

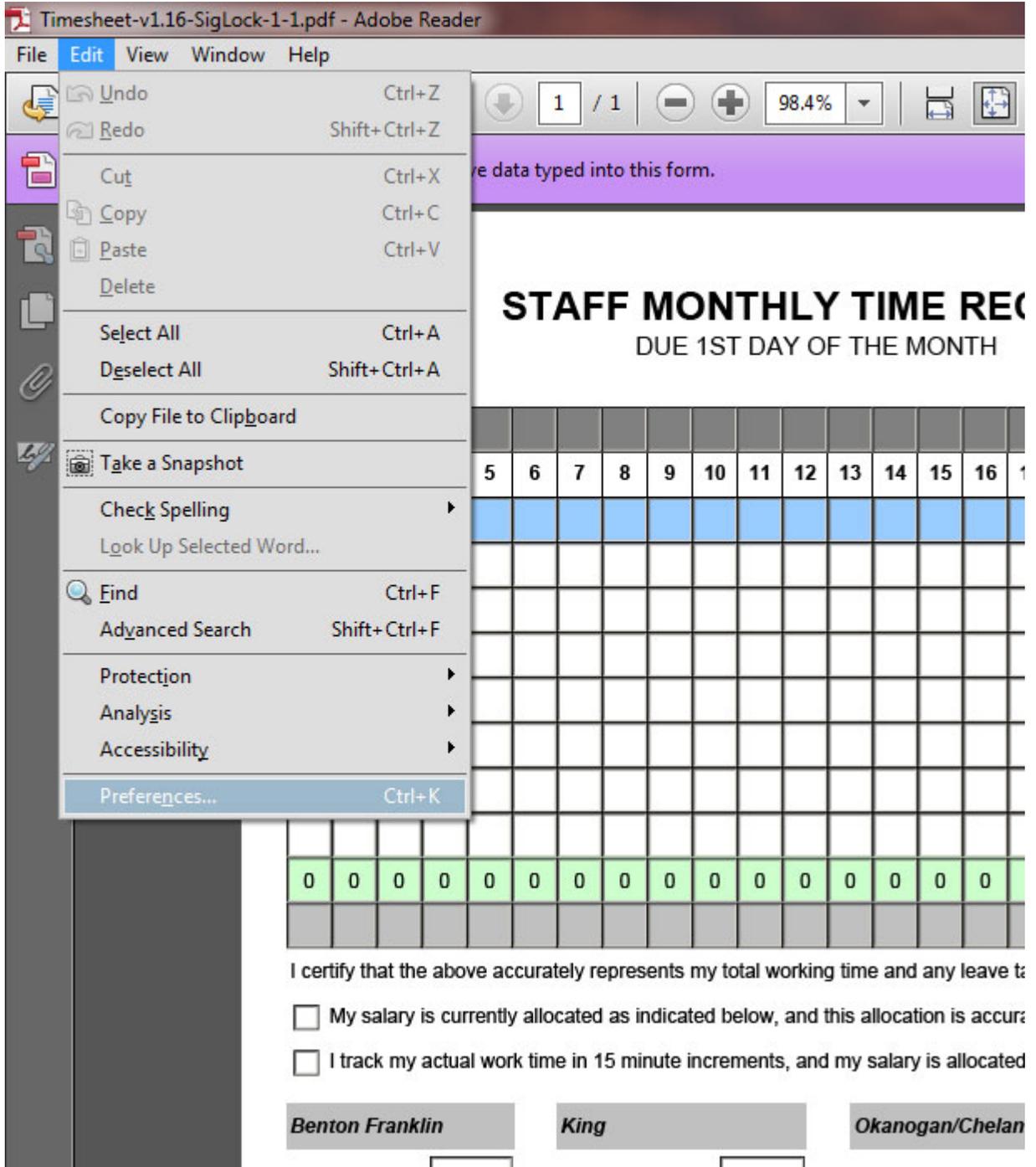
Career Path Services

How To Create A Digital Signature And Sign A Document With Adobe Reader DC

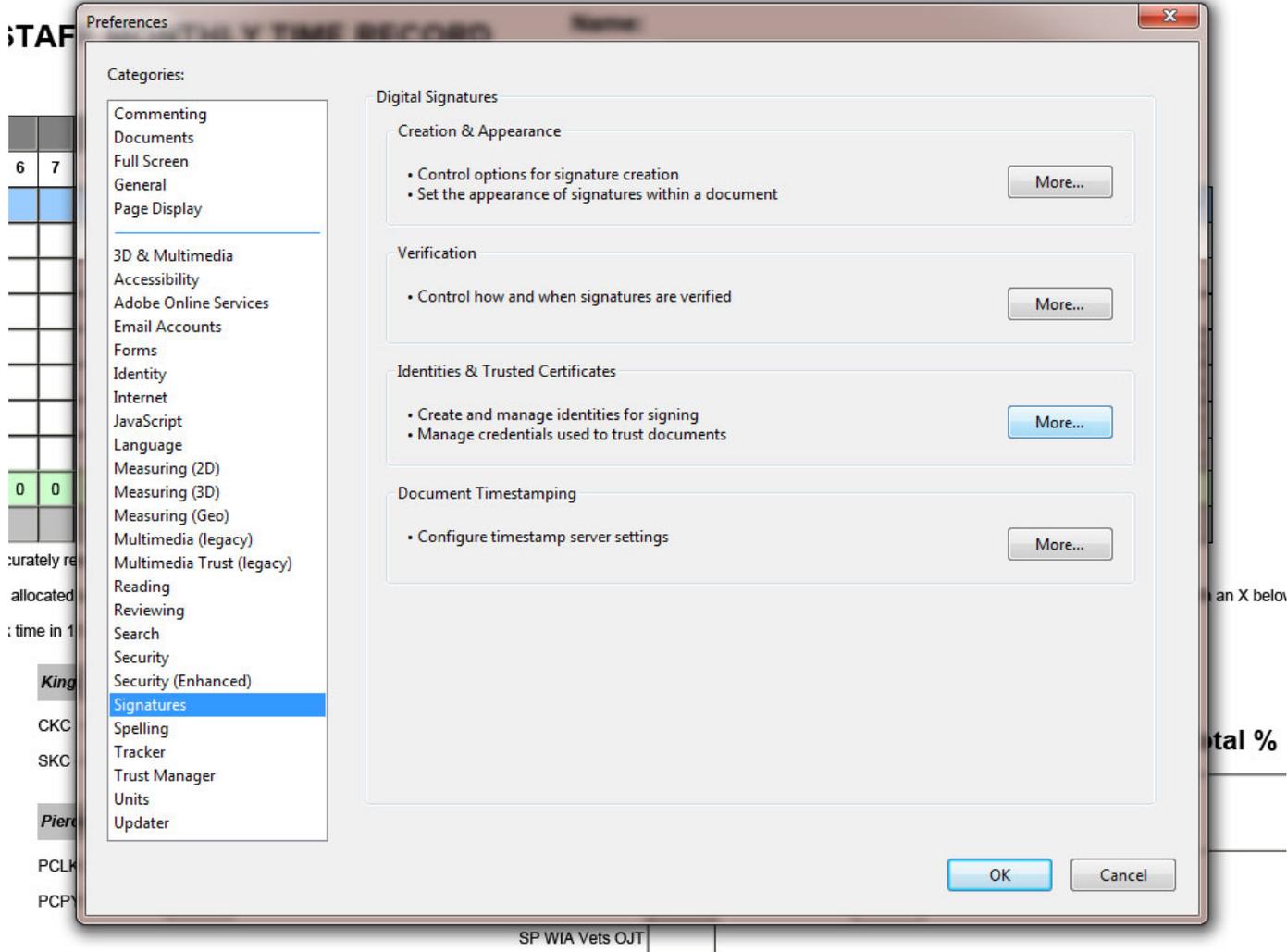
Created by Jerry Higbee

How To Create A Digital Signature In Adobe Reader DC

(1) Open Acrobat Reader DC and navigate to the Preferences menu as shown below

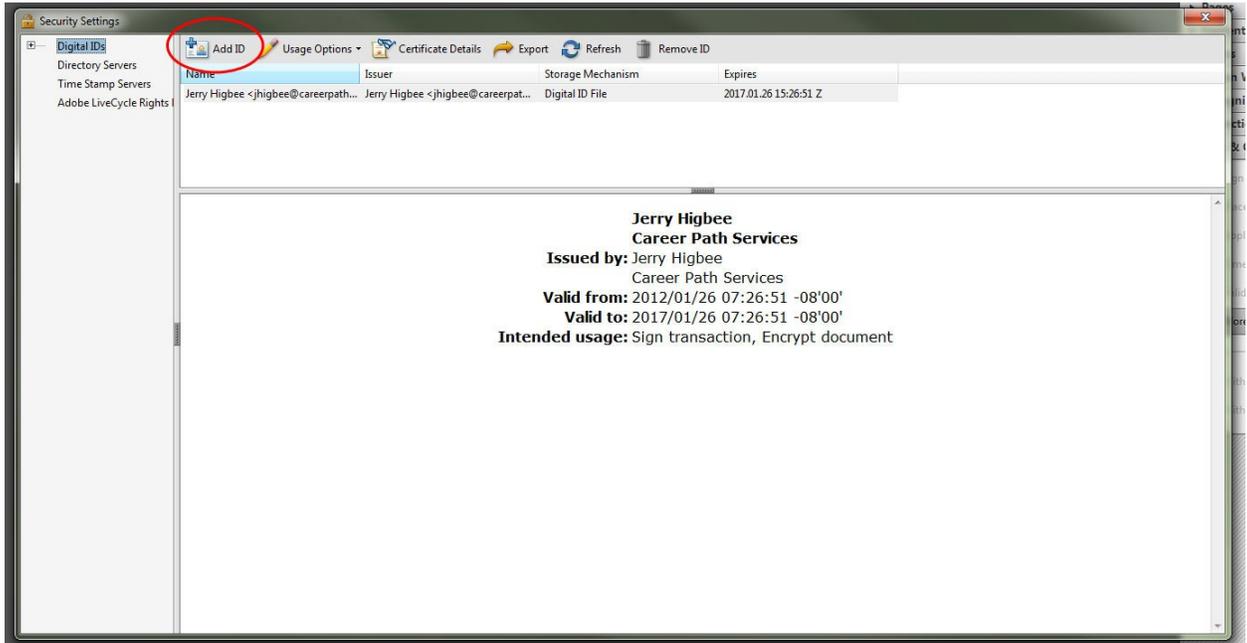


(2) Choose 'Signatures' from the 'Categories:' menu on the left. Next to the 'Identities & Trusted Certificates', click 'More..'

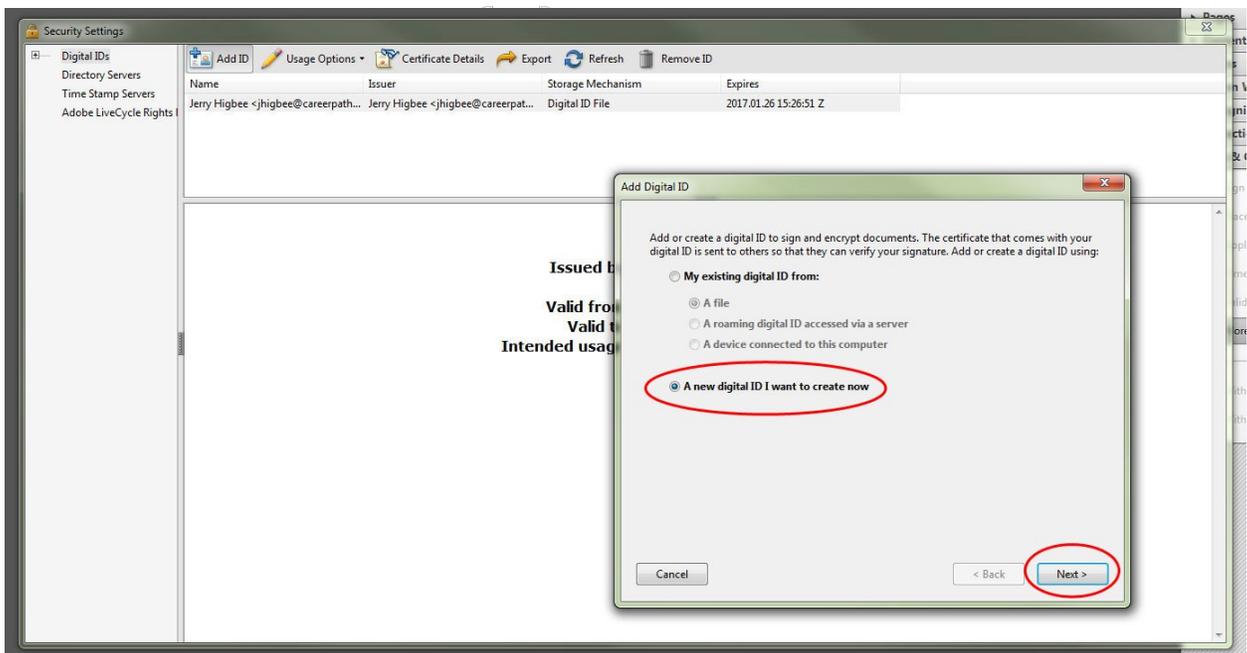


Supervisory Approval
I certify that the above hours accurately represent this employee's working hours and leave time, and that authorization was given for any leave taken during

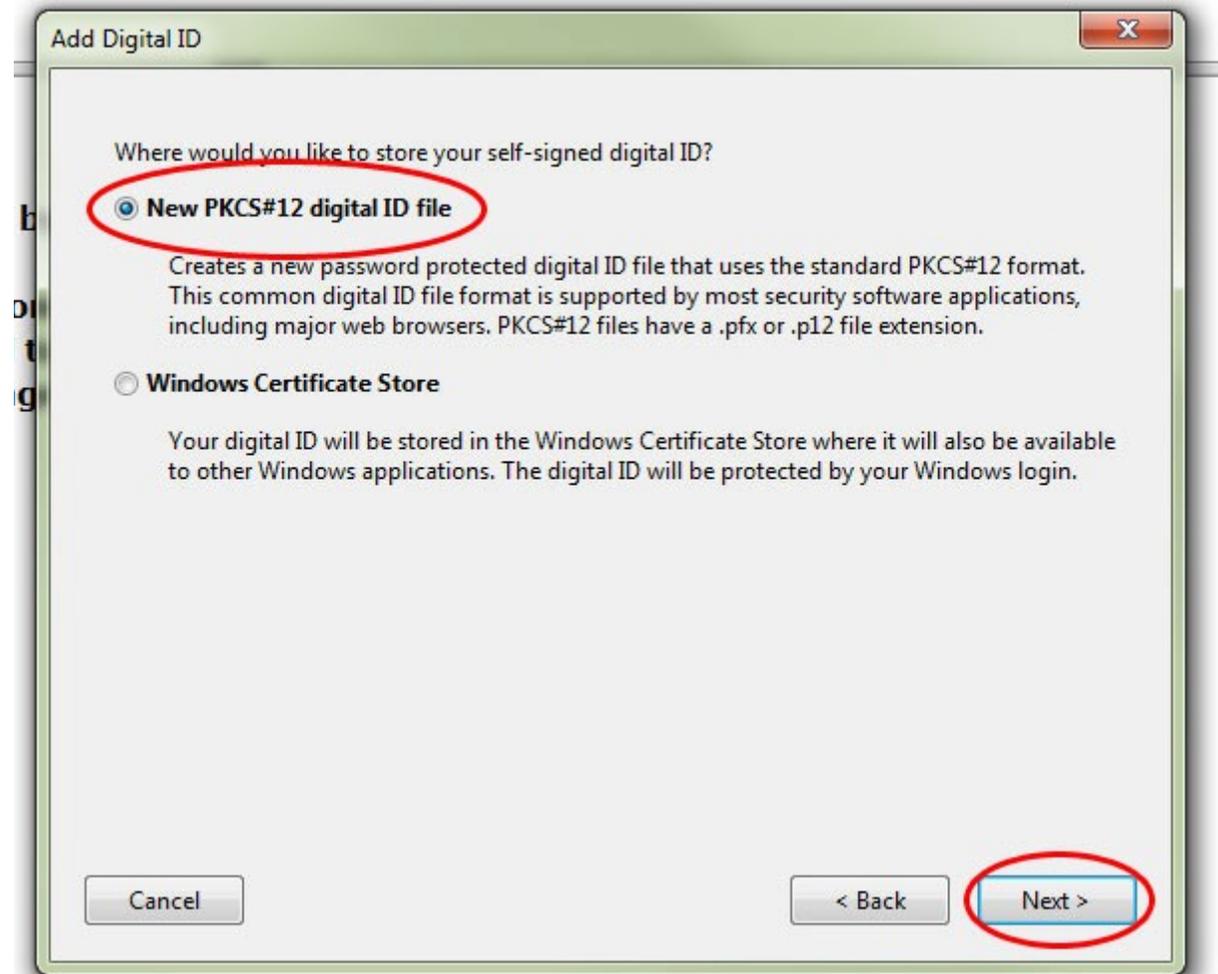
(3) Click 'Add ID' as show below.



(4) Select 'A new digital ID I want to create now. Click Next.



(5) Ensure 'New PKCS#12 digital ID file is selected. Click Next.



- (6) Fill out the highlighted portions of the window below using the instructions provided in red. Do not change *Country/Region*, *Key Algorithm*, or *Use digital ID for*. Click Next.

The screenshot shows the 'Add Digital ID' dialog box with the following fields and instructions:

- Name (e.g. John Smith): **Your Name** (red text) *Enter your first and last name.*
- Organizational Unit: **Your Agency** (red text) *e.g. WorkSource, Admin Team, etc.*
- Organization Name: **Career Path Services** (red text) *Enter the company you work for.*
- Email Address: **Your Email** (red text) *Enter your email address*
- Country/Region: US - UNITED STATES (dropdown menu)
- Enable Unicode Support
- Key Algorithm: 1024-bit RSA (dropdown menu)
- Use digital ID for: Digital Signatures and Data Encryption (dropdown menu)

Buttons: Cancel, < Back, **Next >** (circled in red)

- (7) Choose a password for your digital signature. If you forget this password, you will have to create a new digital signature. There is no password recovery mechanism when you lose the password for your digital signature. Click Finish.

Add Digital ID

Enter a file location and password for your new digital ID file. You will need the password when you use the digital ID to sign or decrypt documents. You should make a note of the file location so that you can copy this file for backup or other purposes. You can later change options for this file using the Security Settings dialog.

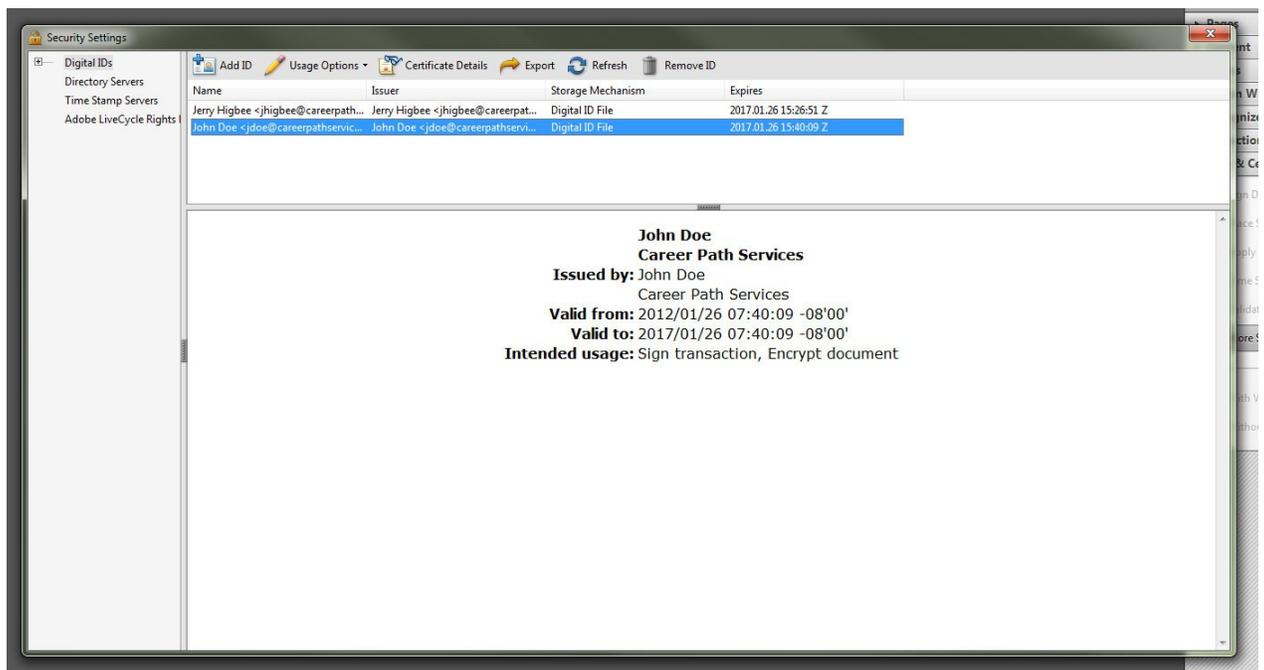
File Name:

Password:

Not Rated

Confirm Password:

- (8) View your new digital signature. You can now use your digital signature to sign Adobe Acrobat forms. The next section of this How-To covers signing documents with Adobe Reader DC.



Sign An Adobe Document With Your Digital Signature

- (1) In an Adobe document, click the signature field (shown as '1' in the picture). If this is the first time you are signing a document with your digital signature, you may see the 'Add Digital ID' window below. Ensure 'My existing digital ID from -> A file' is selected (2) and then click 'Next' (3).

Incident Report Form.pdf - Adobe Reader

Please fill out the following form. You can save data typed into this form.

Please describe the incident step-by-step.
(Attach additional sheets if needed)

How could this incident have been prevented? **2**

Did bodily injury occur during this incident? No (If no, skip) Yes (List injury)

Was emergency first aid rendered? No Yes

Was an ambulance/physician called? No Yes

Did you see a doctor about this injury/illness? No Yes

Did a loss of work time occur? No Yes

Date: Jan 26, 2012 Hour:

Date: Jan 25, 2012 Hour:

1 Certification - I certify the above information is true and correct to my knowledge.

Signature: Date: Jan 26, 2012

Incident requires a follow-up 15 days from today's date. Incident is resolved and does not require follow-up.

Send Complete Forms To: • Original - Location Safety Officer • Copy/Fax - Juanita Gray, Spokane Office, 509.323.1244

3 Next >

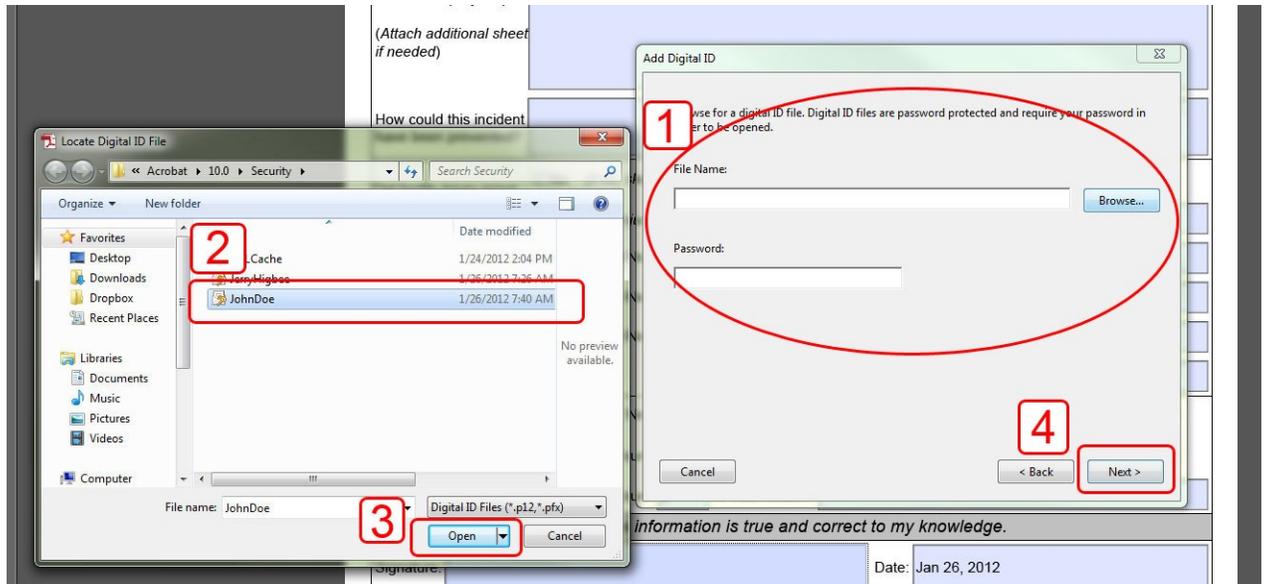
Incident Report Follow Up Form
To be completed within 15 days of completing the Incident Report Form

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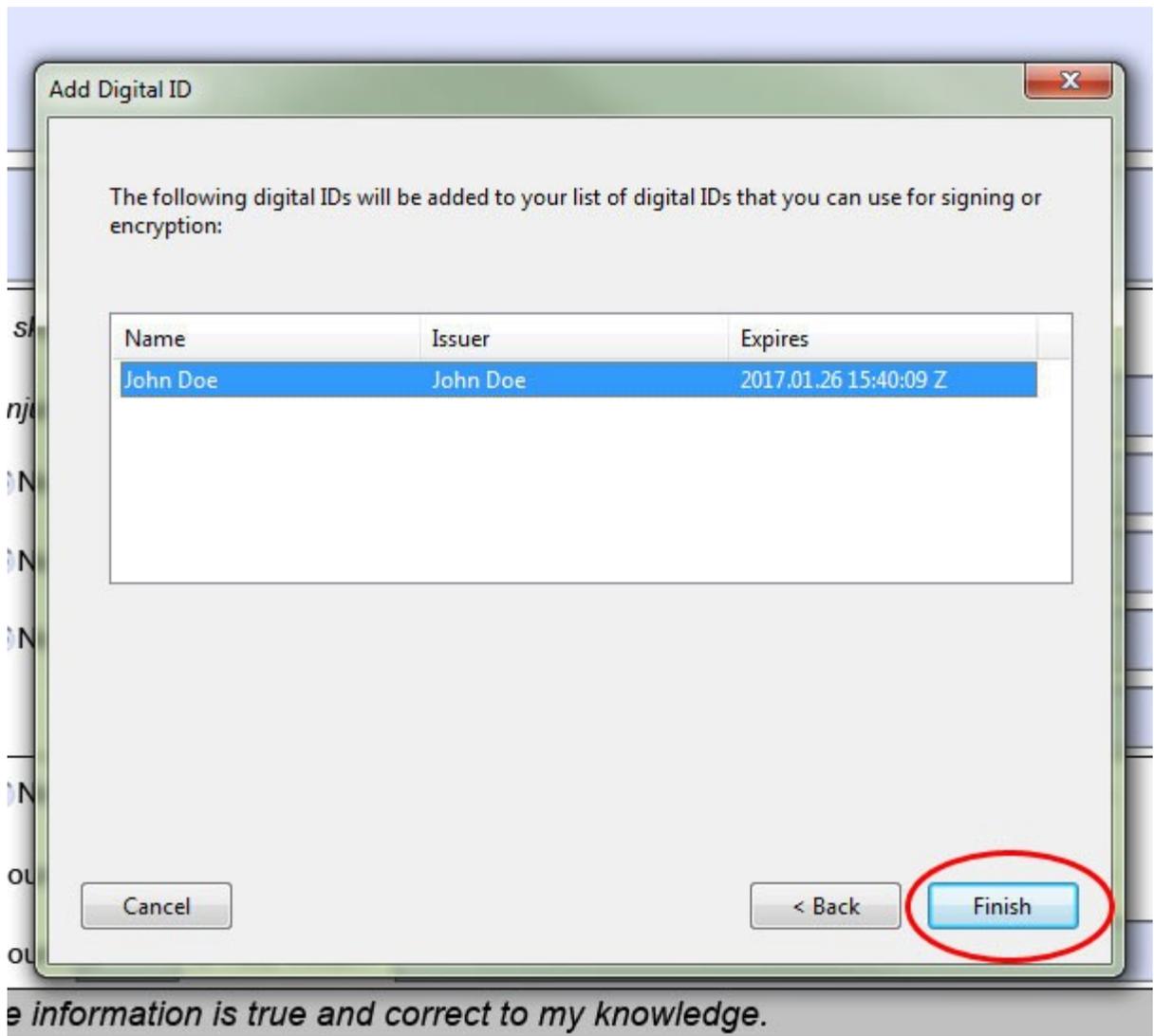
I am following up on a/an: Injury/illness Non-Injury Property Damage Theft Harassment APS/CPS Report

Other (I think I should tell someone)

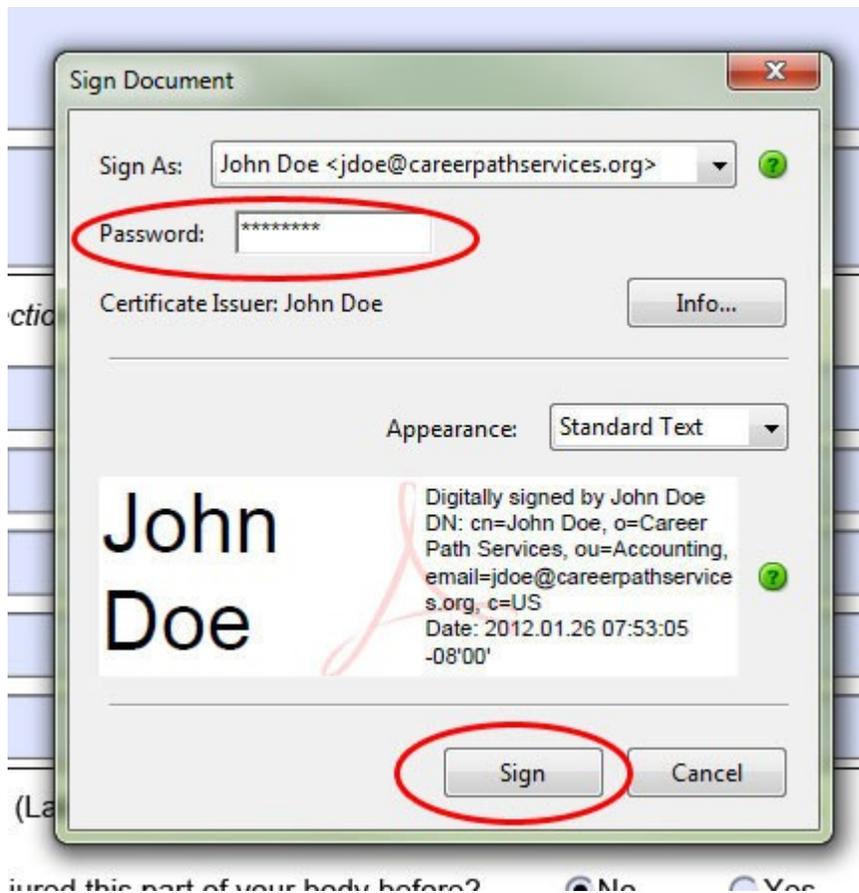
- (2) To continue adding your digital ID and make it available to use for signatures, locate the digital signature file you created earlier (1) and select the file (2). Click 'Open' (3). Enter the password you created for your file, and then click 'Next' (4).



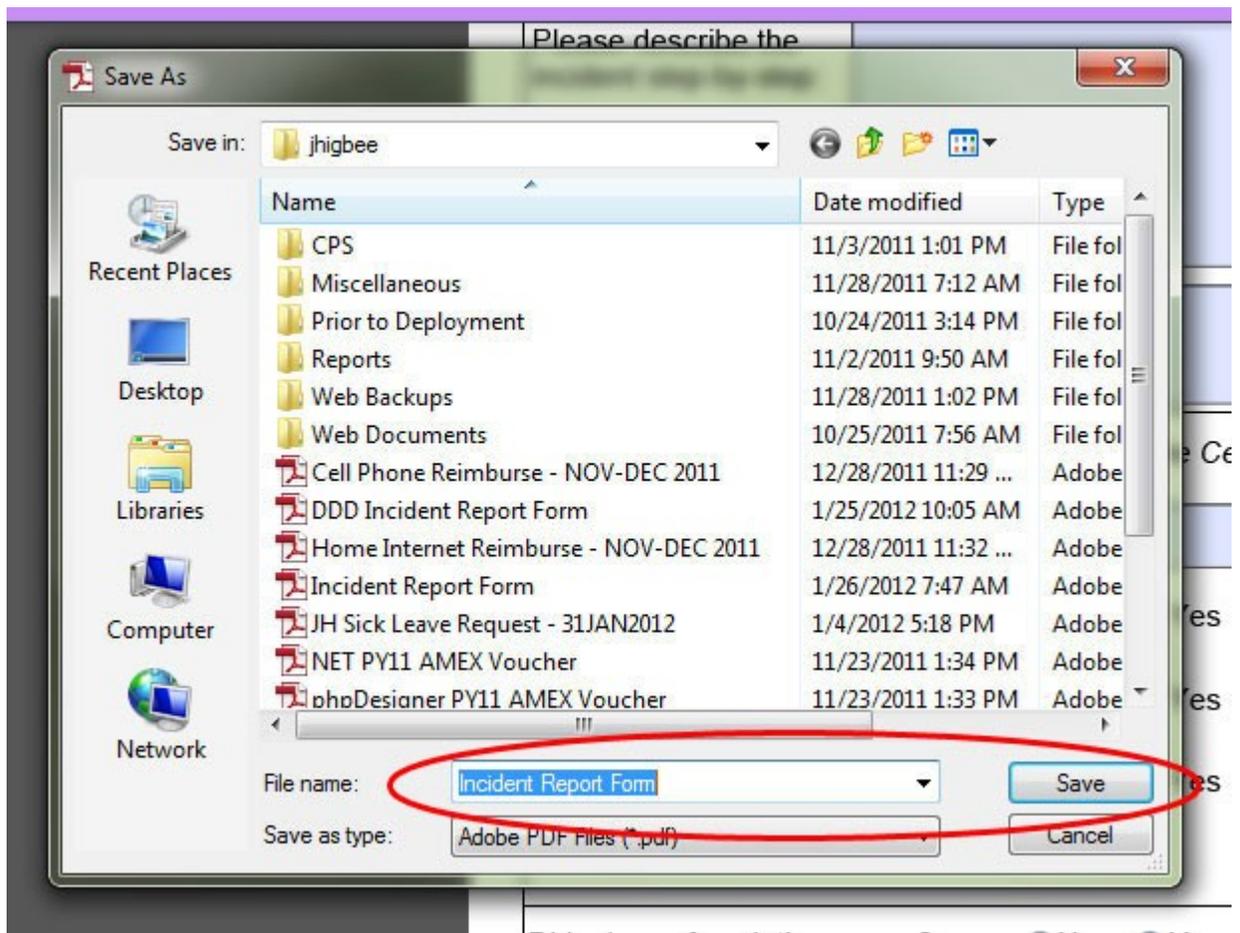
- (3) View that your digital signature has been added to the list of signatures that can be used for signing and encryption. Click Finish.



- (4) To sign the Adobe document, enter the password you originally created for your signature. If you cannot remember your password, you will have to create a new digital signature. There is no password recovery mechanism for digital signatures. Click Sign.



- (5) Optionally rename the file you are signing. Click Save, whether or not you rename the file, to ensure the digital signature is saved to your document.



- (6) Note the bluish gray bar at the top of the window indicating the validity of the digital signatures. You will also see that your signature has been added to the document.

Incident Report Form Sample.pdf - Adobe Reader

File Edit View Window Help

Tools Sign Comment Extended

Signed and all signatures are valid. Please fill out the following form. You can save data typed into this form. Signature Panel Highlight Existing Fields

Please describe the incident step-by-step:
(Attach additional sheet if needed)

How could this incident have been prevented?

Did bodily injury occur during this incident? No (If no, skip to the Certification section of the form) Yes (List Injuries)

Was emergency first aid rendered? No Yes By Whom:

Was an ambulance/physician called? No Yes By Whom:

Did you see a doctor about this injury/illness? No Yes Name: Date: Phone: Time:

Did a loss of work time occur? No Yes Was an L&I (Labor and Industries) Claim filed? No Yes
Date: Jan 26, 2012 Hours: 8 Have you injured this part of your body before? No Yes
Date: Jan 26, 2012 Hours: 8 If Yes, When?

Certification - I certify the above information is true and correct to my knowledge.

Signature: John Doe Date: Jan 26, 2012

Incident requires a follow-up 15 days from today's date: Incident is resolved and does not require follow-up.

Send Complete Forms to: • Original - Location Safety Officer • Copy/Fax - Juareta Gray, Spokane Office, 509.324.1244

Incident Report Follow Up Form
To be completed within 15 days of completing the Incident Report Form

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I am following up on a/an: Injury/Illness Non-Injury Property Damage Theft Harassment APS/CPS Report
 Other (I think I should tell someone)

Note: It is worth noting that signing a document often has the effect of locking some or all of the fields in the document from being edited. The reason for locking some or all of the fields is to ensure the document is not modified by someone else after a form has been signed by a particular user.

Congratulations – you are finished!