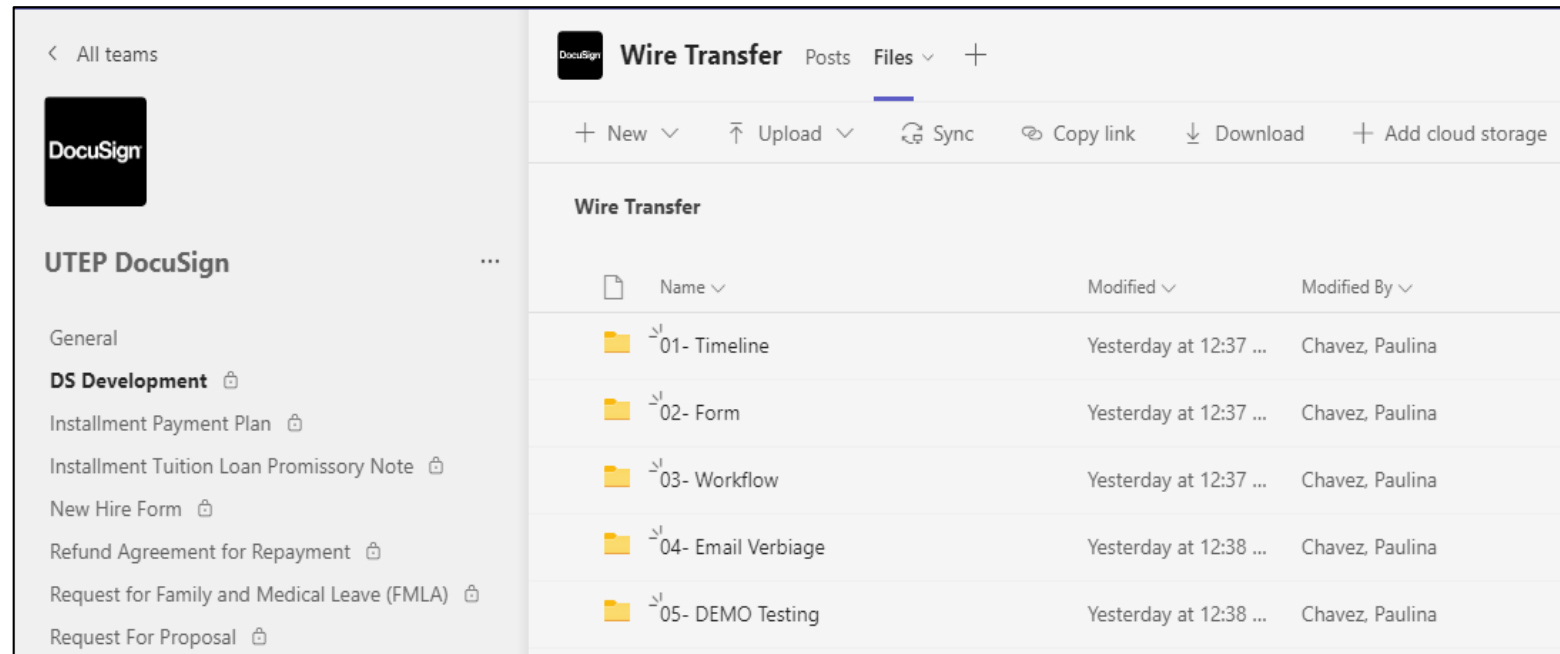
- Initial 3 months in Production will be cost-free
- Cost per envelope - \$2.37
- Billing is based on monthly usage
- Grant funding cannot be used to cover DocuSign costs

DocuSign Process



DocuSign Process (cont.)

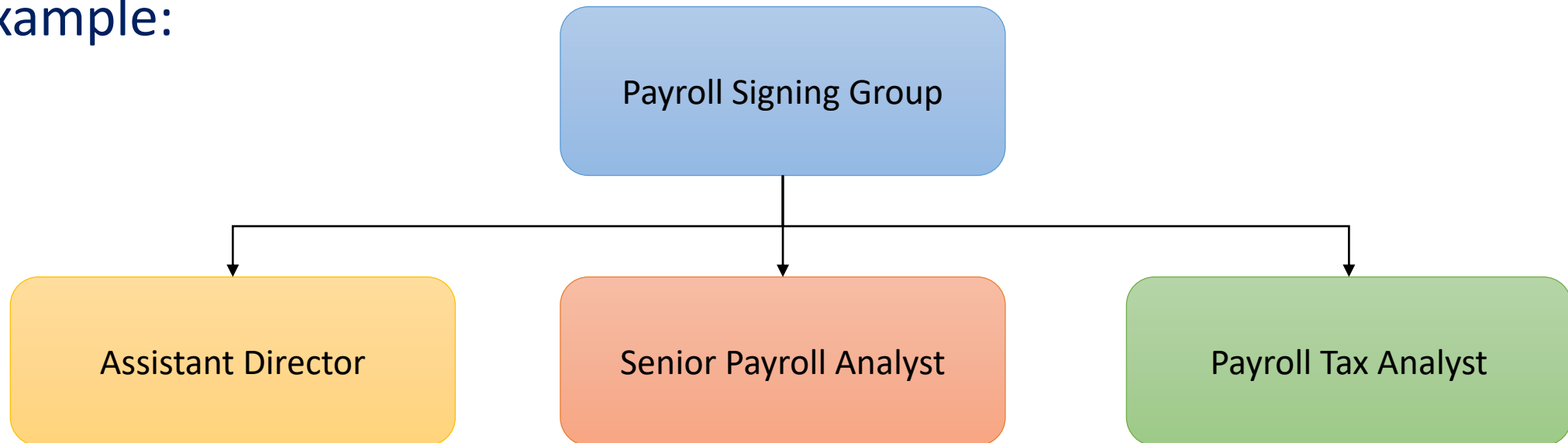
- The form's workspace will be available through a MS Teams channel
- Advantages of using Teams:
 - Easy communication
 - Documentation exchange



This is an example of what a Teams channel for a specific form will look like.

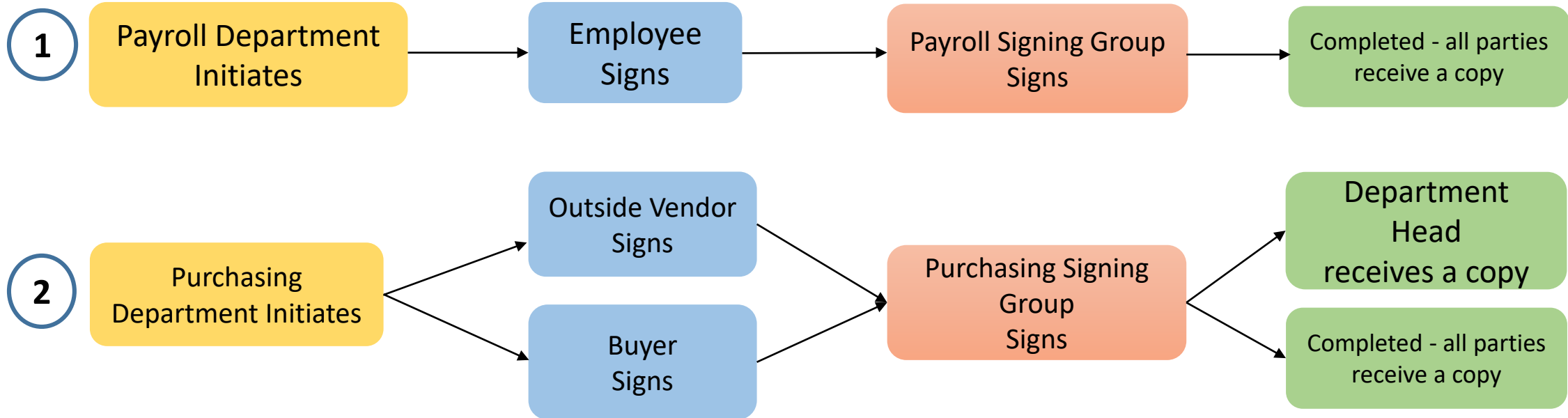
Signing Groups

- Signing Groups allow you to send an envelope to a predefined group of recipients and have any one member of the group sign your documents
- When you send an envelope to a signing group, anyone can open it and sign it with their own signature
- Example:



Workflow Sample

- Envelopes follow a predetermined workflow and route to the designated recipients.
- Workflow Samples:



All parties receive a copy of the completed form.

Form Sample

- In DocuSign, you can designate separate fields based on the recipient.
- Examples:

Area 1 is for the initiator to enter

Area 2 is for the recipient to enter

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name:
First Middle Last

(2) Employer name: Date: (mm/dd/yyyy) (mm/dd/yyyy)
(List date certification requested)

(3) The medical certification must be returned by (mm/dd/yyyy) (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Please complete and sign Section II before providing this form to your family member or your family member's health care provider. The FMLA allows an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of your family member. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). **You are responsible for making sure the medical certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. §§ 825.305-825.306. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA leave request. 29 C.F.R. § 825.313.

(1) Name of the family member for whom you will provide care:

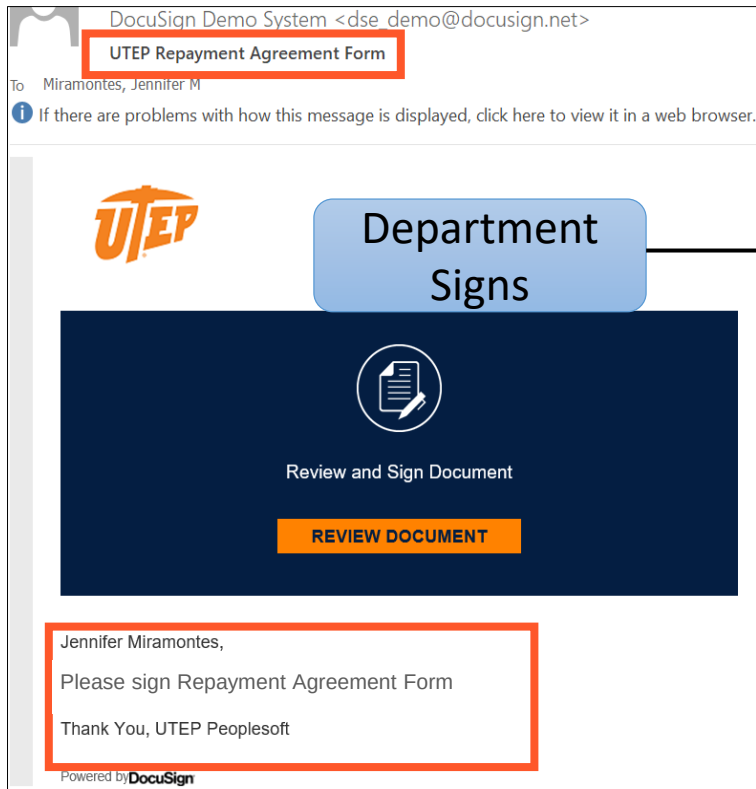
(2) Select the relationship of the family member to you. The family member is your:

☐ Spouse ☐ Parent ☒ Child, under age 18
☐ Child, age 18 or older and incapable of self-care because of a mental or physical disability

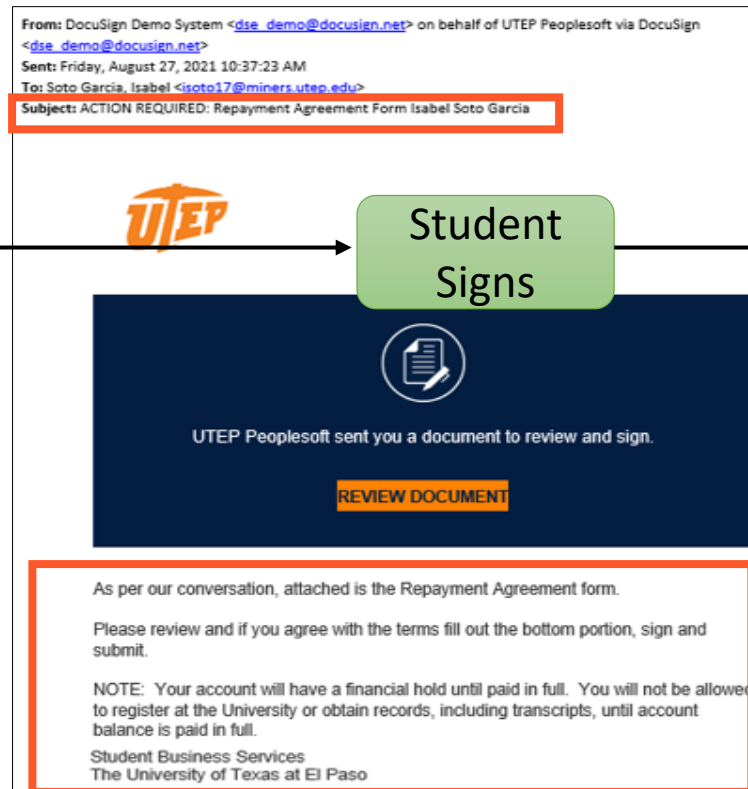
Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

This is the form page of a Template in DocuSign. Orange boxes denote different fields required to be entered based on the recipient.

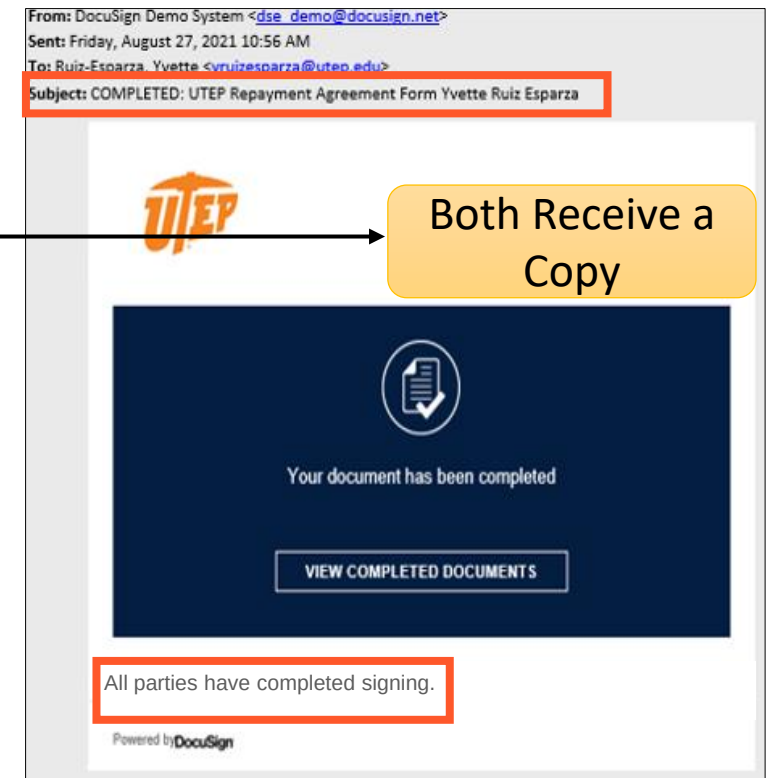
Email Samples



This is the email the initiator will receive for this SBS form.



This is the email the student recipient will receive for this SBS form.



This is the email all parties in the workflow will receive after the document has been completed.

Email Verbiage

- Automatic reminders to take action every 3 days
- Please provide all email verbiage in a word document
- Sample:

This is a sample of the layout for desired email verbiage. Please note the workflow step and email step indicate which part of the workflow and which recipient this verbiage is intended for.

Form: UTEP Student Repayment Agreement

Workflow Step: 2

Email: Student will receive this response after the Department signs

Subject Line: ACTION REQUIRED: Please DocuSign: Repayment Agreement

Email Body:

Hello [student name],

As per our conversation, attached is the Repayment Agreement form. Please review and if you agree with the terms, then fill out the bottom portion, sign, and submit.

NOTE: Your account will have a financial hold until paid in full.

For questions, please email sbs@utep.edu

Thank you,

Student Business Services
The University of Texas at El Paso
MLASB Room 118
El Paso, TX 79968
Office: 915-747-5116

Let's get started!

Next Steps

- Department must submit their desired email verbiage
- After the developer builds the form in DocuSign DEMO, the business analyst will contact the department for testing
- After the form is tested and validated, it will be migrated to the Production environment

Next Steps - Testing Phase

- How to access DocuSign DEMO and PRD
- How to test the form:
 - Test & Validate form functionality
 - Test & Validate workflow
 - Test & Validate email verbiage
- Departments will be expected to test their form within 3 to 5 business days
- Sign Off
 - Department gives green light
 - Developer migrates form from DEMO to PRD
 - Test once in PRD
 - Form is handed off to department
 - Post Development

Thank You!