

FEB 02 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

Randy Jo Nielsen Claimant

Do Not Write in These Spaces. Claim No., Date Filed, Amount of Claim \$, Fund.

State of Arkansas, Respondent Dept. of Arkansas Community Correction

COMPLAINT

Randy Jo Nielsen the above named Claimant, of 2000 N. 48th Circle Fort Smith Arkansas 72904 479-629-3807 479-719-4416 County of Sebastian represented by N/A

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

State agency involved: Arkansas Community Correction Amount sought: \$ 16,774.73

Month, day, year and place of incident or service: Fiscal Years 7/1/2009 - 6/30/2015

Explanation: I was told that an oversight in my salary had occurred based on my Certified Clinical Supervision Credential (copy of certification enclosed). I had not received my proper and due differential pay. when I was informed no direction was provided to me for corrective measures.

After later inquiry I contacted ACC Human Resources to learn the total of the missed portion of my pay - ACC HR provided me with the shortage - amounting to 16,774.73 stated in an email (see attached email)

The email declares the money owed to me.

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? (Department)

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? if so, state name and address

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.

Randy Jo Nielsen (Print Claimant/Representative Name)

(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Fort Smith AR (City) (State)

on this 31st day of January 2018 (Date) (Month) (Year)



(Notary Public)

SF1- R7/99

My Commission Expires: 9/8/2021 (Month) (Day) (Year)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RANDY JO NIELSEN

CLAIMANT

V.

CLAIM NO. 180624

**ARKANSAS COMMUNITY
CORRECTION**

RESPONDENT

ORDER

This claim was filed by Randy Jo Nielsen against Arkansas Community Correction (the "Respondent") for salary due in the amount of \$16,774.73.

The Respondent filed an answer on February 20, 2018, admitting liability in the amount of \$16,774.73.

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$16,774.73, 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: March 27, 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).