

PD-14 Submission Process

A PD-14 must be submitted to OSHR for any settlement agreements, mediation agreements and resolutions of contested cases or court actions that require the entering of data into the HR payroll system involving employees subject to the State Human Resources Act (Chapter 126 of the North Carolina General Statutes). All such agreements and orders are required to be submitted through the Smartsheet platform for review and approval by OSHR/OSBM for compliance with relevant HR rules and policies.

Walkthrough

- Use the link below to access the PD-14 Submission Form.
<https://app.smartsheet.com/b/form/ccb0b670a39a4b8e8eaeff1a70927897>
- Enter valid information within all six sections. Required fields will be denoted by a red asterisk.
 - **Section One:** Includes general information regarding the Agency and Representative. You may also include the email address of additional individuals who should receive a copy of the submitted information.

Section 1: Agency Information

Date Submitted

Agency/University *

Submitted By *

Agency Representative E-mail *

Agency Representative Phone Number

E-mail address(es) for additional agency notifications
* If sending alerts to multiple recipients, please separate the e-mail addresses with a semi-colon (;)*

- **Section Two:** Includes information regarding the grieving employee.

Section 2: Employee Information

Employee First Name *

Employee Last Name *

Personnel Number *

Race

Gender

Position Classification

Competency Level
For State University Employees Only

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- **Section Three:** Includes specific case information. Please note, you may select multiple responses to “Grievable Issue” as well as “Discrimination Basis.” (Reference Image 3)

Section 3: Case Information

Case Number
Enter OAH Case Number if applicable.

Type of Settlement *
Select or enter value

Grievable Issue *
Select all that apply.
Select or enter value

Discrimination Basis
Only applicable if grievance is based on discrimination. Select all that apply.
Select

Primary Corrective Action
Select or enter value

Secondary Corrective Action
Select or enter value

Additional Corrective Actions

Summary of Facts

- **Section Four:** Includes all payout information. All fields are required. Please enter “0” in any fields where there is no amount.

Section 4: Pay Calculations

All fields must be completed. Enter 0 if there is no amount.

Total Gross Earnings *
List the grand total payment due to the employee here. 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”, eligible longevity pay, and all holidays that the grievant would have been paid for not including any holiday premium pay. Total Other pay includes longevity shift premiums and leave.

Total 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.

Other Deductions *

Attorney Fees *
25 NCAC 01J .1319 SITUATIONS IN WHICH ATTORNEY'S FEES MAY BE AWARDED
Attorney's fees may be awarded only in the following situations:
(1) the grievant is reinstated;
(2) the grievant is awarded back pay from either a demotion or a dismissal, without regard to whether the grievant has been reinstated; or
(3) the grievant prevails in a whistleblower grievance.

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Form fields for Front Pay, Punitive Damages, and Other. Each field is a text input box with a red asterisk indicating it is required.

- **Section Five:** Checking these boxes certifies that the appropriate agency has reviewed and approved the settlement agreement. You may select “Not Applicable” if certification is not required.

Section 5: Certification Information
Checking these boxes certifies that the appropriate agency has reviewed and approved the settlement agreement.

The PD-14 has been reviewed and approved by the Office of State Controller, if needed. *

Select

The settlement has been reviewed and approved by the State Health Plan. *

Select

Section 6: Document Uploads
A copy of the PD-14, decision, agreement, order or any other supporting documentation must be attached to this form.

File Upload *

Drag and drop files here or [browse files](#)

- **Section Six:** Upload all documents related to the case (notarized PD-14, decision, agreement, order, or any other supporting documentation)
 - After a document is uploaded, the title will appear under “File Upload.”

Section 6: Document Uploads
A copy of the PD-14, decision, agreement, order or any other supporting documentation must be attached to this form.

File Upload *

- JohnDoeCoverPage.docx
- JohnDoePD14.doc
- Sample PD-14.pdf

- Please review the document list to ensure all documents uploaded properly.
- If you add a file in error, hover over file name and select the “X” will appear to the right.

- Once you have completed all fields, check the box marked “Send me a copy of my responses” and then select submit. This will send a copy to OSHR and to each party listed in Section one.

Send me a copy of my responses

Submit