

(501)682-1619
(501)682-2823 FAX



101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

CLAIM FORM

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant *(If there are additional claimants, please fill out an additional form for each)*

Henson Williams Hannah

(title/last name/first name or company)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

2. Claimant's Legal Counsel *(If not represented by an attorney, you may skip this section)*

(last name)

(first name)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

Arkansas Bar Number:

If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.

3. State Agency Involved University of Arkansas for Medical Sciences

(If this section is not completed, the claim will be returned to you as deficient. Please note that the agency or agencies involved must be state agencies. The Claims Commission has no jurisdiction over claims against counties, cities, school districts, or other municipalities.)

4. Incident Date 6/16/2020

5. Claim Type

Salary Due

5a. Location of Incident

5b. Explanation of Incident

Employee is owed back pay due to an increase in FTE, effective 6/16/2020.

5c. CHECK HERE if this claim involves damage to a motor vehicle. ☐

5d. CHECK HERE if this claim involves damage to property other than a motor vehicle. ☐

5e. Insurance Coverage

- If your property was covered by insurance on the date of the incident, you must provide a copy of the insurance declarations in effect at that time. This is not the same as your insurance card. You may obtain a copy of your insurance declarations from your insurer or insurance agent.

-If you did NOT have insurance coverage in effect on your property on the date of the incident, CHECK HERE ☐

5f. Additional Required Documents for Property Damage Claims

You must submit invoice(s) documenting repair costs OR three estimates for repair OR an explanation why this documentation cannot be provided.

6. If a state vehicle was involved, please provide the following information

(type of state vehicle involved)

(license number)

(driver)

7. If your claim involves personal injuries, please CHECK HERE ☐

- All personal injury claims require a copy of your health insurance information in place at the time of the incident.

- If you did NOT have health insurance on the date of the incident, CHECK HERE ☐

8. Amount Sought: \$73,106.89

IMPORTANT

Please note that the Claims Commission staff is happy to answer questions about the claim process, but Claims Commission staff cannot give legal advice. For questions please contact us through email at ascc.new.claims@arkansas.gov or by phone at (501) 682-1619.

STOP!

The following section MUST be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Claimant

ACKNOWLEDGEMENT

State of _____

County of _____

On this the ___ day of _____, 20____, before me, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public

[seal of office]

My Commission Expires: _____

ARKANSAS CLAIMS COMMISSION

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<p>7. If your claim involves personal injuries, please CHECK HERE <input type="checkbox"/></p> <p>- All personal injury claims require a copy of your health insurance information in place at the time of the incident.</p> <p>- If you did NOT have health insurance on the date of the incident, CHECK HERE <input type="checkbox"/></p> <p>8. Amount Sought: \$73,106.89</p>		

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ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
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KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Hannah Henson Williams

Claimant Name (must be printed legibly)

[Signature]

Claimant Signature

Acknowledgement

State of Arkansas

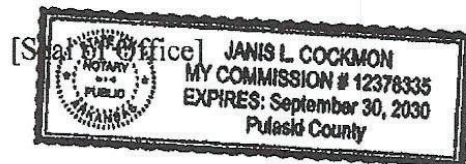
County of Pulaski

On this the 6th day of April, 2023, before me, the undersigned notary, personally appeared Hannah Henson Williams known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

[Signature]
Signature of Notary Public

My Commission expires: 09/30/2030



From: [MCGHEE, SHELLY](#)
To: [SaBreana Hyche](#)
Subject: Hannah Henson Williams vs. UAMS Claim - Salary Due Claim
Date: Tuesday, April 18, 2023 2:46:31 PM
Attachments: [image001.jpg](#)
[2023.04.18 UAMS LTR CC Wililams, Hannah.pdf](#)

Hello SaBreana:

Please find attached UAMS Answer. Please process and prepare the Order.

Thank you,
Shelly

Shelly McGhee, Paralegal/Legal Assistant

Office of General Counsel
University of Arkansas for Medical Sciences
4301 W. Markham, Slot #860
[Little Rock, AR 72205](#)
501-686-7608



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Sherri L. Robinson
Sr. Associate General Counsel
Tel.: 501-686-7964
Fax: 501-686-7736

Office of General Counsel
4301 West Markham Street, #860
Little Rock, AR 72205-7199
SLRobinson@uams.edu

April 18, 2023

Kathryn Irby, Director
Arkansas State Claims Commission
101 East Capitol, Suite 410
Little Rock, AR 72201-2823

RE: Employee: Hannah Henson Williams
Employee ID: [REDACTED]
Fund: CCA
Appropriation: 429
Agency Number: 150

Dear Ms. Irby:

Enclosed is a claim for the underpaid salary against UAMS. UAMS wishes to consent to the award of \$73,106.89 in this claim, which should be paid from current fiscal year funding. Please advise if there are any further pleadings which need to be filed.

Let me know if you have any questions.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Sherri L. Robinson", is written over a horizontal line.

Sherri L. Robinson

SLR:svm
Enclosures

April 6, 2023

**Arkansas Claims Commission
101 E. Capitol Ave., Suite 410
Little Rock, AR 72201**

RE: Uncontested Claim for: Hannah Henson Williams
Employee# [REDACTED]

**Appropriation: 429
Agency Number: 150**

TO WHOM IT MAY CONCERN:

The above employee of the University of Arkansas for Medical Sciences has been inadvertently underpaid due to an administrative error as follows:

Employee is owed back pay due to an increase in FTE, effective 6/16/2020. \$73,106.89 is the amount of the prior fiscal year claim.

Should additional information be required, please contact me at 296-1152.

Respectfully,

Michelle Thomisee *MLT*

**Michelle Thomisee
Assistant Director, Total Rewards**

MLT/tjf

Encl.

April 6, 2023

Hannah Henson Williams

Employee# [REDACTED]

Employee is owed back pay due to an increase in FTE, effective 6/16/2020. \$73,106.89 is the amount of the prior fiscal year claim.

TOTAL AMOUNT OF UNDERPAYMENT	\$73,106.89
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LIST OF UAMS CLAIMS TO ARKANSAS CLAIMS COMMISSION

<u>EMPLOYEE NAME</u>	<u>DEPARTMENT</u>	<u>CLAIM PAID</u>	<u>BALANCE</u>
Hannah Henson Williams	COM PSY PRI Adult Faculty	-0-	\$73,106.89
Total:			\$73,106.89

cc: Cliff Ferren
 Controller's Office

Note to Controller's Office

Under Act 176 of 1995, the payment, when authorized by the Commission, should be paid from regular salaries processed through normal payroll process.

MLT/tjf

ARKANSAS STATE CLAIMS COMMISSION

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KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
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CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Hannah Henson Williams

Claimant Name (must be printed legibly)

[Signature]

Claimant Signature

Acknowledgement

State of Arkansas

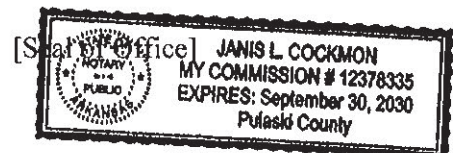
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In witness whereof I hereunto set my hand and official seal.

[Signature]
Signature of Notary Public

My Commission expires: 09/30/2030



1
SELECT
AGENCY

2
CLAIM
INFORMATION

3
CLAIMANT
INFORMATION

4
SUMMARY
& REVIEW

REVIEW

Please review the information you've provided below, make any needed changes and proceed to the final step. If you have questions about any part, use the CONTACT button above to see the contact options.

STEP 1: AGENCY INFORMATION

University of Arkansas for Medical Sciences

STEP 2: CLAIM INFORMATION

Claim Explanation:

If this involved a motor vehicle incident, please include a details of the accident (**location**, cars involved, police report number, etc.)

Employee is owed back pay due to an increase in FTE, effective 6/16/2020.

Incident Date

06/16/2020

Use MM/DD/YYYY format

Amount Sought (numbers only)

73106.89

If damages are unknown, enter 0

Tell us about the type of claim you're making:

- ☐ NO Does this claim involve damage to a motor vehicle?
- ☐ NO Does this claim involve damage to personal property?
- ☐ NO Does this claim involve personal injury?
- ☐ NO Are you seeking death benefits?
- ☐ NO Is this a breach of contract claim?
- ☐ NO Does this claim involve an unpaid bill?
- ☐ NO Are you seeking reissuance of a check or warrant?
- ☐ NO Are you seeking a disability benefits?
- ☐ NO Are you seeking a disability benefit scholarship?
- ☐ NO Are you seeking a reimburse of an expense?
- ☐ NO Do you want to file another type of claim?

STEP 3: CLAIMANT INFORMATION

Who is filing this claim?

☒ Self ☐ Attorney on behalf of claimant ☐ Attorney on behalf of company or corporate entity

Claimant Information:

MR., MS., MR

Hannah

Henson Williams

☐ NO Is there a second claimant?

Your Promise:

I CERTIFY THAT ALL INFORMATION CONTAINED IN THE ABOVE FORM IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

☐

 PRINT THIS PAGE

SAVE AND CONTINUE 

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

HANNAH HENSON WILLIAMS

CLAIMANT

V.

CLAIM NO. 231268

**UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES**

RESPONDENT

ORDER

This claim was filed by Hannah Henson Williams against the University of Arkansas for Medical Sciences (the “Respondent”) for salary due in the amount of \$73,106.89.

Respondent filed an answer on April 18, 2023, admitting liability in full.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$73,106.89 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair

DATE: May 19, 2023

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).

From: [Kathryn Irby](#)
To: [REDACTED]; [Robinson, Sherri](#)
Cc: [MCGHEE, SHELLY](#)
Subject: ORDER: Williams v. UAMS, Claim No. 231268
Date: Tuesday, May 23, 2023 12:24:00 PM
Attachments: [33--UAMS-SALDUE-GA-Williams.pdf](#)

Ms. Williams and Ms. Robinson, please see attached order entered by the Commission.

Thanks,
Kathryn Irby

Kathryn Irby
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2822

From: [Kathryn Irby](#)
To: ["Desikan, Suba"](#)
Cc: ["Seaton, Gina"](#)
Subject: FOR APPROVAL: Williams v. UAMS, Claim No. 231268
Date: Wednesday, July 19, 2023 11:24:00 AM
Attachments: [Claim No. 231268.pdf](#)

Suba, please confirm receipt, and let me know if you have any questions or concerns.

Thanks,
Kathryn

Kathryn Irby
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2822

From: [Kathryn Irby](#)
To: [REDACTED]; [Robinson, Sherri](#)
Cc: [MCGHEE, SHELLY](#)
Subject: CLAIM SENT: Williams v. UAMS, Claim No. 231268
Date: Wednesday, July 19, 2023 11:28:00 AM
Attachments: [Claim No. 231268.pdf](#)

Ms. Williams and Ms. Robinson, the attached claim file has been sent to the Legislature for review, approval, and placement on an appropriations bill in the next legislative session.

Thanks,
Kathryn Irby

Kathryn Irby
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-2822