



# OFFICE OF THE STATE CONTROLLER BEST SETTLEMENT ACTION CHECKLIST

OM/PA

## Production Process Instructions

All applicable fields are to be completed prior to submitting this form to Best Shared Services (BSS) for review and processing. Once completed, please fax or email this form to BSS as a ticket to the attention of the **OPS Settlement Payments Team**. Required documents may be emailed to [BEST@ncosc.gov](mailto:BEST@ncosc.gov) or faxed to 919-855-6861. BSS will provide a Ticket number to the Agency and Settlement Team. Please refer to the Settlement Agreement Guidelines on the OSHR website to determine if OSHR approval is required:

<https://oshr.nc.gov/settlement-agreement-guidelines>

## Settlement Information

Agency:	Enter Division/Section, e.g. facility name
Employee Name:	Enter full name as in the Integrated HR-Payroll System
Personnel Number:	Enter Personnel Number
Entire Period Settlement Covers:	Enter the dates the settlement agreement began and ends
Date Received: (For BSS use only)	Enter the date BSS received the settlement documentation from the agency for review and processing.
Ticket #: (For BSS use only)	Enter Incident number assigned to ticket request that comes to BSS

## Settlement Summary

Enter a brief outline of the Settlement

## Settlement Actions

- All PCRs must be fully approved and in Completed status.
- For listed actions to be deleted or created, all must be Approved by OSHR.
- Deletions should show: Date, Action, Reason
- Creations should show: Date, Action, Reason, and PCR #.

Date	Actions	Reasons	PCR #
Date	Actions	Reasons	PCR#
Date	Actions	Reasons	PCR#
Date	Actions	Reasons	PCR#
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### Work Schedule Section

- For the SETTLEMENT period, provide any changes to Work Schedule Rule or Working Week.
- Enter the Start and End Date for each change.

Date	Details of IT0007 Changes
Date	Enter details of IT0007 Changes
Date	Enter details of IT0007 Changes
Date	Enter details of IT0007 Changes
Date	Enter details of IT0007 Changes

### Benefits Section

- Provide any details that may be needed associated with the documentation.
- All changes to benefits must be approved prior to submission of settlement to BEST.
- Outline specific changes and effective date.

Type relevant details of insurance adjustments here.

### Time Entry

- Provide ONLY time entries needed during the settlement period that are either **CHANGES** to current data or **NEW** time entries.
- Complete the [BEST Settlement Action Time Entry Spreadsheet](#) and include it in the ticket submitted to BSS.

### Accrual Changes

- After Time data has been keyed by BEST, Transaction PT50 summary of the Accruals will be provided for agency review.

Explain Vacation, Sick, Holiday Adjustments, or list hours expected.

**Quota Changes**

- For **DELETIONS**, list date, time, type(s), and brief explanation.
- For **CREATIONS**, list date, time, type(s), and brief explanation.

Add/Delete	Changes from IT2013
Type Add or Delete.	Enter details of change
Type Add or Delete.	Enter details of change
Type Add or Delete.	Enter details of change
Type Add or Delete.	Enter details of change
Type Add or Delete.	Enter details of change

**Requested Payouts**

Type payouts requested on IT416, e.g., vacation, holiday comp payouts

**Retirement Adjustment**

- Request BEST to calculate based on 6% rate or reference an attached NC Treasurer letter.

**Other Transaction Changes**

Type any other Benefit or Longevity requirements, etc. here

**DES Payments and Other Employment**

- Employment outside of the State, which should be deducted (attach W-2 forms, DES statement, etc.).
- List documented amounts from signed notarized PD-14.

**Garnishments (Active)**

- Examples are Unemployment Compensation, Attorney Fees., etc., if applicable.
- If employee has an active garnishment, notate that information below.
- BEST will work with the Garnishments Team to determine the settlement impact.

**Payment Address**

Type address where check should be mailed

- If check is to be picked up at OSC, list the name and contact information of the agency contact for BEST to provide schedule information for check pick up.

Name	Email Address	Phone #
Name	Email Address	Phone #

**Withholding Information**

- Provide completed and signed W-4, NC-4 (if applicable) when submitting ticket to BSS.

**Agency Contact**

- Provide contact information for at least two contacts:

Name:	Name
Phone #:	Phone #
Email Address:	Email Address
Name:	Name
Phone #:	Phone #
Email Address:	Email Address

**OSC Contact Info**

Settlement Department  
 Office of the State Controller  
 3514 Bush Street  
 Raleigh, NC 27699  
 Phone: 919-707-0683  
 Fax: 919-981-5570  
 Email: [OSC.Settlements@NCOSC.gov](mailto:OSC.Settlements@NCOSC.gov)  
 Website: [OSC Settlement Forms](#)