



Office of State Human Resources

ROY COOPER
Governor

BARBARA GIBSON
Director, State Human Resources

State Employee Memorial Program Information Form

EMPLOYEE INFORMATION

Full Name:		Date of Death:	
Agency:		Division/ Department:	
Supervisor's Name:		Phone/Email:	
Position Title:		Total State Service:	
Brief Job Description:			
Circumstances Surrounding Death:			

SURVIVOR(S) INFORMATION

Name(s):	
Address(es):	

FORM COMPLETED BY

Name:		Date:	
Position Title:			
Agency:		Division/ Department:	
Phone:		Email:	

EMAIL COMPLETED FORM TO:

<input type="checkbox"/> Agency Human Resources Director –
<input type="checkbox"/> Agency Communications Director/PIO –
<input type="checkbox"/> OSHR Communications Director –
<input type="checkbox"/> OSHR Memorial Program Coordinator –
<input type="checkbox"/> Office of the Governor Communications Director (if applicable) -