

Arkansas
State Claims Commission

FEB 21 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

Rebecca D. Ausburn Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces

Claim No. _____

Date Filed _____
(Month) (Day) (Year)

Amount of Claim \$ _____

Fund _____

COMPLAINT

Rebecca D. Ausburn the above named Claimant, of 550 Filers Road Apt 0212, Hot Springs, Arkansas, 71913 501-278-0711 County of Garland represented by N/A

(Name) (Street or R.F.D. & No.) (City) (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: Arkansas Community Correction Amount sought: 6% of Income from 2009-2017

Month, day, year and place of incident or service: Feb 2009 - July 2017 Loss of 6% Income

Explanation: When I hired on at ACC on Feb 23, 2009, we already had my Social work licenses and my Substance Abuse Certification which made me eligible for the 6% income increase. I did not know I was not getting it until a payroll audit in 2017 informed several of us that we had not been getting the 6% so they paid us a minimal amount for back pay then started paying the 6% as of July 2017.

I believe that I am due income @ 6% from February 2009 until 2017 when they paid out some money.

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? (Month) (Day) (Year); to whom? (Department)

and that the following action was taken thereon:

and that \$ _____ was paid thereon: (2) Has any third person or corporation an interest in this claim? NO; if so, state name and address

and that the nature thereof is as follows: (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

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.

Rebecca D. Ausburn (Print Claimant/Representative Name)

Rebecca D. Ausburn (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Hot Springs AR (City) (State)

on this 16th day of February 2018 (Date) (Month) (Year)

(SEAL) MICHAEL HALL GARLAND COUNTY NOTARY PUBLIC - ARKANSAS My Commission Expires December 15, 2019 Commission No. 12374236

Michael Hall (Notary Public)

My Commission Expires: 12 15 2019 (Month) (Day) (Year)

SF1- R7/99

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

REBECCA D. AUSBURN

CLAIMANT

V.

CLAIM NO. 180667

ARKANSAS COMMUNITY CORRECTION

RESPONDENT

ORDER

This claim was filed by Rebecca D. Ausburn against Arkansas Community Correction (the “Respondent”) for salary due in an unspecified amount.

Respondent filed an answer on March 27, 2018, admitting liability in the amount of \$17,446.09.

The Arkansas State Claims Commission (the “Claims Commission”) sent correspondence to Claimant on April 24, 2018, advising Claimant that Respondent admitted liability in the amount of \$17,446.09 only. In that correspondence, Claimant was given fifteen (15) calendar days to request a hearing and was advised that if Claimant did not request a hearing within fifteen (15) days, the claim would be processed for the amount admitted by Respondent. Claimant was also advised that her claim for any other amounts would be dismissed for failure to respond. To date, Claimant has not responded to the Claims Commission’s April 24, 2018, correspondence.

The Claims Commission unanimously allows this claim in the amount of \$17,446.09, 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: May 31, 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).