

Arkansas
State Claims Commission

NOV 06 2017

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Please print in ink or type

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Michael Wayne Clark, Claimant

vs.

State of Arkansas, Respondent

AR Community Correction

Do Not Write in These Spaces		
Claim No.	<u>180408</u>	
Date Filed	<u>November 6, 2017</u>	
	(Month)	(Day) (Year)
Amount of Claim \$	<u>15,949.88</u>	
Fund	<u>ACC</u>	
	<u>Salary Due</u>	

COMPLAINT

Michael Wayne Clark, the above named Claimant, of 505 Division Street, P.O. Box 155, Cooter,
(Name) (Street or R.F.D. & No.) (City)

Missouri 63839 (870)549-0345 County of Pemissott represented by N/A
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of N/A N/A N/A N/A N/A N/A says:
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: Arkansas Community Correction Amount sought: \$15,949.88

Month, day, year and place of incident or service: 09/21/2009 - 07/15/2017

Explanation: I received official confirmation that during a recent pay audit it was discovered that I had not been receiving my pay differential for my credentials related to my position as a Substance Program Leader. I would not be receiving back pay, but I would start receiving a 6% increase which would be reflected on 08-04-17 paycheck. See Attachment 1, email from Joby Rousseau, ATM, ACC. I am requesting the amount which was officially calculated by Tiffany Gaston, Payroll Specialist, ACC. See Attachment 2, email from Tiffany Gaston, PS, ACC. At this time, I would be willing to consider the maximum payment offered by the Arkansas State Claim Commission as settlement.

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? N/A; to whom? N/A
(Yes or No) (Month) (Day) (Year) (Department)

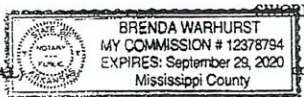
and that \$ N/A was paid thereon: (2) Has any third person or corporation an interest in this claim? N/A, NO; if so, state name and address:
N/A N/A N/A N/A N/A
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: N/A and was acquired on N/A, in the following manner:
N/A

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.

Michael Wayne Clark
(Print Claimant/Representative Name)

Michael Wayne Clark
(Signature of Claimant/Representative)



WITNESSED AND subscribed before me at Oceola AR
(City) (State)

on this 3 day of November, 2017
(Date) (Month) (Year)

Brenda Warhurst
(Notary Public)

SF1- R7/99

My Commission Expires: September 29 2020
(Month) (Day) (Year)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL WAYNE CLARK

CLAIMANT

V.

CLAIM NO. 180408

**ARKANSAS COMMUNITY
CORRECTION**

RESPONDENT

ORDER

This claim was filed by Michael Wayne Clark (the “Claimant”) against Arkansas Community Correction (the “Respondent”) for salary due in the amount of \$15,949.88.

The Respondent filed an answer on November 13, 2017, admitting liability in the amount of \$15,949.88.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$15,949.88, 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).