

BEST Settlement Checklist

Settlement Information

Agency: _____

Employee Name: _____

Personnel Number: _____

Entire Period Settlement Covers: _____

Date Received (For BSS use only): _____

Ticket # (For BSS use only): _____

Settlement Summary

Provide a summary of the Settlement.

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 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.

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 #.
- In the Action column, include the Position and Salary information related to the Action.

Date	Action	Reason	PCR #

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.

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.

Provide 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 any 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

Requested Payouts

Provide any payouts requested on IT416 (vacation, holiday comp payouts, etc.)

Retirement Adjustments

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

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, note that information below.
- BEST will work with the Garnishments Team to determine the settlement impact.

Payment Address

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 Number: _____

Withholding Information

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

Agency Contact Information

Provide contact information for at least two contacts.

Contact 1

Name: _____

Phone #: _____

Email Address: _____

Contact 2

Name: _____

Phone #: _____

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
Website: [OSC Settlement Forms](#)