

Arkansas
State Claims Commission

MAR 01 2018

Please Read Instructions on Reverse Side of Yellow copy
Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

Mr.
 Mrs.
 Ms.
 Miss
Sharon J. Pittman, Claimant
vs.
State of Arkansas, Respondent

Do Not Write in These Spaces
Claim No. _____
Date Filed _____
(Month) (Day) (Year)
Amount of Claim \$ _____
Fund _____

COMPLAINT

Sharon J. Pittman the above named Claimant, of 2805 Wood St. Texarkana
(Name) (Street or R.F.D. & No.) (City)
Texas 75503 (877) 779-2036 County of Bowie represented by N/A
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of _____ says:
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: ACC Amount sought: 17,122.05

Month, day, year and place of incident or service: 6/20/09 thru 7/15/17 Southwest Ark. Community College (ACC)
Explanation: I received my CADIC certification but did not receive the pay increase. From 2009 until now the amount due me for the salary differential / Back pay is the total amount listed above.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?
No when? _____ to whom? _____
(Year or No) (Month) (Day) (Year) (Department)

and that \$ _____ was paid thereon: (2) Has any third person or corporation an interest in this claim? _____; if so, state name and address
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)
and that the nature thereof is as follows: _____
and was acquired on _____ in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Sharon J. Pittman (Print Claimant/Representative Name)
Sharon Pittman (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Texarkana Arkansas
(City) (State)

on this 26 day of February 2018
(Date) (Month) (Year)

Deborah Ann Armstrong
(Notary Public)

My Commission Expires: 10 15 2018
(Month) (Day) (Year)



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

SHARON J. PITTMAN

CLAIMANT

V.

CLAIM NO. 180692

ARKANSAS COMMUNITY CORRECTION

RESPONDENT

ORDER

This claim was filed by Sharon J. Pittman against Arkansas Community Correction (the “Respondent”) for salary due in the amount of \$17,122.05.

The Respondent filed an answer on March 13, 2018, admitting liability in the amount of \$17,122.05.

The Arkansas State Claims Commission unanimously allows this claim in the amount of \$17,122.05, as recommended by Respondent, and refers this claim to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.

Henry C. Kinslow

ARKANSAS STATE CLAIMS COMMISSION

Dexter Booth
Henry Kinslow, Co-Chair
Bill Lancaster
Sylvester Smith
Mica Strother, Co-Chair

DATE: April 23, 2018

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(b). 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(b)(3). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a).
- (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(b). 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).