|  |  |
| --- | --- |
|  | **Settlement Agreement**  **Approval of Funds**  **Form PD-14**  Revised, January 2023 |

Payment shall be determined by computing the gross pay which the employee would have earned during the period specified by the grievance decision, settlement/mediation agreement, Equal Employment Opportunity Commission (EEOC) agreement or Office of Administrative Hearings (OAH) order. Back Pay is governed by **25 NCAC 0IJ.1306**.

(*A copy of the decision, agreement or order must be attached to this form.)*

**EMPLOYEE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Agency/University |  | | |
| Division/Department/School: |  | | |
| Employee Name |  | PERNR |  |
| Personnel Number: |  | | |
| Position Classification: |  | | |

**GROSS EARNINGS**

Calculate earnings of the employee by each month listing the number of work days to be paid and the total amount of payment for the month. Back pay shall include any across the board compensation that would have been included in the employee’s regular salary, including one time “bonuses”, and eligible longevity pay. Back pay shall include payment for all holidays that the grievant would have been paid for, although it does not include any holiday premium pay. List the grand total payment due to the employee under Total Gross Earnings.

|  |  |  |  |
| --- | --- | --- | --- |
| **From** |  | **To** |  |
|  | *Month/Day/Year* |  | *Month/Day/Year* |

**Total Base Pay:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month/Year** |  | **Days** |  | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(*Attach additional sheet(s) if necessary.)*

**Total Other Pay: (**Longevity, Shift Premium, Leave Payouts**)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month/Year** |  | **Type** |  | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(*Attach additional sheet(s) if necessary.)*

|  |  |
| --- | --- |
| **TOTAL GROSS EARNINGS (total base pay + total other pay)** |  |
|  | *Amount* |

**Interim Income Calculation reviewed by Best Shared Services**  **Not Applicable**

**INTERIM INCOME**

This gross pay amount shall be reduced by any interim income and/or unemployment compensation received by the employee during the specified period. Earnings derived from approved secondary employment which the employee received prior to and/or during the specified period will not be deducted from the gross earnings amount. Any unemployment insurance benefits paid to the employee shall also be deducted from the gross back pay amount.

**Unemployment Compensation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From** |  | **To** |  |  |  |
|  | *Month/Day/Year* |  | *Month/Day/Year* |  | *Amount* |

*(Attach statement from Division of Employment Security)*

**Other Employment** (***except secondary employment that was approved prior to dismissal***)

|  |  |
| --- | --- |
| **Company Name** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From** |  | **To** |  |  |  |
|  | *Month/Day/Year* |  | *Month/Day/Year* |  | *Gross Amount* |

|  |  |
| --- | --- |
| **Company Name** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From** |  | **To** |  |  |  |
|  | *Month/Day/Year* |  | *Month/Day/Year* |  | *Gross Amount* |

|  |  |
| --- | --- |
| **Company Name** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From** |  | **To** |  |  |  |
|  | *Month/Day/Year* |  | *Month/Day/Year* |  | *Gross Amount* |
| **TOTAL INTERIM INCOME** | | | | | |  | |
|  | | | | | | *Gross Amount* | |

**TOTAL EARNINGS CALCULATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Reduce gross earnings by interim income.  Please note: This form calculates the Gross Difference to be Paid. This is not the amount an employee will receive. The net earnings received by the employee may be reduced by additional required payroll deductions, including all applicable state and federal withholding taxes. | **Total Gross Earnings** |  |  |
|  | *Amount* |  |
| **Total Gross Interim Income** |  |  |
|  | *Amount* |  |
| **Gross Difference to be Paid** |  |  |
|  | *Amount* |  |

**EMPLOYEE VERIFICATION**

|  |  |
| --- | --- |
|  | *I verify that I have given true and complete information on this form to the best of my knowledge. I understand that providing false information or failing to disclose relevant information regarding my interim income may be grounds for disciplinary action, up to and including dismissal.* |

**Mark one of the following:**

|  |  |
| --- | --- |
|  | *I verify that the above statement represents my earnings for the periods as shown above.* |
|  |  |
|  | *I verify that I did not have any earnings to report.* |

**Initial the following:**

**\_\_\_\_\_\_\_\_** If the total gross earnings as calculated by the Office of State Controller increases or decreases by $100 or less, I hereby waive my right to re-verify this document and agree to accept the new gross earnings amount.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Sworn to and subscribed before me** | | | | | | |
| *Employee (Must be notarized)* | *Date* |  | **this** |  | **day of** |  | | **,** |  |
|  |  |  |  |  |  |  | |  |  |
| *Authorizing Agency Official* | *Date* |  |  | | | | | | |
|  |  |  | *Notary Public* | | | | | | |
| *Blake Thomas*  *OSHR General Counsel* | *Date* |  | **My Commission Expires:** | | | |  | | |
|  |  |  |  | | | | *Date* | | |
| *Kristin Walker State Budget Director*  *\*Only settlements for $100,000 or greater* | *Date* |  | **Seal:** | | | | | | |

**ADDITIONAL SETTLEMENT COSTS** (to be completed by agency)

|  |  |
| --- | --- |
| Attorney Fees: |  |
| Front Pay: |  |
| Other: |  |
| **Grand Total (Gross Difference + Additional Costs)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PD-14 Submitted by:** |  | **Date:** |  |  |
|  | *Printed Name* |  |  |  |