



New Hire/Separation Form

Employee Information

First Name _____ Last Name _____
Position/Title _____
Bureau _____ Division _____
Supervisor _____

NEW HIRE FORM

(Send this form with Signed AUP to IT helpdesk)

Start Date _____

Preferred Email Name (if different than the First/Last Name Above) _____
(Example Name – Joseph Doe would like John.Doe@labor.nc.gov)

Work Address _____ Assigned Phone Number for User _____

Is user a current State Employee: Yes ☐ No ☐

If yes, which NC State Agency/Division _____ When was users last day? _____

Please Check the Boxes that user will need access: OnBase ☐ OE ☐

Is the user: Full Time ☐ Temporary ☐

If the user is CSHO: Safety ☐ Health ☐ District # _____

Additional Comments/Needs/Email Groups: _____

SEPARATION FORM

Last Date with NC Department of Labor _____

Please Confirm: NCID _____ Email _____

VERY IMPORTANT to Complete

Transferring to another State Agency: Yes ☐ No ☐

If yes, which Agency _____ Division _____

Start Date with New State Agency _____

For IT use only

Requested Date _____ Completed Date _____ Completed By _____

NCID _____ CSHO ID _____

Email _____ District # _____

Revised July 2023