



EMPLOYEE ADMINISTRATION REQUEST FORM

1. NEW HIRE If New Hire, Mode of Communication: Braille Large Print Regular Print
 SEPARATION (Personnel only: Deactivate NCID account)
 RETIREMENT (Personnel only: Archive NCID account)
 NAME CHANGE (Personnel only: If Name Change: NCID: _____ E-mail: _____)
 INTERNAL TRANSFER
2. EFFECTIVE DATE: _____
3. LEGAL NAME: (*First Name, Middle Initial, Last Name*) _____
4. PREFERRED NAME: _____ 5. PREVIOUS NAME: _____ 6. PHONE: _____
7. OFFICE LOCATION:
 ASHEVILLE CHARLOTTE RALEIGH GREENVILLE FAYETTEVILLE
 WINSTON-SALEM WILMINGTON EVAL. UNIT REHAB. CENTER DSS
8. PHYSICAL ADDRESS: _____

WEB MASTER/ BEAM ADMIN: (Jennifer.L.Ward@dhhs.nc.gov / 919-733-9822 ext. 217)

9. WORKING JOB TITLE: _____
10. COUNTIES SERVED: _____
11. TRANSFER FROM STATE OR LOCAL AGENCY: YES NO If yes, Where: _____
12. EMPLOYEE HAS WORKED FOR DVRS OR DSDHH: YES NO

LAN ADMINISTRATOR: (Marvin.Gilmore@dhhs.nc.gov / 919-733-9822 ext. 227)

13. EMAIL ACCOUNT: YES NO
14. EMAIL GROUPS:
 DSB-ALL DSB-ASHEVILLE DSB-CAMPUS DSB-CHARLOTTE DSB-REHAB
 DSB-EVALUATION_UNIT DSB-FAYETTEVILLE DSB-GREENVILLE DSB-RDO
 DSB-WILMINGTON DSB-WINSTON-SALEM DSB-FISHER DSB-AT
 DSB-SWB DSB-SOCIALWORKERS
15. NEW HIRE PC LOCATION: _____

DSB HELP DESK ESS/ SECURITY/ BEAM ADMIN: (Debbie.Williams@dhhs.nc.gov / 919-733-9822 ext. 257)

16. RACF NUMBER AND PASSWORD FOR ESS: YES NO
17. USER ID AND PASSWORD FOR ONLINE VERIFICATION: YES NO
18. WORKER # _____
 VR/ILR ONLY- NEEDS SUPERVISOR APPROVAL FOR AUTHORIZATIONS (1) YES (2) NO _____
19. BEAM DELEGATE: _____ REMOVE DELEGATE DATE: _____
20. ASSIGN CASELOAD DURING VACANCY TO: _____
21. COMMENTS: _____

MANAGER/ SUPERVISOR	DATE	PHONE NUMBER



EMPLOYEE ADMINISTRATION REQUEST FORM

INSTRUCTIONS FOR DSB-0311

1. Select one of the following: *New Hire, Separation, Retirement, Name Change, or Internal Transfer*. (For New Hire indicate what mode of communication they use: Braille, Large print, or Regular Print)
2. Indicate the *Effective Date* of the request needed.
3. *Legal Name* is the name which the employee was born with. Enter the first name, middle initial, and last name.
NOTE: No further information is needed if this is a separation or retirement.
4. Indicate the employee's *Preferred Name* if different from legal name.
5. Indicate the employee's *Previous Name* if you selected name change for the request needed.
6. Indicate the employee's *Work Phone Number* where employee can be reached.
7. Indicate the *Office Location* where the employee is housed: *Asheville, Charlotte, Raleigh, Greenville, Fayetteville, Winston-Salem, Wilmington, Evaluation Unit, Rehabilitation Center, or DSS*.
8. Indicate the *Physical Address* of employee.

WEB MASTER/ BEAM ADMIN

9. Indicate the *Working job title* of the employees' position.
10. Indicate the *Counties served* by the employee if a case manager.
11. Indicate yes or no if the new employee has transferred from another state or local agency. If yes, please indicate what state or local agency did employee work.
12. Indicate yes or no if an employee has ever worked for DVRS or DSDHH.

LAN ADMINISTRATOR

13. Indicate if the employee needs an *E-mail Account*.
14. Indicate which *E-mail Group(s)* the employee needs to be added.
15. Indicate where the computer is located for a new employee.

DSB HELP DESK- ESS/ SECURITY/ BEAM ADMIN

16. Indicate if this employee will need access to the DSB Electronic Services System. If this employee is authorized to issue or approve authorizations, form DSB-0612 is required and that form may be e-mailed or sent to Debbie Williams. The hiring manager will receive the RACF Number and password for new employee.
17. Indicate if this employee will need access to Online Verification. If yes, indicate employee's first name, middle initial and last name on line #20.
18. If applicable, enter position worker number. For VR & ILR programs only, will the new employee require supervisors' approval for authorizations? Enter yes or no.
19. Indicate the BEAM delegate for the employee whose caseload needs to be re-assigned temporarily. (This is used for someone that is on extended leave so that the delegate can manage and do another employees caseload if permissible. The delegate does not have to be the supervisor, but if it's a co-worker the Supervisor has to approve which co-worker should be the delegate- DSB Policy). Select *Remove Delegate* when the employee has returned from extended leave, and indicate the *Date* when this change needs to occur.
20. Please indicate the employee that will work the caseload until the vacancy is filled.
21. If there should be an unusual circumstance or pertinent information you would like to share please indicate it here. Attach a separate sheet of paper for *Comments* if additional space is needed.

DIRECTIONS FOR SUBMITTING DSB-0311

1. Complete this form electronically and submit via e-mail to Jennifer.L.Ward@dhhs.nc.gov, Debbie.Williams@dhhs.nc.gov, & Marvin.Gilmore@dhhs.nc.gov. If you have any questions please contact Jennifer Ward at 919-733-9822 x 217.