

STLS Process for End Users: Adobe Sign Workflow Short Term Limited Scope

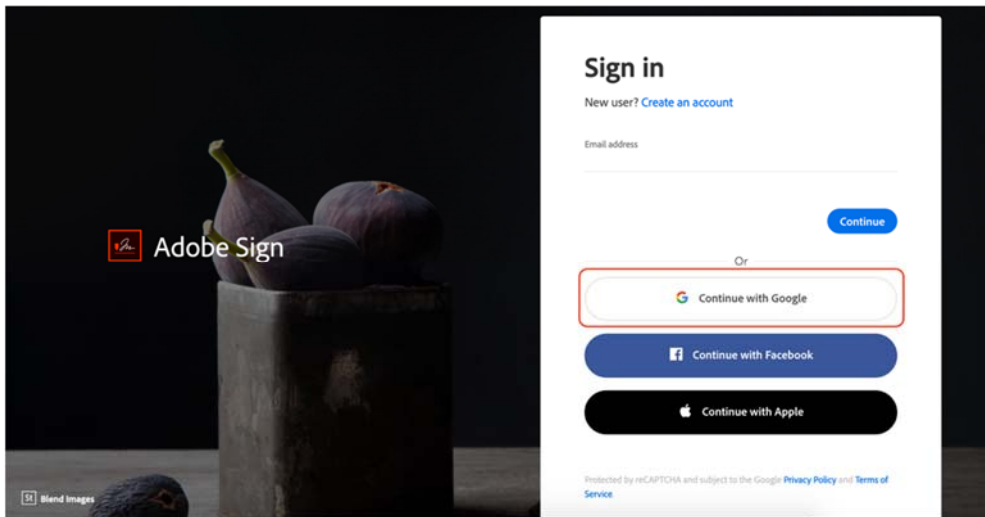
Due to COVID-19, shelter in place, a method to route different forms for approval has been developed using Adobe Sign.

1) Sign into Adobe Sign by going to sign.csueastbay.edu

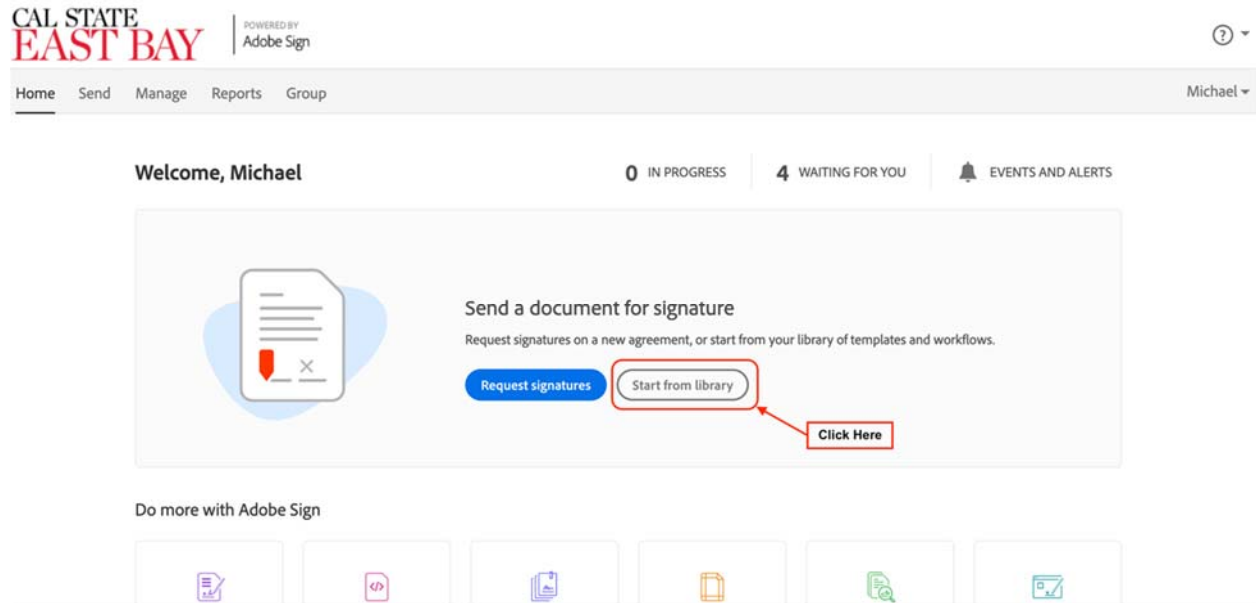
- Sign in through using the **Continue with Google** option.
- Once signed in, select Adobe Sign Home page

Note: There are two different types of views, the old version and the new experience. It is possible that you will be prompted with an alternate view, please click on the “Start from Library” button.

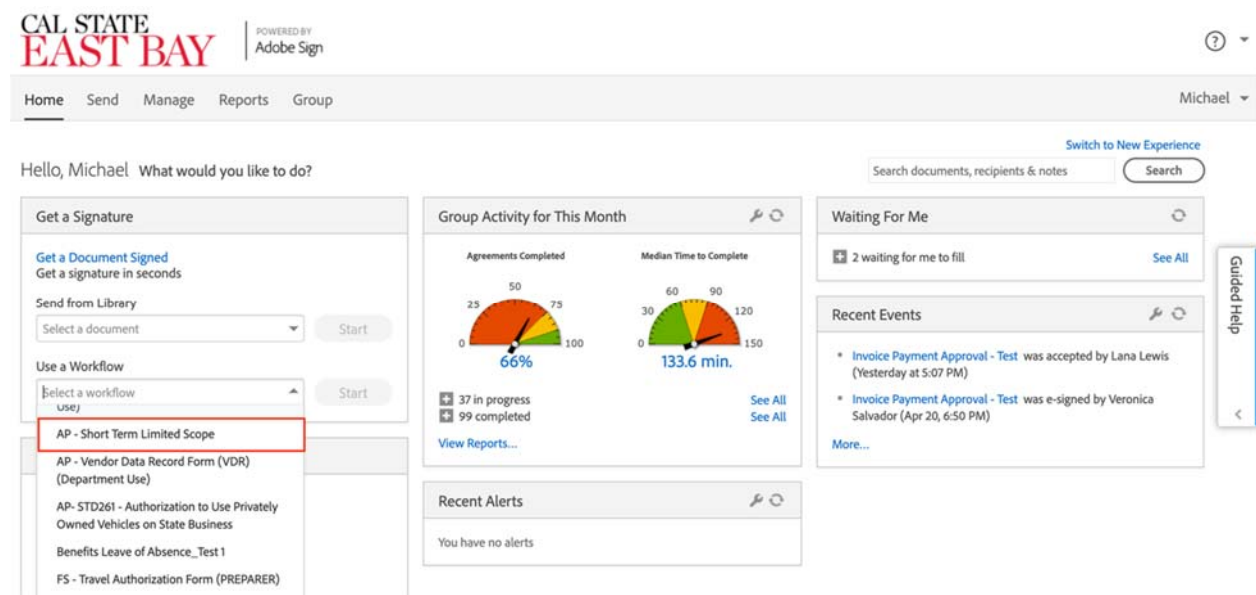
- Go to **Workflows**, and choose the “**AP – Short Term Limited Scope**”



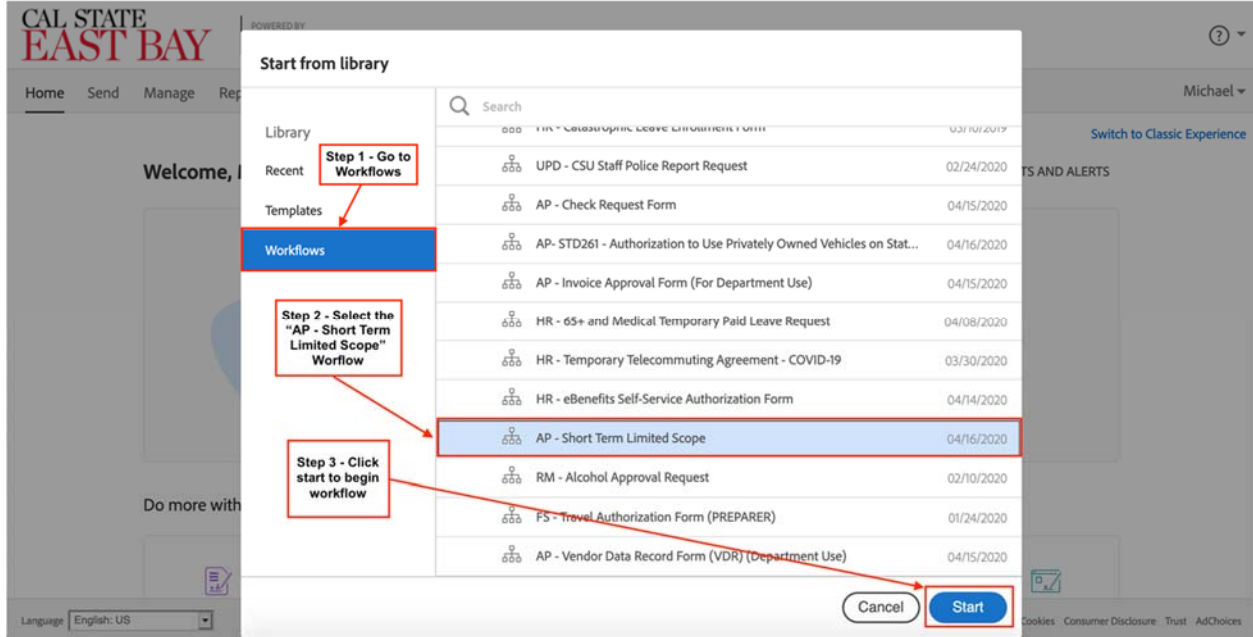
Alternate View: If you are auto-prompted to this page, follow these photos.



2) Select **“AP – Invoice Approval Form (For Dept. Use)”** from the *Workflow* drop down menu on your homepage.



Alternate view – Begin with clicking on **“Start from Library”**



- Prepared By – Automatically populated as yourself
- Payee – The person who needs to get paid for the services provided
- Delegation of Authority – Person to approve payment, multiple approvals might be needed
- Purchasing Director – Automatically populated with Jon Medwin’s email, as he is the current purchasing director who needs to approve the submission of this form
- CC – Enables to copy anyone who needs to be informed, Christina Crosby is automatically informed as she is the Accounts Payable technician who processes the STLS form
- Document Name – Automatically populated to say, “AP – Short Term Limited Scope”, you can add onto the document name to help specify who this is being processed for
- Message – Additional information can be added to the message prior to sending, this will inform everyone within the workflow to be informed of further information needed
- Files – Allows you to attach additional documentation as needed to help support to the approval of the form

3) Once all fields have been filled out, please continue by pressing **“Send”** located at the bottom of the page. This will enable the attached documents to be combined and ready for processing.

4) Complete the required filed fields listed on the form, all required fields are labeled with a red asterisks (*)



Short Term Limited Scope Service (STLS) Agreement and Express Invoice

Use only for services up to \$5,000.00 provided by an individual/sole proprietor. If services costs more than \$5,000.00, please have the department enter a requisition.

For use for the following services only, check appropriate box:

- Accompanists
- Art Model
- Guest Artist/Lecturer
- Honorarium
- Participant (FOR GRANT USE ONLY)
- Photographer/Videographer
- Note taker
- Referee
- Sign Language Interpreter
- Student (For Accounts Payable purposes)

Other: _____

ATTENTION: IF YOU ARE A UNIVERSITY EMPLOYEE, YOU MAY NOT USE THIS FORM. PLEASE SEE PAYROLL INSTEAD.

Payee Information:

Name: * _____

Address: * _____

City, State, Zip: * _____

Vendor Data Record Form: On File Attached

***NO PAYMENT WILL BE ISSUED WITHOUT A COMPLETED VDR.**

Tax Payor ID # or Last 4 digits of SSN #: _____

Check Delivery Instructions:

Mail to Payee Pick up at Cashier's Office Date Needed: _____

Department Name: * _____

Department Contact: * _____

Contact Phone #: * _____

Proof of Auto Insurance:

- Drove to University**
 - Did not drive to University
 - Used Public Transportation
 - Lives on Campus
 - Does not provide this service as primary function for coming to Campus
- ** A PROOF OF VALID CURRENT AUTO INSURANCE IS REQUIRED TO PROTECT THE UNIVERSITY FROM ANY LIABILITY.**

Account	Fund	Dept. ID	Program	Class	Project/Grant***	Total Due:
*						\$ *

*** Please attach multiple cost lines on a separate sheet.

Brief Description of Service: *

Date of Service: * _____ Total Hours of Service: * _____

[Click to Attach Other Docs \(o...](#)

RELEASE OF LIABILITY: For the aforementioned services, I assume all liability for any damage or injuries accruing thereof, and that further, in consideration for being allowed to provide this service hereafter referred to as the Activity, I release from liability and waive my right to sue the State of California, the Trustees of the California State University, and which own and operate California State University, East Bay and their employees, officers, volunteers and agents (collectively "University") from any and all claims, including illness, injuries, death or economic loss that I may suffer because of my involvement in this Activity, including any travel to and from the Activity. I will hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my involvement in this Activity. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining items.

Name: _____ Date: _____

Signature: _____

This is the sole binding contract for this service with the University; other contractual documents will not be accepted.

I certify that the vendor is acting in an independent capacity and not as an officer or employee or agent of the State of California. I also certify that the above services have been satisfactorily performed or are to be performed as stated.

Approval of authorized individual such as Department Chair, Dean, etc. _____

Date _____

Purchasing Review _____

Date _____

6) Once form is properly filled, the "Submit" button will automatically show up at the bottom. Please verify that information is correct and all supporting documentation has been attached prior to clicking on submit to route for approval.