

## North Carolina Office of the State Controller **BEST Settlement Action Attachments**

**Employee Name:** 

Agency:

Personnel #:		HEAT Ticket # (BSS will input):	
	Please check the appropriate box for attachments below	the	Comments
Signed Settlement	☐ Yes ☐ No ☐ Not applicable	}	
DOJ emails and <b>or</b> other legal documentation as appropriate	☐ Yes ☐ No ☐ Not applicable	3	
Signed and Notarized PD-14	☐ Yes ☐ No ☐ Not applicable	3	
OSHR Action Approval	☐ Yes ☐ No ☐ Not applicable	•	
W2 or 1099 RE to Earnings	☐ Yes ☐ No ☐ Not applicable	>	
Longevity	☐ Yes ☐ No ☐ Not applicable	)	
Unemployment Insurance Amount during Settlement Period letter from DES	☐ Yes ☐ No ☐ Not applicable	3	
State Health Plan (SHP) Executive Administrator Approval	☐ Yes ☐ No ☐ Not applicable	3	
Time Entry Spreadsheet	☐ Yes ☐ No ☐ Not applicable	3	
Retirement System Letter showing Employer and Employee Contributions Due	☐ Yes ☐ No ☐ Not applicable	3	
NC4 & W4	☐ Yes ☐ No☐ Not applicable	)	

**1** of **1** 8/20/19