

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's Legal Counsel - ☒ (If representing yourself (Pro Se) please check this box and proceed to section 2)

(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.*

2. Claimant(s)

Parikh Richa

(title/last name/first name or company)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

3. State Agency Involved: (must be an Arkansas state agency. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities)

University of Arkansas for Medical Sciences

(state agency involved)

4. Incident Date

6/30/2021

5. Claim Type

Salary Due

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

Employee owed back wages due to term of employment with vacation pay owed

5a. Check here if this claim involves damage to a motor vehicle. ☐

5b. Check here if this claim involves damage to property other than a motor vehicle. ☐

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

I did not have insurance covering my property/motor vehicle at the time of damage. ☐

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR
2. Three (3) estimates for repair of the damaged property, OR
3. An explanation why repair bill(s) or estimate(s) cannot be provided.

6. Was a state vehicle involved? (If Yes, please complete the following section)

(type of state vehicle involved)

(license number)

(driver)

7. Check here if this claim involves personal injury.

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

I do not have health insurance

☐

8. Amount Sought: \$25,912.80

(Signature)

(Date)

ARKANSAS STATE CLAIMS COMMISSION

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



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.

RICHA PARIKH

Claimant Name (must be printed legibly)

R Parikh

Claimant Signature

Acknowledgement

State of Michigan

County of Wayne

On this the 21st day of January, 2022, before me, the undersigned notary, personally appeared Richa Parikh 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.

G. M. K.
Signature of Notary Public

My Commission expires: 11-11-2024

[Seal of Office]





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

March 3, 2022

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

RE: Employee: Richa Parikh
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 \$25,912.80 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 light blue rectangular background.

Sherri L. Robinson

SLR:svm
Enclosures

February 16, 2022

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

RE: Uncontested Claim for: Richa Parikh
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 owed back wages due to term of employment with vacation pay owed.”

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

Respectfully,

Michelle Thomisee *MLT*

**Michelle Thomisee
Manager of Compensation & Classification**

MLT/llh

Encl.

February 16, 2022

Richa Parikh

Employee# [REDACTED]

“Employee owed back wages due to term of employment with vacation pay owed.”

TOTAL AMOUNT OF UNDERPAYMENT

\$25,912.80

LIST OF UAMS CLAIMS TO ARKANSAS CLAIMS COMMISSION

<u>EMPLOYEE NAME</u>	<u>DEPARTMENT</u>	<u>CLAIM PAID</u>	<u>BALANCE</u>
Richa Parikh	COM IM MEYC	-0-	\$25,912.80
Total:			\$25,912.80

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/llh

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 owed back wages due to term of employment with vacation pay owed

Incident Date

06/30/2021

Use MM/DD/YYYY format

Amount Sought (numbers only)

25912.80

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 | Richa

| Parikh

EMAIL ADDRESS


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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

RICHA PARIKH

CLAIMANT

V.

CLAIM NO. 220725

**UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES**

RESPONDENT

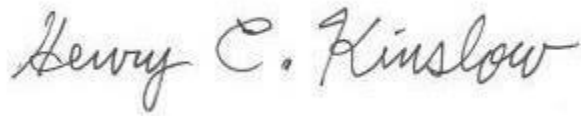
ORDER

This claim was filed by Richa Parikh against the University of Arkansas for Medical Sciences (the “Respondent”) for salary due in the amount of \$25,912.80.

Respondent filed an answer on March 3, 2022, admitting liability in full.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$25,912.80, as recommended by the Respondent, 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

Courtney Baird
Dexter Booth
Henry Kinslow, Co-Chair
Paul Morris, Co-Chair
Sylvester Smith

DATE: March 21, 2022

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).