

Salary Plan Reporting Form

NC Office of State Human Resources
(for County DSS and Public Health)

Name of County _____
Name of Individual Completing Form _____
Title _____
Phone Number _____
E-Mail Address of Pay Plan Contact Person _____
Effective Date of Pay Plan 1. _____
Amount of Increase in Schedule 2. _____
Amount of Increase given to Employees 3. _____

4. Agencies covered by this salary plan:

- Social Services Total # DSS Employees _____
 Public Health Total # PH Employees _____

5. Except for employees in trainee status, the salaries of all employees must be between the minimum and the maximum of the assigned range.

Does your jurisdiction meet this requirement? Yes No

If "No", please explain: _____

6. Are the salaries of all employees in trainee status in compliance with the revised rule? (See NCAC 01i .2103 (e)) Yes No

7. Has your Board of Commissioners approved the plan? Yes No

8. Do all pay rates reflected on your salary schedule meet the State minimum wage of \$7.25? Yes No

9. Have you attached a copy of your approved salary schedule? Yes No

You must answer "Yes" to questions 6, 7, 8 and 9, before submitting your form.

CERTIFICATION OF SALARY PLAN

Single Reporting Jurisdictions

I hereby certify that the attached salary plan submitted for _____ County, is complete and compliant with all the relevant provisions in NCGS 126, the State Human Resources Act. Furthermore, the salary plan was completed in accordance with the instructions that have been provided and is deemed accurate at the time of submission. I further certify that I am the authorized official.

(Electronic signatures are acceptable.)

Signature of Authorized Official _____

Title _____

Date _____

District Health Jurisdictions

I hereby certify that the attached salary plan submitted for _____ District Health, is complete and compliant with all the relevant provisions in NCGS 126, the State Human Resources Act. Furthermore, the salary plan was completed in accordance with the instructions that have been provided and is deemed accurate at the time of submission.

(Electronic signatures are acceptable.)

Signature of Authorized Official _____

Title _____

Date _____

Additional Signatures

Signature of Authorized Official _____

Title _____ **Date** _____

Signature of Authorized Official _____

Title _____ **Date** _____

Signature of Authorized Official _____

Title _____ **Date** _____

Signature of Authorized Official _____

Title _____ **Date** _____

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