



State of North Carolina

Office of the State Controller

Michael F. Easley, Governor

Robert L. Powell, State Controller

March 10, 2004

MEMORANDUM NO. PR2004-005

TO: All Agencies Served by the State Controller's Office
Payroll Section

FROM: Roger Farmer
Payroll Administrator

SUBJECT: Payroll Inserts Policy

Please find attached a copy of the new Payroll Inserts Policy and application form. A copy of this policy should be provided to those state agencies who wish to use payroll inserts. A copy of the Payroll Insert Policy will also be available on line at www.osc.state.nc.us.

MAILING ADDRESS
1410 Mail Service Center
Raleigh, NC 27699-1410

Telephone: (919) 981-5454
Fax Number: (919) 981-5567
State Courier: 56-50-10

Website: www.osc.state.nc.us/OSC/

LOCATION
3512 Bush Street
Raleigh, NC

State of North Carolina NC Office of the State Controller Payroll Inserts Policy

Effective January 1, 2004, all inserts, flyers, advertisements, pamphlets, or other marketing, educational, or promotional literature intended to be distributed to state employees paid by OSC Central Payroll must be approved for content by the State Controller prior to distribution with state agency pay stubs or pay checks.

Inserts should meet the following criteria:

- 1) Exclusively concern issues that relate to State employees and their families, and not be generally available or distributed to the public; or
- 2) Exclusively concern issues that relate to the State of North Carolina in the execution of its government functions, to include all state agencies and institutions; or
- 3) Exclusively benefit a charitable program or charitable purpose sponsored and endorsed by the State of North Carolina.

Timeline for submission and approval

Application for insert approval must be submitted no later than 60 days prior to the intended pay day distribution. Acceptance or rejection of the insert will be provided within 10 working days of submission to the State Controller. Subsequent re-applications will also be subject to a new approval period of 10 working days. The final approved insert must be distributed to the individual state agency or institution by no later than 10 business days prior to the intended pay date distribution. No changes may be made to the insert after final approval without resubmission to, or approval of, the State Controller.

Distribution to individual agencies

The delivery of the insert package to state agencies and institutions is entirely the responsibility of the insert originator. The insert package delivered to agencies must include directions for distribution, contact name, contact phone, contact fax, and contact email address for the originator of the insert.

Cost of handling at individual state agency's expense

Once the insert has been approved by the State Controller and received for distribution by the state agency or institution, all distribution handling expenses are to be absorbed by the individual state agency or institution.

Addresses

State agency and institutions address information will be provided to the insert originator upon approval of the insert, and will be provided by no later than the end of the 10 working day approval time period.

Proofing requirements

Inserts submitted for approval must include all text, graphics, and photographs. Original application for approval will be compared to final insert. Failure to comply with the original insert submission can result in a rejection of the final insert with all related costs to be incurred by the insert originator.

Physical specifications of insert

The insert must be no larger than 8 ^{1/2} x 11 and may contain text, graphics, and photographs on the front and back sides.

Non-Central Payroll Units

All state agency and institution payroll units should adopt payroll insert policies consistent with the Central Payroll policy as described herein.

Payroll insert application form on line: www.osc.state.nc.us

NC Office of the State Controller

Payroll Insert Application Form

(PROOF COPY OF PROPOSED INSERT MUST BE INCLUDED WITH APPLICATION)

Application Date:	Expected date of distribution:
Applicant Name:	Contact Name:
Applicant Organization:	Contact Phone:
	Contact Email:
Applicant Address:	
	Contact Fax:
Purpose of Insert:	
General Description of Insert:	
Applicant Signature (certifying all information is accurate):	

PROOF COPY OF PROPOSED INSERT MUST BE INCLUDED WITH APPLICATION.