



Human Resources
HEALTH AND HUMAN SERVICES

RICHARD O. BRAJER
Secretary

JOE LENTZ
Director, Division of Human Resources

**N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES – SECRETARY’S OFFICE
POLICIES AND BENEFITS CONFIRMATION CHECKLIST**

INSTRUCTIONS: COMPLETED CHECKLIST FORMS SHOULD BE SIGNED BY BOTH THE EMPLOYEE AND THE MANAGER AND RETURNED TO THE HR DEPARTMENT WITHIN 30 DAYS OF THE EMPLOYEE’S HIRE DATE.

Employee Name: _____ Personnel Number _____ Date of Hire: _____

POLICIES

- | | |
|---|---|
| <input type="checkbox"/> Acceptance letter | <input type="checkbox"/> Conflict of Interest Policy/Gift Ban |
| <input type="checkbox"/> DHHS Excels | <input type="checkbox"/> Comp Time |
| <input type="checkbox"/> Purposes for Collecting SSN | <input type="checkbox"/> Leave Accruals/Holidays/Types of Leave |
| <input type="checkbox"/> State Vehicle Policy | <input type="checkbox"/> Fitness Activities at Work & Haywood Gym |
| <input type="checkbox"/> Safety & Health Handbook | <input type="checkbox"/> State Retirement/401K/457 |
| <input type="checkbox"/> HIPAA Violation Sanction Policy | <input type="checkbox"/> Fitness Activities at Work & Haywood Gym |
| <input type="checkbox"/> Responsibility for Repayment of Monies Owed | <input type="checkbox"/> State Retirement/401K/457 |
| <input type="checkbox"/> Acceptable Use for DHHS Information Systems Policy | <input type="checkbox"/> We Save |
| <input type="checkbox"/> Email Signature | <input type="checkbox"/> SECU (State Employees Credit Union) |
| <input type="checkbox"/> Alcohol & Drug Free Workplace Policy | <input type="checkbox"/> EAP (Employee Assistance Program) |
| <input type="checkbox"/> Request for Secondary Employment | <input type="checkbox"/> Monthly Pay Dates/Dix Campus Map |

BENEFIT INFORMATION TO BE DISCUSSED AND/OR DISTRIBUTED

- | | |
|---|--|
| <input type="checkbox"/> Humana Dental | <input type="checkbox"/> State Health Plan Insurance Options |
| <input type="checkbox"/> Colonial Life Disability | <input type="checkbox"/> Wellness Credits/Health Assessment |
| <input type="checkbox"/> Pierce Life Insurance | <input type="checkbox"/> NC Flex Benefit Options |
| <input type="checkbox"/> Protective Life Insurance | <input type="checkbox"/> Benefit Focus/Enrollment for Benefits |
| <input type="checkbox"/> ARAG Legal Services (pre-paid legal) | <input type="checkbox"/> Beacon (timekeeping and payroll system) |



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ONLINE TRAININGS TO BE COMPLETED WITHIN 30 DAYS OF HIRE

- Workplace Harassment (online course) www.ncdhhs.gov/humanresources/harassment
- Workplace Violence (online course) www.ncdhhs.gov/humanresources/violence
- State Government Email Retention Tutorial (online course)
http://www.history.ncdcr.gov/SHRAB/ar/tutorials/tutorial_email_20120501/index.html
- Bloodborne Pathogens Awareness Training (online course)
<https://www2.ncdhhs.gov/humanresources/hrservices/training/>

I acknowledge that I have received and read copies of the DHHS policies, benefits information, and online trainings listed above provided by the NC Department of Health and Human Services. I understand that it is my responsibility to become familiar with and abide by these instructions, insofar as they apply to the duties which I shall perform for North Carolina State Government. (A copy of this certification will be filed with the employee's personnel records)

Employee Signature & Date

Manager/Supervisor Signature & Date

HR Rep. Signature & Date