

**STATE OF NORTH CAROLINA**  
**JUDICIAL BRANCH OF GOVERNMENT**  
**ADMINISTRATIVE OFFICE OF THE COURTS**  
**Human Resources Division**  
**PO Box 2448**  
**Raleigh, NC 27602**

**ACKNOWLEDGEMENT OF JUDICIAL  
BRANCH  
TIME/LEAVE POLICIES**

Courier Box 56-10-50

Phone: (919) 890-1100  
Fax: (919) 890-1906

**Note:** BEACON is the official system of record for time/leave

**PURPOSE:** *The purpose of this form is to ensure that you understand your responsibilities with regards to the Judicial Branch Leave Policy and to maintain accurate time/leave records. Leave earning employees are expected to record time/leave on a weekly basis in the BEACON system. NCAOC Human Resources Division maintains a history of time/leave for employees related to official time/leave records. For more information, see the Judicial Branch Leave Policies on the NC Courts Intranet.*

**INSTRUCTIONS:** *Section I - You must initial in the category indicated.  
Section II - If you hold a supervisory position, you must initial.  
Section III - You and your immediate supervisor must sign.*

Employee Name	Social Security No. (last four digits only)	Job Title	Department/Division/Office
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**SECTION I - Initial The Correct Category Indicated**

POSITIVE TIME EMPLOYEES *(Must enter all hours worked and leave taken)*

\_\_\_\_\_  
Initial

I understand that my position accrues leave in accordance with the leave earning schedule for Judicial Branch employees. I am expected to record accurately in BEACON all time worked on the days actually worked and all leave taken in accordance with Judicial Branch leave policies. I understand that the time worked plus leave taken (including holiday leave) must at least equal the number of hours that are authorized by my work schedule. I understand that if I fail to record time/leave in BEACON on a weekly basis, to maintain the integrity of my leave record, NCAOC Human Resources may record time/leave on my behalf, with my supervisor's approval. This includes without pay if I do not have sufficient leave to cover absences.

NEGATIVE TIME EMPLOYEES *(Must enter all leave taken and any extra hours worked, if authorized)*

\_\_\_\_\_  
Initial

I understand that my position accrues leave in accordance with the leave earning schedule for Judicial Branch employees. I am expected to record in BEACON all leave taken (*except Holiday Leave*) in accordance with Judicial Branch Leave policies. I understand that time worked is recorded in BEACON only for hours worked over 40 per week and only in the event my hiring authority authorizes hour for hour compensatory time. I understand that if I fail to record time/leave in BEACON on a weekly basis, to maintain the integrity of my leave, NCAOC Human Resources may record time/leave on my behalf. This includes leave without pay if I do have insufficient leave to cover absences.

TEMPORARY EMPLOYEES *(Must enter all hours worked to be paid)*

\_\_\_\_\_  
Initial

I understand that I am assigned to a temporary position. In accordance with Judicial Branch policy, I am expected to record in BEACON all hours worked.

ALL OTHER EMPLOYEES *(Do not accrue or account for time/leave in BEACON)*

\_\_\_\_\_  
Initial

I understand that I do not accrue leave. I am not expected to record any time/leave in the BEACON system. However, this does not mean that I may not receive any paid time off.

**SECTION II - Initial If Supervising Leave Earning Employees**

POSITION SUPERVISES LEAVE EARNING AND/OR TEMPORARY EMPLOYEES

\_\_\_\_\_  
Initial

I understand that I am solely responsible for ensuring that each employee records in BEACON his/her time weekly and in accordance with Judicial Branch leave policies. Further, I understand that I am responsible for approving the time/leave in BEACON on a weekly basis to maintain the integrity of his/her time/leave records. If an employee fails to record time/leave in a timely manner, I reserve the judgment to permit NCAOC Human Resources to record time/leave on his/her behalf, which may include leave without pay if the employee does not have sufficient leave to cover absences.

**SECTION III - Acknowledgement**

I acknowledge that I have read and understand my responsibilities concerning time/leave in the BEACON system.

Date Signed	Date of Employment Or Change In FLSA Status	Signature Of Employee
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I acknowledge that I have instructed my employee on how and when to enter time/leave in BEACON. *(if applicable)*

Date Signed	Signature Of Immediate Supervisor
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