

STATE OF NORTH CAROLINA OFFICE OF STATE HUMAN RESOURCES

JOSH STEIN
GOVERNOR

STACI MEYER
DIRECTOR

When a state employee deceases during working hours, please obtain the following information:

Employee Information					
Name:				Date of De	ath:
Agency:			Division:		
Date of Hire:	Position Title:				
Brief Job Description:			Please Provide Employee:	e a Few Pers	sonal Details About the
Circumstances Surrounding Death:					
Employee's Supervisor Information					
Name:	Email:			Pho	ne:
Next of Kin Information					
Name(s):	Address:				
Form Completed By					
Name:			Title:		
Agency:			Division:		
Email:		Phon	e:		Date:
Email completed form to:					
☐ Seth Dearmin (Governor's Office), seth.dearmin@nc.gov ☐ Kyle Byrnes (OSHR), kyle.byrnes@nc.gov					
Sierra Smith (OSHR), sierra smith@nc.gov					