**Best Shared Services Personnel Administration Employee**

**Total State Service Adjustment Form**

This form is used to verify an employee’s Total State Service and to request **Length of Service** (**LOS**) adjustments/corrections.

**Instructions**

All fields, if applicable, should be completed and all signatures are required prior to submitting this form to **Best Shared Services** (**BSS**) for review and processing. Once the form has been completed, fax or email form to **BEST Shared Services** as a ticket to the attention of the OM/PA team. You may email the form to [best@ncosc.gov](mailto:best@osc.nc.gov) or fax **919.855.6861**.

**Employee Total State Service Adjustment Form Header**

* **Name:** Enter full name as in the HR/Payroll Integrated System.
* **Position/Title Classification:** Enter official state job title (*Example = Personnel Analyst III*).
* **Personnel Number:** Number assigned to the EE when hired into the HR/Payroll Integrated System.
* **Agency/Division or Facility:** Enter Division/Section, e.g. facility name.
* **Total Months:** The amount of Length of Service (LOS) the EE currently has in the system as of the date the form is filled out.
* **Total Months to be Added/Removed:** LOS that will need to be added or removed from the system (EE was *not* given the correct Length of Service or EE was given too much service).

**Certification of Total State Service Section**

* Check the appropriate box and complete information if applicable.
* Please list the Month, Day and Year in the applicable box selected.
* **Department / Agency:** column should list the EE’s former and current State service employer and contact information if known (*please use the attached* ***Additional Total State Service*** *page if necessary*).
* **Inclusive Dates:** This column should reflect dates for the employee’s complete chronological work history for every different job(s) he/she has worked for a creditable service agency. Dates are to be given in month/day/year format. ***This section includes the current creditable service agency.***
* **Total Months of Service:** This column is the mathematical result of calculatingthe Inclusive Dates start to end period.
* **LWOP:** This column should list any unpaid absence while on Leave of Absence (LOA) or any other type of unpaid leave that would affect the EE’s total state service for retirement.

**Employee/Employer Certification**

Employee and Employer certifies and that the information is correct to the best of their knowledge and gives permission to have the service credit corrected by BEST by signing and dating the form.

Please refer to OSHR’s policy regarding Total State Service for additional information <https://files.nc.gov/ncoshr/documents/files/Creditable_Service_Policy_0.pdf>.

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| **OSC LOGOSTATE OF NORTH CAROLINA**  ***Office of the State Controller***  Best Shared Services Personnel Administration  Employee Total State Service Adjustment Form  ***\*\*\*NOTE:*** *The Total State Service below will be verified with employing agency by the current Agency Human Resources Division. This form should only be completed for permanent employees****.***  ***All signatures below required for processing.*** | ***\*Total Months EE Currently Has in the System\****  **Total Months: \_\_\_\_\_\_\_\_\_\_\_**  **As of: \_\_\_\_\_\_\_\_\_\_\_** |
| **Total Months to Be *Added* or *Removed* in the System:**  Months to be Added: *\_\_\_\_\_\_\_\_*  ***OR***  Months to be Removed: \_\_\_\_\_\_\_\_  Total Months of Service ***After*** Revision  **\_\_\_\_\_\_\_\_\_** |

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| ***Name*** | ***Position/Title Classification*** |
| ***Personnel Number*** | ***Agency/Division or Facility*** |

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|  | **CERTIFICATE of TOTAL STATE SERVICE**  (*Check appropriate box and complete information if applicable*) |  |
| I began my current ***Permanent*** employment with the State of North Carolina on \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_, and I certify that  ***I Do Not*** have any work experience which will qualify towards my **Total State Service**.  I began my current ***Permanent*** employment with the State of North Carolina on \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_, and I certify that  ***I Do*** have work experience which may qualify towards my **Total State Service** (see link for Creditable Service Employers).  [*https://oshr.nc.gov/documents/list-creditable-state-service-employers*](https://oshr.nc.gov/documents/list-creditable-state-service-employers) | | |

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| **Department / Agency**  **(Job Title/Address/Phone Number)** | **Inclusive Dates**  (Month, Day, Year) | | **Total Months of Service** | **LWOP Dates**  (Month, Day, Year) | |
| **Start** | **End** | **Start** | **End** |
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| ***Employee Certification:***  ***I certify that I have read the above information and have had any questions answered to my satisfaction regarding my Total State Service.*** | | |
| ***Date*** | ***Name of Employee (Print)*** | ***Signature of Employee*** |
| ***Employer Certification:***  ***All Total State Service listed has been verified by Human Resources & service leave adjustments will be made, if necessary.*** | | |
| ***Date*** | ***Name of Agency HR Rep (Print)*** | ***Signature of Agency HR Rep*** |

**Additional Total State Service**

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| **Department / Agency**  **(Job Title/Address/Phone Number)** | **Inclusive Dates**  (Month, Day, Year) | | **Total Months of Service** | **LWOP Dates**  (Month, Day, Year) | |
| **Start** | **End** | **Start** | **End** |
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