

# STATE OF NORTH CAROLINA

JUDICIAL BRANCH OF GOVERNMENT  
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## HIRING AUTHORITY DESIGNEE PERSONNEL CHANGES

**PURPOSE:** This form is to record the names and signatures of the Hiring Authority's authorized designee(s) for the department/division named below. This form is kept on file by the NCAOC Human Resources for audit purposes. This completed form replaces all prior versions of Hiring Authority Signature forms on file with the NCAOC Human Resources. It remains in effect until replaced with a new form or until the Hiring Authority changes.

**INSTRUCTIONS:** Please list below all employees in your office that are authorized to request changes to employees' status or salary. If a designee is to be authorized to approve these changes for your office, please complete information for designee, choose "Add" and have the designee sign in the "Designee Signature" field before returning the completed form to the NCAOC Human Resources. If a designee is no longer authorized to approve these changes for your office, please check the "Delete" box on the same line as their name before returning the completed form to the NCAOC Human Resources. Please include each designee's full name. If designee is only allowed to submit certain Human Resources changes, please check only those areas for which he/she is authorized. If there is no designee, please sign form and check the box marked "No Designee authorized" and return completed form to the NCAOC Human Resources. Personnel changes include new hires, separation from employment, promotions, demotions, and authorization of salary for new hire. Salary changes include increases or decreases to an existing employee's salary including step increases.

### SECTION I - DESIGNEE FOR PERSONNEL OR SALARY

Designee Name	Date Authorized	Change Authorized	Add/Delete	Designee Signature
		<input type="checkbox"/> Personnel <input type="checkbox"/> Salary	<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Personnel <input type="checkbox"/> Salary	<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Personnel <input type="checkbox"/> Salary	<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Personnel <input type="checkbox"/> Salary	<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Personnel <input type="checkbox"/> Salary	<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Personnel <input type="checkbox"/> Salary	<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Personnel <input type="checkbox"/> Salary	<input type="checkbox"/> Add <input type="checkbox"/> Delete	

### SECTION II - DESIGNEES FOR TIME/LEAVE

**INSTRUCTIONS:** If you would like to designate an employee(s) to request time/leave changes for your entire office, please complete information below. Otherwise, for time/leave changes, supervisors do not need this form completed in order to request changes for their employees.

Designee Name	Date Authorized	Change Authorized	Add/Delete	Designee Signature
		<input type="checkbox"/> Time/Leave	<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		<input type="checkbox"/> Time/Leave	<input type="checkbox"/> Add <input type="checkbox"/> Delete	

### SECTION III - HIRING AUTHORITY APPROVAL

As the Hiring Authority for the department/division named below, I authorize the employees named above to approve changes to employees' status, salary or time/leave as marked for my office. Those with "Delete" checked are no longer authorized to approve Human Resources requests for my office.

No Designee Authorized

Name Of Hiring Authority

Department/Division

Signature Of Hiring Authority

Date