

STATE OF NORTH CAROLINA
JUDICIAL BRANCH OF GOVERNMENT
 North Carolina Administrative Office of the Courts
 Human Resources Division
 PO Box 2448, Raleigh, NC 27602

Courier Box 56-10-50

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

PERSONNEL DATA SHEET FOR EMPLOYEES

NOTE: To be completed by Hiring Authority and employee and submitted to NCAOC Human Resources with employment forms for each status change for employee. See instructions on Side Two.

SECTION I. POSITION INFORMATION - To Be Completed By Human Resources

Position Title		Position No.	Grant Center	Grant Ends	Position Hours Authorized
Name Of Employee Replaced (if applicable)		Department Division/Org Unit		Grade	Pos/EE Group
Appointment Type <input type="checkbox"/> Permanent <input type="checkbox"/> Grant <input type="checkbox"/> Temporary	Does Position Earn Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	Personnel No.	<input type="checkbox"/> E-Verify? _____ Date	<input type="checkbox"/> Emails sent? _____ Date	<input type="checkbox"/> NCID User ID? _____ Date _____ User ID

SECTION II. POSITION/EMPLOYMENT INFORMATION - To Be Completed By Hiring Authority

Name Of Employee's Supervisor	Beginning Date Of Employment	Employee's Work Schedule - Hours must match authorized hours per week (enter number of hours employee works each day)						
Employee's Office Phone Number To Be Used For Public Directories	Annual Salary	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

SECTION III. EMPLOYEE INFORMATION - To Be Completed By Employee

Name Of Employee (must match social security card)		Social Security No. (complete)	Date Of Birth (month, day, year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address (physical location)		Mailing Address (if different from permanent address)		Name Of Emergency Contact And Address
Home Telephone	County	County	Telephone Number	County

Marital Status (check one)* <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated *Determines benefits eligibility	Ethnic Group (check one) (required) <input type="checkbox"/> White (Non-Hispanic/Latino) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Non-Hispanic/Latino) <input type="checkbox"/> Black or African-American (Non-Hispanic/Latino) <input type="checkbox"/> Two or More Races (Non-Hispanic/Latino) <input type="checkbox"/> Asian (Non-Hispanic/Latino) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaskan (Non-Hispanic/Latino)
---	---

Disability: (required)

A <input type="checkbox"/> None/Prefer Not to Report	F <input type="checkbox"/> Semi-Ambulatory (limited mobility, but wheelchair not needed)	J <input type="checkbox"/> Intellectual Disability
B <input type="checkbox"/> Blind or Severely Visually Impaired	G <input type="checkbox"/> Respiratory Impairment	K <input type="checkbox"/> Learning Disability
C <input type="checkbox"/> Deaf or Severely Hearing Impaired	H <input type="checkbox"/> Nervous System/Neurological Disorder	L <input type="checkbox"/> Other (please describe) _____
D <input type="checkbox"/> Loss or Limited Use of Arms and/or Hands	I <input type="checkbox"/> Mental Illness/Emotional Disturbance	
E <input type="checkbox"/> Non-Ambulatory (must use wheelchair)		

SECTION IV. EMPLOYEE DOCUMENTS - To Be Reviewed By Hiring Authority
Documents Marked As Required Should Be Sent To NCAOC Human Resources

Attached	Required		HR Use Only
<input type="checkbox"/>	<input type="checkbox"/>	Access Request (AOC-A-151) (for new/reinstated employees only)	<input type="checkbox"/> _____ to TSD
<input type="checkbox"/>	<input type="checkbox"/>	NEOGOV Application or Judicial Branch Application (AOC-A-133) or	
<input type="checkbox"/>	<input type="checkbox"/>	Biographical Data For Judicial Officials (AOC-A-130) as applicable	
<input type="checkbox"/>	<input type="checkbox"/>	Employment Eligibility Verification (Form I-9) and Copy of document(s) to verify I-9	
<input type="checkbox"/>	<input type="checkbox"/>	Status Of Employment Under The Fair Labor Standards Act (AOC-A-116) <input type="checkbox"/> Exempt <input type="checkbox"/> Subject	
<input type="checkbox"/>	<input type="checkbox"/>	Acknowledgement Of Judicial Branch Time/Leave Policies (AOC-A-135)	
<input type="checkbox"/>	<input type="checkbox"/>	Credentials Verification (AOC-A-203) <input type="checkbox"/> Verified before magistrate nomination	<input type="checkbox"/> Verify
<input type="checkbox"/>	<input type="checkbox"/>	Employee Certification Of Aggregate Service (AOC-A-128)	<input type="checkbox"/> n/a <input type="checkbox"/> 0552 <input type="checkbox"/> Ltr <input type="checkbox"/> 2012
<input type="checkbox"/>	<input type="checkbox"/>	License/Certification Acknowledgement (AOC-A-234)	
<input type="checkbox"/>	<input type="checkbox"/>	Copy Of Appointment Letter and Magistrate Nomination Certification (AOC-A-913) (for magistrates only)	
<input type="checkbox"/>	<input type="checkbox"/>	Copy Of Oath Of Office	
<input type="checkbox"/>	<input type="checkbox"/>	Grant/Contract Position Acknowledgment (AOC-A-199) <input type="checkbox"/> Sec I <input type="checkbox"/> Sec II <input type="checkbox"/> Sec III	
<input type="checkbox"/>	<input type="checkbox"/>	Secondary Employment (AOC-A-237)	
<input type="checkbox"/>	<input type="checkbox"/>	Orientation Checklist	
<input type="checkbox"/>	<input type="checkbox"/>	W-4 (Federal Tax Withholding Allowance) and NC-4 (NC State Tax Withholding Allowance)	
<input type="checkbox"/>	<input type="checkbox"/>	Copy of Driver's License and Social Security card for tax purposes	
<input type="checkbox"/>	<input type="checkbox"/>	Direct Deposit Enrollment and Change Form and appropriate bank documentation	
<input type="checkbox"/>	<input type="checkbox"/>	Certifying Employee Status Under Retirement Reemployment Laws (ESRR)	<input type="checkbox"/> Contract Field

By signature of this document, you are acknowledging that all information listed above is accurate to the best of your knowledge.

Signature Of Employee	Name Of Employee (type or print)	Date
Signature Of Hiring Authority Or Authorized Designee	Name Of Hiring Authority Or Authorized Designee (type or print)	Date

INSTRUCTIONS

Section I - Position Information: NCAOC Human Resources completes this section.

Section II - Position/Employment Information: Hiring Authority completes this section. Hiring Authority (or authorized designee) must sign at the bottom of form.

Annual Salary: Individuals selected for appointment who are not already a regular employee of the State or eligible for reinstatement, should be paid the minimum rate of the appropriate salary range. Eligibility for this rate is based on the individual possessing the recommended minimum training and experience for the position. If an individual has substantially more experience and preparation than would ordinarily be required for the position, a salary above the minimum may be considered provided funding is available and provided that a higher rate is allowable under applicable statutory or administrative policies. For more information regarding the beginning annual salary, contact the NCAOC Human Resources Division.

Employee Work Schedule: The HR-Payroll System requires that all employees be assigned to a work schedule. If the work schedule requested does not match any on file, an alternate work schedule may be required until the appropriate schedule can be set up.

Section III - Employee Information: Employee completes this section. Employee must sign the bottom of the form for verification.

Marital Status: Information in this section will determine what type of benefits eligibility employee has for health insurance and NCFLEX.

Equal Employment Opportunity (EEO) Statistics: The Civil Rights Act of 1964, as amended by the EEO Act of 1972, requires all state and local governments with 15 or more employees to keep records of the race, sex and disability of its employees and to report these statistics to the EEO Commission. The Hiring Authority should obtain this information from the employee after the employment offer is made and accepted.

Section IV - Employment Documents: Please check the blocks for each applicable form or documentation that has been completed and is being returned with this **Personnel Data Sheet For Employees (AOC-A-136)**.

NEOGOV Application or Judicial Branch Application For Employment (AOC-A-133) OR Biographical Data For Judicial Officials (AOC-A-130) if applicable: If submitting AOC-A-133, all pages must be signed and dated as appropriate by the employee. If submitting AOC-A-130, the last page must be signed and dated as appropriate by the employee.

Employment Eligibility Verification (Form I-9): The Immigration Reform and Control Act of 1986 (IRCA), requires that a Form I-9 be completed within three working days after employment of all persons hired after May 31, 1987. ***If the Form I-9 is not completed within the prescribed time, the employee must be terminated at the end of the third working day.*** Copies (not originals) of the required verifications (e.g. drivers licenses, birth certificates, social security cards, passports) must be attached to the completed Form I-9. Hiring Authority (or authorized representative) must sign in Section II to certify that the appropriate documents have been examined.

Access Request Form (AOC-A-151): Required for all new/reinstated employees in order to gain access to computer systems.

Status Of Employment Under The Fair Labor Standards Act (AOC-A-116): Employee should sign under the appropriate FLSA status as listed on the front of this form. This form is not required for elected officials.

Acknowledgment Of Judicial Branch Time/Leave Policies (AOC-A-135): All employees must sign this form in the appropriate area. This form is to ensure that employees understand the time/leave policy.

Credentials Verification (AOC-A-203): The status of academic and professional credentials (including licenses and/or certificates and previous employment) of each new employee and the accuracy of the statements contained in the application must be verified within 90 days from the date of the employee's employment (G.S. § 126-30).

For Magistrate Nominees: Because Magistrates must have their credentials verified before being nominated, the Hiring Authority should send the form directly to the institution, board, and/or previous employer rather than to NCAOC Human Resources. Once all the verifications are received from the proper sources, and if appointed, the Hiring Authority should send the completed forms to the NCAOC Human Resources Division to be included in the magistrate's personnel file.

Employee Certification Of Aggregate Service Form (AOC-A-128): Required for all permanent employees, even if you have no prior state service.

License/Certification Acknowledgment (AOC-A-234): Required for all employees whose position or rate of pay is dependent upon an active license/certification. This form is not required for elected officials.

Copy of Appointment Letter: For Magistrates only - This will assist NCAOC Human Resources in determining term end dates.

Magistrate Nomination Certification (AOC-A-913): For Magistrates only - This form must be completed in order to certify that a magistrate qualifies for nomination. This form must be submitted to the Senior Resident Superior Court Judge at the time of **nomination**.

Copy Of Oath Of Office: For Justices, Judges, Clerks of Superior Court, District Attorneys and Magistrates, the oath must be administered on or before the first day worked, but not prior to the effective date of the term of office/appointment. For all other positions requiring an oath (Assistant District Attorneys, Deputy Clerks, Deputy Clerks/Bookkeepers, and Assistant Clerks), the oath should be administered on the first day worked.

Secondary Employment (AOC-A-237): Required for all employees, even if the employee has no secondary employment.

Payroll Forms: Required for all positions (forms included are W-4, NC-4, and Authorization for Automatic Deposit). All pages must be signed and dated as appropriate by the employee. A voided check should be attached to the Authorization For Automatic Deposit (OSCPXA01).

Benefits: Health Insurance and NCFLEX will be completed by employee on-line using ESS after email has been received from NCAOC Human Resources about HR-Payroll System activation. Employee only has 30 days from date of employment to enroll in some benefits. A retirement form will be sent by the State Retirement System to employee's permanent address after the first contribution has been made. Completed retirement forms should be sent back to the State Retirement System, not NCAOC Human Resources. The Certifying Employee Status Under Retirement Reemployment Laws Form (ESRR) must be completed by all employees.