

(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)*

Lloyd Angela

(title/last name/first name or company)		(email)		
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
(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** 11/2/2019

**5. Claim Type**

Salary Due

**5a. Location of Incident** \_\_\_\_\_

**5b. Explanation of Incident**

Employee is owed back pay due to a salary increase correction in year 11-3-2019.

**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:** \$34,845.05

**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](mailto: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 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.

Angela Lloyd  
Claimant Name (must be printed legibly)

Angela Lloyd  
Claimant Signature

### Acknowledgement

State of Arkansas

County of Pulaski

On this the 5<sup>th</sup> day of January, 2023, before me, the undersigned notary, personally appeared Angela Lloyd 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.

L. T. Mayfield  
Signature of Notary Public

My Commission expires: 01/26/2028



# ARKANSAS CLAIMS COMMISSION

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

Lloyd Angela

(title/last name/first name or company)

(email)

(address)

(city)

(state)

(zip)

(primary phone)

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(last name)

(first name)

(email)

(address)

(city)

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Arkansas Bar Number:

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**5a. Location of Incident**

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---

(type of state vehicle involved)	(license number)	(driver)
----------------------------------	------------------	----------

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- 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: \$0.00

---

**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 **6** contact us through email at [ascc.new.claims@arkansas.gov](mailto:ascc.new.claims@arkansas.gov) or by phone at (501) 682-1619.

**From:** [MCGHEE, SHELLY](#)  
**To:** [SaBreana Hyche](#)  
**Subject:** Angela Lloyd vs. UAMS Claim - Salary Due Claim  
**Date:** Friday, January 27, 2023 1:03:29 PM  
**Attachments:** [image001.jpg](#)  
[2023.01.27 Lloyd LTR CC.pdf](#)

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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](mailto:SLRobinson@uams.edu)

January 27, 2023

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

RE: Employee: Angela Lloyd  
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 \$34,845.05 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 horizontal line.

Sherri L. Robinson

SLR:svm  
Enclosures



**January 6, 2023**

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

**RE: Uncontested Claim for: Angela Lloyd**  
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 a salary correction, effective 11/3/2019. \$34,845.05 is the amount of the prior fiscal year claim.**

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

**Respectfully,**

*Michelle Thomisee* <sup>MLT</sup>

**Michelle Thomisee  
Assistant Director, Total Rewards**

**MLT/tjf**

**Encl.**

**January 6, 2023**

**Angela Lloyd**

Employee# [REDACTED]

**Employee is owed back pay due to a salary correction, effective 11/3/2019. \$34,845.05 is the amount of the prior fiscal year claim.**

**TOTAL AMOUNT OF UNDERPAYMENT**

**\$34,845.05**

**LIST OF UAMS CLAIMS TO ARKANSAS CLAIMS COMMISSION**

<u>EMPLOYEE NAME</u>	<u>DEPARTMENT</u>	<u>CLAIM PAID</u>	<u>BALANCE</u>
Angela Lloyd	ICE IGSL Diagnostics IOP C	-0-	\$34,845.05
Total:			\$34,845.05

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

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 click the SUBMIT button. If you have questions about any part, use the CONTACT button above to contact us.

### 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 (e.g., police report number, etc.)

Employee is owed back pay due to a salary increase due to a correction in year 11-3-2019.

Incident Date

11/03/2019

Use MM/DD/YYYY format

Amount Sought (number)

34845.05

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?

[REDACTED]

[REDACTED]

[REDACTED]

NO Is there a second claimant?

Your Promise:

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

☐

 PRINT THIS PAGE



# 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.

Angela Lloyd  
Claimant Name (must be printed legibly)

Angela Lloyd  
Claimant Signature

## Acknowledgement

State of Arkansas

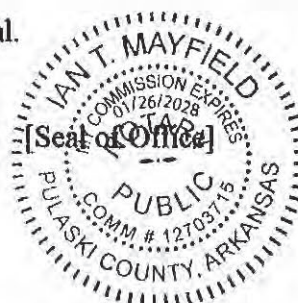
County of Pulaski

On this the 5th day of January, 2023, before me, the undersigned notary, personally appeared Angela Lloyd 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.

L. T. Mayfield  
Signature of Notary Public

My Commission expires: 01/26/2028



**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**ANGELA LLOYD**

**CLAIMANT**

**V.**

**CLAIM NO. 230963**

**UNIVERSITY OF ARKANSAS FOR  
MEDICAL SCIENCES**

**RESPONDENT**

**ORDER**

This claim was filed by Angela Lloyd against the University of Arkansas for Medical Sciences (the “Respondent”) for salary due in the amount of \$34,845.05.

Respondent filed an answer on January 27, 2023, admitting liability in full.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$34,845.05 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



ARKANSAS STATE CLAIMS COMMISSION  
Henry Kinslow, Chair



ARKANSAS STATE CLAIMS COMMISSION  
Sylvester Smith

DATE: March 10, 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:** [Desikan, Suba](#); [Seaton, Gina](#)  
**Cc:** [SaBreana Hyché](#)  
**Subject:** FOR APPROVAL: Lloyd v. UAMS, Claim No. 230963  
**Date:** Friday, March 10, 2023 10:15:00 AM  
**Attachments:** [1--CRS memo.pdf](#)  
[2--complaint.pdf](#)  
[3--signature page.pdf](#)  
[4--answer.pdf](#)  
[5--order.pdf](#)

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Suba, please confirm receipt of the attached claim file.

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:** [Robinson, Sherri](#); [MCGHEE, SHELLY](#)  
**Subject:** ORDER AND CRS MEMO: Lloyd v. UAMS, Claim No. 230963  
**Date:** Friday, March 10, 2023 10:16:00 AM  
**Attachments:** [1--CRS memo.pdf](#)  
[5--order.pdf](#)

---

Sherri, please see attached order and memo transmitting the claim to the GA for approval.

Thanks,  
Kathryn

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

**From:** [Desikan, Suba](#)  
**To:** [Kathryn Irby](#)  
**Subject:** RE: FOR APPROVAL: Lloyd v. UAMS, Claim No. 230963  
**Date:** Friday, March 10, 2023 10:47:22 AM

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Received!

Thank You,  
Suba Desikan

*Suba Desikan*

Legislative Attorney | Administrative Rules Review Section  
Bureau of Legislative Research  
1 Capitol Mall, 5<sup>th</sup> Floor  
[desikans@blr.arkansas.gov](mailto:desikans@blr.arkansas.gov)  
Office: 501-537-9185

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**From:** Kathryn Irby [mailto:[Kathryn.Irby@arkansas.gov](mailto:Kathryn.Irby@arkansas.gov)]  
**Sent:** Friday, March 10, 2023 10:16 AM  
**To:** Desikan, Suba <[desikans@blr.arkansas.gov](mailto:desikans@blr.arkansas.gov)>; Seaton, Gina <[seatong@blr.arkansas.gov](mailto:seatong@blr.arkansas.gov)>  
**Cc:** SaBreana Hyche <[SaBreana.Hyche@arkansas.gov](mailto:SaBreana.Hyche@arkansas.gov)>  
**Subject:** FOR APPROVAL: Lloyd v. UAMS, Claim No. 230963

Suba, please confirm receipt of the attached claim file.

Thanks,  
Kathryn

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

# ARKANSAS STATE CLAIMS COMMISSION

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KATHRYN IRBY  
DIRECTOR

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

March 16, 2023

Angela Lloyd  
[REDACTED]

RE: *Angela Lloyd v. University of Arkansas for Medical Sciences*  
Claim No. 230963

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Dear Ms. Lloyd,

Enclosed please find a copy of the order entered March 10, 2023, by the Arkansas State Claims Commission. Because the award amount is over \$15,000.00, the award must be approved by the Arkansas Legislature. As such, also enclosed is a copy of the memo sent to the Arkansas Legislature along with a copy of the claim file. The Bureau of Legislative Research will notify you when this claim is scheduled for review by the Claims Review Subcommittee of the Arkansas Legislature.

Sincerely,

Kathryn Irby

ES: sjhyche