

Arkansas
State Claims Commission

OCT 23 2017

Please Read Instructions on Reverse Side of Yellow copy
Please print in ink or type

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

Mr.
 Mrs.
 Ms.
 Miss Doris Flowers-Taylor, Claimant

Do Not Write in These Spaces	
Claim No.	180378
Date Filed	October 26, 2017 (Month) (Day) (Year)
Amount of Claim \$	18,760.33
Fund	ADCC
	Salary Due

vs.

State of Arkansas, Respondent

Arkansas Community Correction

COMPLAINT

Doris Flowers-Taylor, the above named Claimant, of 1816 SFC 768 Forrest City
(Name) (Street or R.F.D. & No.) (City)

Arkansas 72335 870-270-3070 County of St. Francis represented by Self
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

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

State agency involved: Arkansas Community Corrections Amount sought: \$ 18,760.33

Month, day, year and place of incident or service: July 27, 1997 - August 01, 2017

Explanation: I Doris Flowers Taylor received an email on 08-01-2017 that stated, a recent audit discovered that I have not been receiving pay differential for my credentials. I ask for a back pay calculation from the payroll department, I received a calculated amount of \$18,760.33 back pay money that is owed to me. However, this amount does not include my merit increases, bonuses or the amount that would have been deposited and matched in my retirement account. I really want to receive the money owed to me, as well as the merit raise, bonuses, and the additional retirement fund. I am very interested in knowing exactly where would my hourly wages be at if all of these things had been in place at the proper time.

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)
(Yes or No) 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? _____; 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.

Doris Flowers-Taylor Doris Flowers-Taylor
(Print Claimant/Representative Name) (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Forrest City Arkansas
(City) (State)

on this 24 day of October, 2017
(Date) (Month) (Year)

Bette Smith
(Notary Public)

My Commission Expires: 03 23 2021
(Month) (Day) (Year)



SF1- R7/95

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DORIS FLOWERS-TAYLOR

CLAIMANT

V.

CLAIM NO. 180378

**ARKANSAS COMMUNITY
CORRECTION**

RESPONDENT

ORDER

This claim was filed by Doris Flowers-Taylor against Arkansas Community Correction (the "Respondent") for salary due in the amount of \$18,760.33.

The Respondent filed an answer on November 1, 2017, admitting liability in the amount of \$18,760.33.

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$18,760.33, 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).