

# STATE OF NORTH CAROLINA

JUDICIAL BRANCH OF GOVERNMENT  
North Carolina Administrative Office of the Courts  
Human Resources Division  
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## LICENSE/CERTIFICATION ACKNOWLEDGEMENT

**PURPOSE:** *The purpose of this form is to ensure that employees whose position or rate of pay is dependent upon being licensed or certified are aware of the requirement to maintain an active license/certification throughout their employment with the Judicial Branch.*

**INSTRUCTIONS:** *Complete and initial all parts of the document*

Employee Name	Social Security Number (last 4 digits only)
Job Title	Office/County/District
License/Certification (include license/certification number, if applicable)	License/Certification Issued by: (state, organization, etc.)

I understand that:

\_\_\_\_\_ I am being paid at a higher rate of pay due to the fact that I have an active license/certification (listed above).

*Initial*

\_\_\_\_\_ I am required to maintain an active license/certification during my employment with the Judicial Branch.

*Initial*

\_\_\_\_\_ If my license/certification should become inactive or I am suspended, disbarred or I am no longer licensed/certified, that I will notify NCAOC Human Resources immediately so that my salary can be adjusted for unlicensed or non-certified persons in my position.

*Initial*

\_\_\_\_\_ If NCAOC Human Resources should become aware that my license/certification has become inactive or that I am suspended, disbarred or I am no longer licensed/certified that NCAOC Human Resources will take appropriate action to adjust my salary to the appropriate amount or any other appropriate action.

*Initial*

\_\_\_\_\_ My salary will be reduced, if applicable, effective the date I was no longer licensed/certified and that NCAOC will recoup any monies earned by me from the date I was no longer licensed/certified until the date my salary is reduced or my employment terminated.

*Initial*

\_\_\_\_\_ If my license/certification is no longer active or I am no longer licensed/certified and my position requires such license/certification to perform my job duties that my hiring authority may terminate my employment.

*Initial*

Signature Of Employee		Date Signed
<b>HIRING AUTHORITY ACKNOWLEDGEMENT</b>		
Name Of Hiring Authority (Type Or Print)	Signature Of Hiring Authority	Date Signed