

Arkansas  
State Claims Commission

NOV 03 2017

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Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Brenda Ann Butler, Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces	
Claim No.	180407
Date Filed	November 3, 2017 (Month) (Day) (Year)
Amount of Claim	\$17,089.82
Fund	ACC
Salary Due	

AR Community Correction

COMPLAINT

Brenda Ann Butler, the above named Claimant, of 1833 Rosemond Ave. Jonesboro  
(Name) (Street or R.F.D. & No.) (City)

AR 72401 (870) 253-3376 County of Craighead represented by \_\_\_\_\_  
(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: \$17,089.82

Month, day, year and place of incident or service: 09/24/1997 (employment start date.)

Explanation:

The enclosed documents will show that the amount of \$17,089.82 is an amount owed me by Arkansas Community Correction. I requested this information from Tiffany Gaston, Payroll Specialist for this agency, Arkansas Community Correction.

As you will note the amount above according to GASTON does not include the amount of my merit increase/bonuses or the amount that would of been deposited and matched in my retirement account. She noted this is strictly salary pay differences. It does include COLA increases that were added into my Salary.

Please note subject heading, "Amount Sought."

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? \_\_\_\_\_  
(Yes or No) (Month) (Day) (Year) (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

\_\_\_\_\_ (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 verify believes that they are true.

Brenda Ann Butler Brenda Ann Butler  
(Print Claimant/Representative Name) (Signature of Claimant/Representative)

(SEAL)	Amanda Blake Mills	SWORN TO and subscribed before me at	<u>Jonesboro</u>	<u>AR</u>
	Notary Public		(City)	(State)
	Craighead County	on this	<u>1st</u>	day of <u>November</u> , <u>2017</u>
	State of Arkansas		(Date)	(Month) (Year)
	My Commission Expires		<u>May 8</u>	<u>2022</u>
	# 12388019		(Notary Public)	

SF1- R7/99 My Commission Expires: May 8 2022  
(Month) (Day) (Year)

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**BRENDA ANN BUTLER**

**CLAIMANT**

**V.**

**CLAIM NO. 180407**

**ARKANSAS COMMUNITY  
CORRECTION**

**RESPONDENT**

**ORDER**

This claim was filed by Brenda Ann Butler against Arkansas Community Correction (the “Respondent”) for salary due in the amount of \$17,089.82.

The Respondent filed an answer on November 13, 2017, admitting liability in the amount of \$17,089.82.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$17,089.82, 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: December 12, 2017

**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).