

FORM 13

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OCT 18 2022

BRIEF OF APPELLANT
THE STATE OF SOUTH CAROLINA **SC Court of Appeals**

In the Court of Appeals

[In The Supreme Court]

APPEAL FROM RICHLAND COUNTY

Court of Common Pleas

Administrative Law Court Judge

Circuit Court Judge

Appellant Case No. 2022-000982

Miya Freeman,

Appellant

v.

South Carolina Department of Employment Workforce (Department) and
Amazon.com Services Inc., Respondents

[INITIAL] BRIEF OF APPELLANT

Miya S. Freeman appeals the order of Honorable S. Phillip Lenski,
Administrative Law Court Judge dated June 21, 2022. Appellant received
written notice of entry of this order on September 21, 2022.

Miya Freeman
405 Grand National Lane
Elgin, SC 29034-7112
(803) 862-9424
Pro se Appellant

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2. WHETHER IN ACCORDANCE WITH S.C. CODE ANN. § I-23-380 (5) THE SUBSTANTIAL RIGHTS OF THE APPELLANT WERE PREJUDICED WHEN, AMONG OTHER THINGS, THE DEPARTMENT’S DECISION, INCLUDING ITS FINDINGS, INFERENCES, AND CONCLUSIONS, WERE CLEARLY ERRONEOUS IN VIEW OF THE RELIABLE, PROBATIVE, AND SUBSTANTIAL EVIDENCE ON THE WHOLE RECORD?

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STATEMENT OF ISSUES ON APPEAL

1. WERE THE APPELLANT'S RIGHTS PREJUDICED IN THE ADMINISTRATIVE LAW COURT JUDGE'S FAILURE TO WEIGH AND CONSIDER THE APPELLANT'S WHOLE RECORD IN ITS DECISION TO AFFIRM THE DEPARTMENT'S PETITION?
2. DID THE ADMINISTRATIVE LAW COURT ERR IN FAILING TO UPHOLD THE APPELLANT'S ENTITLEMENT TO UNEMPLOYMENT BENEFITS?

STATEMENT OF THE CASE

This matter is before the S.C. Circuit Court of Appeals pursuant to the appeal of Miya Freeman (Appellant) filed August 15, 2022. The Appellant seeks review of the Administrative Law Court (ALC) Judge's decision concluding that the Appellant did not timely file her appeal to the Department's Appellate Panel (Panel). In accordance with SC Code Ann § 41-35-60 (2021); § 41-35-110 (2021) and § 41-35-660 (2021) Appellant is eligible to file claims for unemployment benefits and to appeal an unfavorable determination. The court has jurisdiction over this appeal pursuant to South Carolina Code Section § 41-35-750.

PROCEDURAL HISTORY

On August 25, 2021, the Appellant filed a claim for unemployment benefits (UI) with the South Carolina Department of Employment and Workforce (Department). The claims adjudicator's determination mailed on October 4, 2021, held the Appellant indefinitely disqualified from benefits

effective August 22, 2021, upon finding she voluntarily severed the employer/employee relationship without good cause by filing for unemployment benefits while on a leave of absence. On October 19, 2021, the Appellant appealed to the Appeal Tribunal.

On January 5, 2022, after an evidentiary hearing on the timeliness of the appeal, the Tribunal found the Appellant's appeal was untimely and dismissed the case. Appellant appealed the Tribunal's decision and on February 22, 2022, 'The Panel' affirmed the Tribunal's decision dismissing Appellant's appeal of the October 4, 2021, determination as untimely.

On March 22, 2022, and April 4, 2022, respectively, the Appellant filed a Notice of Appeal to the Administrative Law Court (ALC) seeking judicial review of the Department's decision affirming the Appeal Tribunal's decision that she filed an untimely appeal, and her Appellant brief. On April 12, 2022, the Department filed the Record on Appeal (ROA). On May 12, 2022, the Department filed a Motion to Dismiss for Failure to File and Serve a Sufficient Brief with the court. The Department argued that the Appellant's April 4, 2022, packet did not comply with the requirements in ALC Rule 37(B) regarding the content of briefs and was subsequently denied on May 26, 2022.

In response to the Appellant's brief of April 4, 2022, on June 21, 2022, the ALC Judge stated "...Consequently, the claims adjudicator's determination that the Appellant is ineligible for UI benefits because she voluntarily severed the employer/employee relationship *without good cause* by filing for unemployment benefits while on a leave of absence must stand," and AFFIRMED the Department's decision.

The courts have interpreted the phrase "without good cause" to mean without a cause attributable to or connected with employment. *Faile v. S.C. Emp't Sec. Comm'n*, 267 S.C. 536, 541, 230 S.E.2d 219, 222 (1976).

STANDARD OF REVIEW

Section 1-23-380(5) of the South Carolina Code provides the standard of review to be utilized by appellate bodies, including the Administrative Law Court, when reviewing the Department's decisions. The section states:

The court may not substitute its judgment for the judgment of the agency as the weight of the evidence on question of fact. The court may affirm the decision of the agency or remand the case for further proceedings. The court may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions, or decisions are:

- (a) in violation of constitutional or statutory provisions;
- (b) in excess of the statutory authority of the agency;
- (c) made upon unlawful procedure;
- (d) affected by other error of law;
- (e) *clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or*
- (f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretions

FACTS

Presented is a chronology of the facts in the case. On July 17, 2021, Amazon submitted a request for a medical evaluation to the Appellant's medical service provider to determine whether to approve her request for leave from July 17, 2021, to August 18, 2021. On August 3, 2021, the Appellant sent Amazon, via email, her medical service provider's report on her medical fitness for duty. The report recommended the Appellant be placed on leave from July 17, 2021, to August 18, 2021.

On July 28, 2021, via email with a letter attachment dated July 27, 2021, Amazon discharged the Appellant from her employment and cited *job abandonment* as the reason for its action. On August 12, 2021, Amazon sent another email to the Appellant informing her of its July 26, 2021, decision to deny her Federal Family and Medical Leave [FMLA] from July 27, 2021, to August 17, 2021; and further, of their denial of FMLA from July 17, 2021, to July 26, 2021. In addition, the email also showed that as of August 12, 2021, her request for medical leave from July 27, 2021, to August 17, 2021, *as being in a pending status (in contravention to her notice of termination, dated July 27, 2021)*. Even more, the email also communicated that as of August 12, 2021, Amazon approved her medical leave of absence from July 17, 2021, to July 26, 2021.

The period of medical leave shown in Amazon's letter of August 12, 2021, is **different** from the period stated in Amazon's Case Number 02298957 (**July 17, 2021, to August 18, 2021**) request for information sent to the Appellant's medical service provider.

The transmission of the email providing the notifications cited above **occurred fifteen (15) days after the Appellant's receipt of the July 27, 2021, notice terminating her employment with Amazon.** That notice served as the basis for the Department's decision and the **differing and confusing reasons** it cited for denying the Appellant payment of unemployment benefits.

Among the assorted reasons for denying the payment of benefits, the Department stated: the Appellant filed for benefits while on a leave of absence; was unable to work due to a health condition; did not provide the specified number of verifiable contacts; did not provide evidence that she was available and actively seeking full time work; was on vacation and not available for work; and, that **she voluntarily severed her employee relationship with Amazon.**

The Department erred in its initial decision to deny the Appellant's claim for unemployment benefits for 20 weeks. **ALL** of the Department's subsequent actions pertaining to the Appellant's late submission of appeals **FLOW** from this initial, erroneous decision.

This is not a new argument and was submitted during the appeal process with both the Department and the Administrative Law Court (ALC). The Appellant's '**whole record**' contains incontrovertible evidence that shows the Appellant **DID NOT** voluntarily sever her employee/employer relationship with Amazon, the rationale the Department used to deny the Appellant's initial claim. **See Amazon's Memorandums dated August 12, 2021, and July 27, 2021, respectively.**

In its June 7, 2022, BRIEF OF RESPONDENT, the Department restated its erroneous rationale (R.p.29) and enumerated instances of the Appellant's late submission of her appeal. See (R.p.37); (R.pp.44); (R.pp.47-91) and (R.pp.1-4; pp.99-102), which served as the basis for the June 21, 2022, Administrative Law Court Judge's decision to **AFFIRM** the Department's determination that denied payment of unemployment

benefits to the Appellant.

In its June 7, 2022, BRIEF OF RESPONDENT, the Department, however, was **SILENT** on the **CONTENTS of the Appellant's appeal submissions dated September 29, 2021, and October 4, 2021, respectively.** Beyond the January 5, 2022, Evidentiary Hearing's inconclusive and confusing exchange between the Hearing Officer and the Appellant; the Department asserted that October 19, 2021, was the Appellant's first attempt to appeal the October 4, 2021, separation determination, without addressing the 'contents' of the Appellant's September 29, 2021, and October 4, 2021, respectively, correspondences submitted via FAX to 803-727-0287, **per lines 12-14, page 061 of Evidentiary Hearing on January 5, 2021.**

The Appellant contends that she did not voluntarily sever her relationship with Amazon and the Appellate Panel's and the Department's decisions were based on Amazon's improper termination of her employment on July 27, 2021, and were, therefore, flawed.

South Carolina policy favors the disposition of issues on the merits rather than on technicalities. To this end, the Appellant enjoins the court to view the evidence of the whole record in the light most favorable to the moving party as a Matter of Law.

ARGUMENTS

1. WHETHER SUBSTANTIAL EVIDENCE EXISTS TO REVERSE THE ADMINISTRATIVE LAW JUDGE'S DECISIONS TO AFFIRM THE DEPARTMENT'S DENIAL OF PAYMENT OF UNEMPLOYMENT INSURANCE (UI) BENEFITS TO THE APPELLANT DUE TO UNTIMELY APPEAL SUBMISSIONS?
2. WHETHER IN ACCORDANCE WITH S.C. CODE ANN. § I-23-380 (5) THE SUBSTANTIAL RIGHTS OF THE APPELLANT WERE PREJUDICED WHEN, AMONG OTHER THINGS, THE DEPARTMENT'S DECISION, INCLUDING ITS FINDINGS, INFERENCES, AND CONCLUSIONS, WERE CLEARLY ERRONEOUS IN VIEW OF THE RELIABLE, PROBATIVE, AND SUBSTANTIAL EVIDENCE ON THE WHOLE RECORD?

Gibson v. Florence Country Club, 282 S.C.384 at 318 S.E.2d 365, 367 (1984) Circuit Court's reversal of The Employment Security Commission's denial of Gibson's unemployment benefits provides precedence for a similar reversal of the ALC's and the Department's denial in this case. The Department should not have denied the Appellant's claim for unemployment benefits for the following reasons:

Amazon's initiation of the letter to the Appellant dated July 27, 2021, (*enclosure 2*) which terminated her employment for job abandonment was in error. Amazon terminated the Appellant's employment before receipt of the response to its own Case Number 02298957, (*enclosure 3*) request for medical service provider input on the Appellant's fitness for duty, in order to decide whether to approve her for a leave of absence from July 17, 2021, to August 18, 2021. The medical service provider's report submitted his report to Amazon on August 3, 2021.

Fifteen (15) days after its July 27, 2021, Notice of the Termination of the Appellant's employment and after its receipt of the medical service provider's input (Case Number 02298957); on August 12, 2001, Amazon **APPROVED** medical leave for the Appellant from July 17, 2021, to

July 26, 2021 (*enclosures 5-7*).

The Department relied on the erroneous statement in Amazon's letter dated July 27, 2021, that the Appellant abandoned her job as the basis for denying her claims for unemployment benefits.

In a letter dated September 27, 2021, (*enclosure 10*) the Appellant filed an appeal to the Denial of her Unemployment Benefits and requested an in-person hearing with the Department to provide evidence to support her claim and respond to the wide variety of conflicting and confusing reasons the Department cited for denying her claims. ***The Department did not respond to the Appellant's letter of September 27, 2021.***

Section 1-23-380 (5) of the South Carolina Code provides the standard of review to be utilized by appellate bodies, including the Administrative Law Court, when reviewing the Department's decisions. The code states, "...Substantial rights of the appellant are prejudiced when, among other things, the agency's decision, including the agency's findings, inferences, and conclusions, are clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record."

The Appellant argues that the ALC's and the Department's decisions

were *clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record.*

CONCLUSION

For the reasons stated, the Circuit Court should reverse the judgement of the Administrative Law Court and direct the Department to pay the Appellant unemployment benefits for 20 weeks based on evidence contained in the whole record of the case.

Other Counsel of Record:

South Carolina Circuit Court of Appeals
1220 Senate Street, Columbia, SC 29201

South Carolina Administrative Law Court
1205 Pendleton Street, Suite 224, Columbia, SC 29201

Valerie McMellan
SC Department of Employment and Workforce (SCDEW)
PO Box 8597, Columbia, SC 29202

Benjamin Thomas Cook, Esquire
Amazon.com Services Inc., PO Box 16560, Clearwater, FL 33766

Respectfully submitted,

October 18, 2022

Miya Freeman
405 Grand National Lane
Elgin, SC 29034-7112
(803) 862-9424
Pro se Appellant

11 Enclosures:

- 1 – Amazon’s email dated July 28, 2021
- 2 – Amazon’s Letter dated July 27, 2021
- 3 – 4 Appellant’s email to Amazon dated August 3, 2021, and United Physician Medical Group Report dated August 3, 2021 (5 pages)
- 5 – 7 Amazon’s Email and Letter dated August 12, 2021, approving Appellant’s Medical Leave of Absence Decision Notification for Case 0229858: and Physician Statement-Behavioral Health , (6 pages)
- 8 – 9 Amazon’s Appellant’s Earning Statements for periods August 1, 2021, to August 13, 2021 (2 pages)
- 10 Appellant’s Letter of Appeal dated September 27, 2021
- 11 [Six (6) pages]SCDEW’s Assorted and Confusing Reasons for denial of unemployment benefits

PROOF OF SERVICE

I certify that I have hand-delivered the Appellant’s Brief to the SC Circuit Court of Appeals, 1220 Senate St., Columbia, SC 29201; and to the South Carolina Administrative Law Court, 1205 Pendleton St., Suite 224, Columbia, SC 29201 on October 18, 2022; and, to South Carolina Department Employment Workforce (SCDEW), PO Box 8597, Columbia, SC 29202, per US Postal Service Receipt Number: _____ dated _____ and to Amazon.com Service Inc. PO Box 16560, Clearwater FL 33766, per US Postal Service Receipt Number: _____ dated _____, respectively.

RECEIVED

OCT 18 2022

SC Court of Appeals

Sent from my iPhone

Begin forwarded message:

From: MyDocs-noreply <MyDocs-noreply@onbaseonline.com>

Date: July 28, 2021 at 20:12:37 EDT

To: freemanmiya129@gmail.com

Subject: Termination Documents are Available for Review

Dear Miya,

Please review your termination letter attached to this email. Your termination and employment documents are available for review on the MyDocs portal for 90 calendar days after the end of your employment. To access the MyDocs portal, navigate to <https://amazon.onbaseonline.com> and input your personal email address and password.

Thank you,

Amazon Human Resources

108871897

ENCL #1



Miya Freeman
405 grand national lane
Elgin, SC 29045

Dear Miya (EEID: 108871897):

This letter confirms that the date of your voluntary resignation due to job abandonment with Amazon.com Services LLC is July 27, 2021.

You have executed a Confidentiality and Invention Assignment Agreement with the Company. You are reminded that certain provisions of the agreement survive the termination of your employment with the Company and remain in full force and effect. Your agreement is available for review in the MyDocs portal for 90 calendar days after the end of your employment.

We wish you the best in your future endeavors.

Sincerely,
Amazon Human Resources

ENCL # 2

Sent from my iPhone

Begin forwarded message:

From: Miya Freeman <freemanmiya129@gmail.com>

Date: August 3, 2021 at 17:19:47 EDT

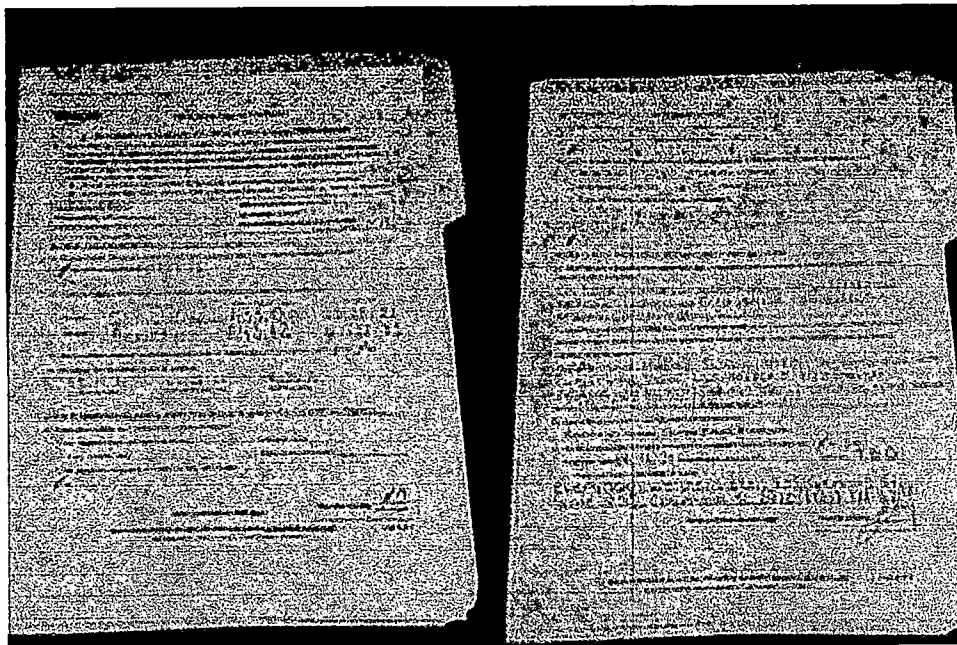
To: amazondls@amazon.com

Subject: Case number 02298957

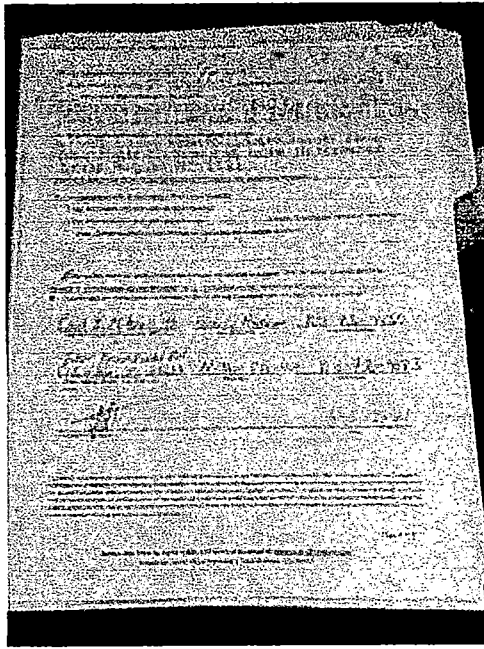
Denise Thomas Case Manger

Cell phone number: (803)-862-9424

No longer able to log on into my A to Z app at the current moment.



EXCL # 3 [2 PAGES]



Sent from my iPhone

Sent from my iPhone

Begin forwarded message:

From: Amazon Disability and Leave Services <amazondls@dali-leave-disability.services.hr.a2z.com>

Date: August 12, 2021 at 16:24:56 EDT

To: freemanmiya129@gmail.com

Subject: About Leave for - Miya Freeman, Employee ID: 108871897, Case 02298957

amazon

Disability & Leave Services

August 12, 2021

Miya Freeman
405 grand national lane
Elgin, SC 29045
USA

Dear Miya,

Your leave of absence has been approved. Please review the attached documents related to your leave of absence request.

Thank you,
Melanie Rodriguez | Tier 2 DLS Case Manager
Disability & Leave Services

If you believe you are receiving this email in error, please contact the Disability & Leave Services (DLS) Team at (888) 892-7180.

This message, and any attachments to it, may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any use, dissemination, distribution, copying, or communication of this message is strictly prohibited. If you have received this message in error, please notify the sender immediately by return e-mail and delete the message and any attachments. Thank you.

ENCL #5

Exhibit A



Physician Statement - Universal

Return this form by fax to 1-855-579-1799 or by email to amazondls@amazon.com.

- ▶ **Instructions for Healthcare Provider:** Your patient requested leave of absence and disability pay due to a medical condition. Complete Sections A-E as applicable to assist us in rendering a claim decision. Please indicate "not applicable" in any section where the question is not relevant to the condition or impairment, or where the information would not be relevant to our evaluation of your patient's need for a job accommodation. In completing this form, we request you:
 - ▶ Provide information and assessment to the best of your medical knowledge and ability to estimate.
 - ▶ Provide information that is complete, specific, and avoids terms such as "unknown" or "unable to determine."

Patient Name: Miya Freeman	Patient Date of Birth: [REDACTED]
Patient Job Title: Fulfillment Associate	Case Number: 02298957
Requested Leave Start Date: July 17, 2021	Requested Return To Work: August 18, 2021 September 1, 21

Section A: Diagnostic Information (to be completed by the Healthcare Provider)

A1. Do you consider the patient unable to work their current job due to their primary disabling condition?

- Yes, unable to work as of: 07/17/21
- No

A2. Disabling Diagnosis information (required only when employee is applying for disability pay):

	Diagnoses	DSM or ICD-10 Codes	Onset Date
Primary	<u>Clinical Depression</u>	<u>F33.0</u>	<u>07-22-21</u>
Secondary	<u>Anxiety</u>	<u>F43.12</u>	<u>07-22-21</u>

A3. Was the primary disabling condition sustained while the patient was performing their job? Yes No

A4. Office visits for the primary disabling condition:

04/14/21 / 07/22/21 / 08/26/21
 First visit date Most recent visit date Next visit date

Section B: Hospitalization, Surgery, and/or Pregnancy (to be completed by the Healthcare Provider)

B1. Is this absence from work related to a hospital admission?

- Yes, inpatient (overnight stay); admit date: ___/___/___ Discharge date: ___/___/___
 If yes, Hospital name: _____ Hospital phone number: _____
- Yes, outpatient diagnostic or treatment unit, service date: ___/___/___
- No

Form continues on next page.

Provider Initials: [Signature]

Return this form by fax to 1-855-579-1799 or by email to amazondls@amazon.com
 Employee name: Miya Freeman | Case Number: 02298957

ENCL 4

Exhibit A

B2. Is this absence from work related to a surgical procedure?

Yes, surgery date: ___/___/___ Surgical procedure: _____ CPT: _____

Open procedure Laparoscopic procedure Other (specify): _____

No

B3. Is this absence from work related to the employee's pregnancy, or recovery from childbirth or pregnancy loss?

Yes, with due date ___/___/___ Vaginal delivery Cesarean

Yes, pregnancy loss; loss date ___/___/___ at week ___ of gestation

If yes, are there any pregnancy-related complications?

No

Section C: Clinical Assessment (to be completed by the Healthcare Provider)

C1. What prevents the patient from performing their job functions (outline restrictions, limitations, symptoms, and any relevant exam findings, etc.)?

On Edge, withdrawing from being present; Reckless behavior, changes in sleep patterns, no appetite, Angry, trouble concentrating, Suicidal.

C2. If primary or secondary disabling diagnosis is Behavioral Health, provide your formal Mental Status Exam results and detailed behavioral observations (consider appearance, behavior, speech, mood, affect, thought process and content, cognition, insight/judgment):

appearance: Flushed - Behavior: on Edge. Speech - unable with out crying; mood - Low. affect PTSD - Thought process and content; Did not seem present in time. Need psychiatric assistance.

Section D: Treatment Plan (to be completed by the Healthcare Provider)

D1. How often do you plan to see the patient for this condition?

Weekly (or more frequently) Bi-weekly Monthly Other (specify): _____

D2. Has the patient been referred for Physical/Occupational/Behavioral Therapy/other: Yes No

If yes, start date: 08/18/21 Frequency per week/month: _____ Duration: TBD

Name and contact information of facility:

Everyday wellness, LLC; 807 Gervais St, Suite 207 Columbia, SC 29201 (803)-888-6714

Form continues on next page.

Provider Initials: AB

Exhibit A

D3. Has the patient been referred to a specialist: Yes No

If yes, provider's specialty: psychiatrist Appointment date with specialist: 08/18th/21

Name and contact information of specialist:

Everyday Wellness, LLC; 801 Gervais St,
Suite 201 Columbia, SC 29201 (803)-888-6714

D4. Describe your treatment plan for the primary disabling condition:

Ativan 0.5mg tablets; CelexA tablets 20mg.
psychiatric sessions to be determined
after August 18th, 2021

Section E: Return to Work Planning (to be completed by the Healthcare Provider)

E1. Per your assessment, is your patient fit to return to work?

Yes, fit to return full duty with no restrictions on ___/___/___

Yes, fit to return full duty with restrictions on ___/___/___ (Amazon may request additional information.)

If yes, is there an accommodation that would enable the employee to return:

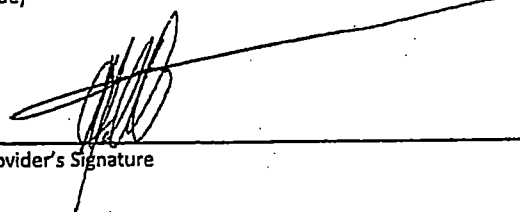
No, cannot return to work at this time (Amazon will provide a separate form for return to work planning.)

Section F: Certification by the Provider (to be completed by the Healthcare Provider)

▶ I certify that the information contained on this form and submitted with this form is true and correct.

Carl I. Mitchell, MD. Family Medicine 803-736-4050
Provider's Name and Credentials (MD, DO, etc.) Type of Practice Telephone Number

7201 Brookfield Rd
Columbia, SC 29223 M-Thur 8:00-4:00 803-736-4083
Office Address (Street, City, State, Zip Code) Office Hours Fax Number


Provider's Signature

8/13/2021
Date

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual or an individual's family members' genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Exhibit A

Sent from my iPhone

Begin forwarded message:

From: Amazon Disability and Leave Services <amazondls@dali-leave-disability.services.hr.a2z.com>

Date: August 12, 2021 at 16:24:56 EDT

To: freemanmiya129@gmail.com

Subject: About Leave for - Miya Freeman, Employee ID [REDACTED] Case 02298957

amazon

Disability & Leave Services

August 12, 2021

Miya Freeman
405 grand national lane
Elgin, SC 29045
USA

Dear Miya,

Your leave of absence has been approved. Please review the attached documents related to your leave of absence request.

Thank you,
Melanie Rodriguez | Tier 2 DLS Case Manager
Disability & Leave Services

If you believe you are receiving this email in error, please contact the Disability & Leave Services (DLS) Team at (888) 892-7180.

This message, and any attachments to it, may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any use, dissemination, distribution, copying, or communication of this message is strictly prohibited. If you have received this message in error, please notify the sender immediately by return e-mail and delete the message and any attachments. Thank you.

Exhibit A



Disability & Leave Services

August 12, 2021

Miya Freeman
405 grand national lane
Elgin, SC 29045
USA

Re: Decision Notification – Miya Freeman, Case 02298957

Dear Miya,

On July 26, 2021 we received your request for a leave of absence. See below for more information about the status of your claim.

Leave Decision Notification • The following decisions have been made on your request for leave.

Plan Name	Status	Decision Date	Start Date	End Date
Federal FMLA	Denied	July 26, 2021	July 27, 2021	August 17, 2021
Federal FMLA	Denied	July 26, 2021	July 17, 2021	July 26, 2021
Medical Leave of Absence	Pending	August 12, 2021	July 27, 2021	August 17, 2021
Medical Leave of Absence	Approved	August 12, 2021	July 17, 2021	July 26, 2021

• See below for your estimated leave usage. Please note, this is an estimate and is subject to change if your leave dates change.

Plan Name	Time Used	Estimated Time Remaining
Federal FMLA		12 weeks
Medical Leave of Absence	10 days	172 days

- You are not eligible for leave under the federal Family and Medical Leave Act because:
- You have not worked 1,250 hours in the previous 12 months. As of the date of this letter you have worked approximately 715.64 hours.
 - You have not worked for Amazon for 12 months. As of the date of this letter you have worked approximately 8.2 months.

Pay Decision We have received your claim for short-term disability (STD) benefits. The Plan is administered in accordance with the terms of the Employee Retirement Income Security

Exhibit A

Notification Act of 1974 (ERISA), the federal law that governs the Plan. The following decision has been made on your claim for pay benefits:

- The following decisions have been made on your request for benefits.

Benefit Name	Status	Decision Date	Adjusted Start Date	Adjusted End Date
Short Term Disability (STD)	Approved	August 12, 2021	July 24, 2021	July 26, 2021

Pay Available During Leave

- You can request to apply any accrued and available Sick, Personal, Floating Holiday, and/or Vacation pay.
- Review all the enclosed information to learn about pay processes for employees on a leave of absence.

What Happens Next

- We will notify your HR representative and Manager of your claim decision.
- Your certification releases you to return to work on July 27, 2021. If this date changes, please contact us immediately. We may request additional documentation in certain circumstances (for example, if you request additional time off.)

Questions ? Contact Disability & Leave Services (DLS) via phone at (888) 892-7180 option 1.



Physician Statement – Behavioral Health

Return this form by fax to 1-855-579-1799 or by email to amazondls@amazon.com.

▶ **Instructions for Healthcare Provider:** Your patient requested leave of absence and disability pay due to a medical condition. Complete Sections A-E as applicable to assist us in rendering a claim decision. Please indicate "not applicable" in any section where the question is not relevant to the disabling condition, or where the information would not be relevant to our evaluation of your patient's need for leave. In completing this form, we request you:

- ▶ Provide information and assessment to the best of your medical knowledge and ability to estimate.
- ▶ Provide information that is complete, specific and avoids terms such as "unknown", "unable to determine".
- ▶ Include a copy of your latest office visit notes with this form

Patient Name: Miya Freeman	Patient Date of Birth: June 21, 1997
Patient Job Title: Fulfillment Associate	Case Number: 02298957
Requested Leave Start Date: July 17, 2021	Requested Return To Work: July 27, 2021

Section A: Diagnostic Information (to be completed by the Healthcare Provider)

A1. Do you consider your patient to be totally impaired or unable to work due to their primary disabling condition?

Yes, as of: ____/____/____

No

A2. Disabling Diagnosis information:

	Diagnoses	DSM or ICD-10 Codes	Onset Date
Primary	_____	_____	_____
Secondary	_____	_____	_____
Relevant Co-Morbid	_____	_____	_____
	_____	_____	_____

A3. Was the primary disabling condition sustained while the patient was performing their job? Yes No

Section B: Hospitalization, and/or Pregnancy (to be completed by the Healthcare Provider)

B1. Is this absence from work related to a hospital admission?

No

Yes, inpatient (overnight stay); admit date: ____/____/____ Discharge date: ____/____/____

Yes, partial hospitalization; admit date: ____/____/____ Discharge date: ____/____/____

If yes, Hospital name: _____ Hospital phone number: _____

B2. Is this absence from work related to pregnancy or pregnancy related issues?

No

Yes, delivery date: ____/____/____ Please explain: _____

Form continues on next page.

Provider Initials: _____

EAL7

Section C: Clinical Assessment (to be completed by the Healthcare Provider)

C1. Within the realm of psychological functioning, what prevents the patient from performing their job functions (outline restrictions, limitations, symptoms, and any relevant exam findings, etc.)?

C2. Provide your formal Mental Status Exam findings and detailed behavioral observations:

Content	Within Normal Limits	Impaired	Describe Your Findings
A. General/Behavior Observations			As evidenced by:
1. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
2. Speech	<input type="checkbox"/>	<input type="checkbox"/>	
3. Behavior	<input type="checkbox"/>	<input type="checkbox"/>	
4. Impulse control	<input type="checkbox"/>	<input type="checkbox"/>	
B. Language/Thought functioning			As evidenced by:
1. Thought Process	<input type="checkbox"/>	<input type="checkbox"/>	
2. Thought Content	<input type="checkbox"/>	<input type="checkbox"/>	
3. Delusion/Hallucination	<input type="checkbox"/>	<input type="checkbox"/>	
C. Emotional functioning			As evidenced by:
1. Mood	<input type="checkbox"/>	<input type="checkbox"/>	
2. Affect	<input type="checkbox"/>	<input type="checkbox"/>	
D. Cognitive functioning			As evidenced by:
1. Orientation/Attention	<input type="checkbox"/>	<input type="checkbox"/>	
2. Memory	<input type="checkbox"/>	<input type="checkbox"/>	
3. Insight	<input type="checkbox"/>	<input type="checkbox"/>	
4. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	
5. Problem Solving/Decision making	<input type="checkbox"/>	<input type="checkbox"/>	
6. Multitasking	<input type="checkbox"/>	<input type="checkbox"/>	

Section D: Treatment Plan (to be completed by the Healthcare Provider)

D1. Office visits for the primary disabling condition:

____/____/____
 First visit date

____/____/____
 Most recent visit date

____/____/____
 Next visit date

D2. How often do you plan to see the patient for this condition?

Weekly (or more frequently) Bi-weekly Monthly Other (specify): _____

Form continues on next page.

Provider Initials: _____

D3. Is this absence from work related to therapy/counseling or medication management?

No

Yes, intensive outpatient or PHP; admit date: ___/___/___ Discharge date: ___/___/___

Hospital name: _____ Hospital phone number: _____

Yes, psychotherapy/counseling; first visit: ___/___/___ Next scheduled appointment: ___/___/___

Provider name: _____ Provider phone number: _____

Frequency of visits: _____

Yes, medication management; frequency of visits: _____ Next scheduled visit: ___/___/___

Section E: Return to Work Planning (to be completed by the Healthcare Provider)

E1. Per your assessment, is your patient fit to return to work?

Yes, fit to return full duty with no restrictions on ___/___/___

Yes, fit to return full duty with restrictions on ___/___/___ (Amazon may request additional information.)

If yes, is there an accommodation that would enable the employee to return:

No, cannot return to work at this time (Amazon will provide a separate form for return to work planning.)

Section F: Certification by the Provider (to be completed by the Healthcare Provider)

► I certify that the information contained on this form and submitted with this form is true and correct.

Provider's Name and Credentials (MD, DO,
etc.)

Type of Practice

Telephone Number

Office Address (Street, City, State, Zip
Code)

Office Hours

Fax Number

Provider's Signature

Date

/ /

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual or an individual's family members' genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Encl 7

CO. FILE. DEPT. CLOCK VCHR. NO.
AAJ 249426 129900 395 0000364231 1

AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

Earnings Statement



Period Beginning: 08/01/2021
Period Ending: 08/07/2021
Pay Date: 08/13/2021

MIYA FREEMAN
405 GRAND NATIONAL LANE
ELGIN SC 29045

Earnings	rate	hours	this period
Shift Pay	0.6002	10.18	6.11
Vac Cashout	15.5000	10.18	157.79
Regular			
Overtime			
Bereavement			
Holiday Pay			
Personal Time			
Shft Pay @O/T			
Gross Pay			\$163.90

year to date
224.32
315.58
4,357.06
400.94
276.68
248.00
521.34
15.58
6,359.50

Other Benefits and Information	this period	total to date
Group-term Life	0.16	2.00

Important Notes

YOUR COMPANY PHONE NUMBER IS 888-892-7180

BASIS OF PAY: HOURLY

LEGAL ADDR 410 TERRY AVE NORTH SEATTLE WA 98109

@ THE SHIFT PAY RATE MAY NOT DISPLAY CONSISTENTLY
DUE TO CALCULATION METHOD AND ROUNDING.

Deductions	Statutory	
	Social Security Tax	-10.17
	Medicare Tax	-2.38
	SC State Income Tax	-4.00
	Federal Income Tax	
	Other	
	401K	-3.28*
	Net Pay	\$144.07
	Checking Dep.	-144.07
	Net Check	\$0.00

394.40
92.24
336.99
402.52
78.72

Additional Tax Withholding Information

Taxable Marital Status:
SC: Single
Exemptions/Allowances:
SC: 0

* Excluded from federal taxable wages
Your federal taxable wages this period are \$160.62

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AMAZON.COM SERVICES LLC
ATTN: AMAZON PAYROLL
202 WESTLAKE AVE N
SEATTLE, WA 98109

Advice number: 0000364231
Pay date: 08/13/2021

Deposited to the account of	account number	transit ABA	amount
MIYA FREEMAN	xxxxxx3593	xxxx xxxx	\$144.07

THIS IS NOT A CHECK

NON-NEGOTIABLE

EWEL 8

CO. FILE DEPT. CLOCK VCHR. NO.
 AAJ 249426 129900 395 0000382244 2

AMAZON.COM SERVICES LLC
 ATTN: AMAZON PAYROLL
 202 WESTLAKE AVE N
 SEATTLE, WA 98109

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

Earnings Statement



Period Beginning: 08/08/2021
 Period Ending: 08/14/2021
 Pay Date: 08/20/2021

MIYA FREEMAN
 405 GRAND NATIONAL LANE
 ELGIN SC 29045

Earnings	rate	hours	this period
Shrt Term Dis			106.29
Regular			
Overtime			
Bereavement			
Holiday Pay			
Personal Time			
Shft Pay @O/T			
Shift Pay			
Vac Cashout			
Gross Pay			\$106.29

year to date
159.43
4,357.06
400.94
276.68
248.00
521.34
15.58
224.32
315.58
6,518.93

Other Benefits and Information	this period	total to date
Groupterm Life		2.16

Important Notes

YOUR COMPANY PHONE NUMBER IS 888-892-7180

BASIS OF PAY: HOURLY

LEGAL ADDR 410 TERRY AVE NORTH SEATTLE WA 98109

@ THE SHIFT PAY RATE MAY NOT DISPLAY CONSISTENTLY DUE TO CALCULATION METHOD AND ROUNDING.

Deductions	Statutory	
Social Security Tax	-6.59	404.30
Medicare Tax	-1.54	94.55
SC State Income Tax	-1.84	339.10
Federal Income Tax		402.52
Other		
401K		78.72
Net Pay	\$96.32	
Checking Dep.	-96.32	
Net Check	\$0.00	

Additional Tax Withholding Information

Taxable Marital Status:
 SC: Single
 Exemptions/Allowances:
 SC: 0

Your federal taxable wages this period are \$106.29

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AMAZON.COM SERVICES LLC
 ATTN: AMAZON PAYROLL
 202 WESTLAKE AVE N
 SEATTLE, WA 98109

Advice number: 0000382244
 Pay date: 08/20/2021

Deposited to the account of	account number	transit ABA	amount
MIYA FREEMAN	xxxxxx3593	xxxx xxxx	\$96.32

THIS IS NOT A CHECK

NON-NEGOTIABLE

ENCL 9

September 27, 2021

Miya Shay Freeman
405 Grand National Lane
Elgin, SC 29045

Telephone: (803) 862-9424

Email: freemanmiya129@gmail.com

CLAIMANT ID: 11599075

REFERENCE: Confirmation Number 20477206

SUBJECT: Appeal to Denial of Unemployment Benefits

Request that I be scheduled for an in-person hearing at the earliest opportunity with the Unemployment Center of Columbia, SC to enable me to layout and provide evidence in support of my appeal to overturn the denial of my unemployment benefits.

From November 26, 2020, to July 26, 2021, I was employed as a Blue Badge, permanent employee by Amazon Distribution Center, 4400 12th Street Extension, West Columbia, SC 29172. On July 27, 2021, I received an email from Amazon indicating that I was terminated due to 'Job Abandonment.' This characterization, however, was inaccurate as I was on approved medical leave at the time of my discharge.

Within my case file with Amazon there are several notes of conversations between members of the Amazon's Human Resource staff and me in which they acknowledged that my employment should not have been terminated. If required, I can request and provide a copy of the notes and correspondence log pertaining to my termination. In addition, I can provide copies of the statements I received from my doctor authorizing my absences. These statements were provided to Amazon to explain the reasons for my not reporting to work.

Based on my employment status and numerous conversations with Amazon's HR staff, I was granted 60% of my pay for the period of my medical absences and later, on August 12th and 19th, respectively, after my termination, I received two Electronic Fund Transfer payments. Even more, based on the conversations with Amazon Employment Resource Center (Jessica), I initiated an "Appeal" to have Amazon reinstate my employment. To date I have not received a response from the company.

Amazon's erroneous termination of my employment coupled with my inability to receive unemployment benefits are creating burdensome hardships on my ability to meet my financial obligations. Accordingly, I request an in-person hearing to address what additional paperwork, if any, from Amazon, my doctor, or elsewhere I need to provide to resolve my entitlement to unemployment benefits.

Very Respectfully,

ENCL 10

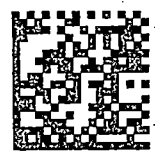
Miya Shay Freeman

Miya Shay Freeman

ENCL 10



South Carolina
Department of Employment and Workforce



20585026

Original

382 1 AB 0.458 UCB103
P:382 / T:2 / S:
MIYA S FREEMAN
405 GRAND NATIONAL LN
ELGIN SC 29045-7113

Decision Date: 12/20/2021
Mailing Date: 12/21/2021
Effective Date: 12/05/2021
Type: AA11
Category: Online Work Search
Benefit Year Ends: 08/20/2022
RE:
Claimant ID: 11599075
SSN: XXX-XX-0651
WBA: \$258.00
RBA: \$5,160.00

DECISION

You are held ineligible for benefits from 12/05/2021 to 12/11/2021.

DETERMINATION REASON

In order to be eligible for benefits under Section 41-35-110 of the South Carolina Code an individual must make a specified number of contacts each week as set by the South Carolina department of employment and workforce. Since you do not have the specified number of verifiable contacts for the period indicated below, you are ineligible to receive benefits for that period.

CONCLUSION

You have not met the eligibility requirements of the law, benefits are denied.

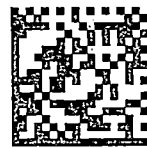
UI Claims Adjudicator

IMPORTANT: This determination will be the final decision of the Department unless you file an appeal setting forth in detail the grounds for appeal by 01/03/2022. Your appeal may be filed by mail clearly addressed to "Work Search Appeals" Post Office Box 995, Columbia, SC 29202," or by fax clearly addressed to "Work Search Appeals" to 803-737-0287. Due to the high volume of correspondence our agency is experiencing, failure to address your appeal as instructed may result in your appeal being delayed or not received. For additional information on filing an appeal, contact the Appeals Department at 803-737-2520 or visit our website at www.dew.sc.gov/individuals/manage-your-benefits/appeals.

ENCL # 11 [SIX (6) PAGES]



South Carolina
Department of Employment and Workforce



20585010

Original

381 1 AB 0.458 UCB103
P:381 / T:2 / S:
MIYA S FREEMAN
405 GRAND NATIONAL LN
ELGIN SC 29045-7113

Decision Date: 12/20/2021
Mailing Date: 12/21/2021
Effective Date: 12/05/2021
Type: AA05
Category: Not Available to Work
Benefit Year Ends: 08/20/2022
RE:
Claimant ID: 11599075
SSN: XXX-XX-0651
WBA: \$258.00
RBA: \$5,160.00

DECISION

You are held ineligible for benefits from 12/05/2021 .

DETERMINATION REASON

Under the provisions of the South Carolina Code Section 41-35-110, a claimant must be available and actively seeking full time work without limitation or restrictions to prevent accepting work. Evidence has been submitted to show that you do not meet these requirements.

CONCLUSION

You have not met the eligibility requirements of the law, benefits are denied.

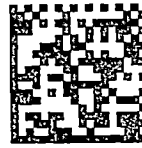
UI Claims Adjudicator

IMPORTANT: This determination will be the final decision of the Department unless you file an appeal setting forth in detail the grounds for appeal by 01/03/2022. Appeals may be filed by mail addressed to the "Appeal Tribunal, Post Office Box 995, Columbia, SC 29202," or by fax to 803-737-0287, or via the CSS or ESS portals using the "Request Appeal" button. **NOTE: UPLOADING DOCUMENTS TO THE PORTALS WILL NOT BE ACCEPTED AS AN APPEAL.** For additional information on filing an appeal, contact the Appeals Department at 803-737-2520 or visit our website at <https://www.dew.sc.gov/individuals/appeals>.

SEE FURTHER EXPLANATIONS OF THE LAW ON PAGE TWO (2) OF THIS FORM



South Carolina
Department of Employment and Workforce



20527484

Original

Decision Date:	12/10/2021
Mailing Date:	12/13/2021
Effective Date:	11/28/2021
Type:	AA11
Category:	Online Work Search
Benefit Year Ends:	08/20/2022
RE:	
Claimant ID:	11599075
SSN:	XXX-XX-0651
WBA:	\$258.00
RBA:	\$5,160.00

367 1 AB 0.458 UCB103
 P:367 / T:2 / S:
 MIYA S FREEMAN
 405 GRAND NATIONAL LN
 ELGIN SC 29045-7113

DECISION

You are held ineligible for benefits from 11/28/2021 to 12/04/2021.

DETERMINATION REASON

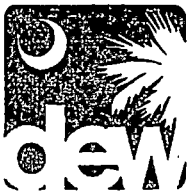
In order to be eligible for benefits under Section 41-35-110 of the South Carolina Code an individual must make a specified number of contacts each week as set by the South Carolina department of employment and workforce. Since you do not have the specified number of verifiable contacts for the period indicated below, you are ineligible to receive benefits for that period.

CONCLUSION

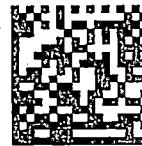
You have not met the eligibility requirements of the law, benefits are denied.

UI Claims Adjudicator

IMPORTANT: This determination will be the final decision of the Department unless you file an appeal setting forth in detail the grounds for appeal by 12/23/2021. Your appeal may be filed by mail clearly addressed to "Work Search Appeals" Post Office Box 995, Columbia, SC 29202," or by fax clearly addressed to "Work Search Appeals" to 803-737-0287. Due to the high volume of correspondence our agency is experiencing, failure to address your appeal as instructed may result in your appeal being delayed or not received. For additional information on filing an appeal, contact the Appeals Department at 803-737-2520 or visit our website at www.dew.sc.gov/individuals/manage-your-benefits/appeals.



South Carolina
Department of Employment and Workforce



20527499

Original

369 1 AB 0.458

UCB103

P:369 / T:2 / S:



MIYA S FREEMAN
405 GRAND NATIONAL LN
ELGIN SC 29045-7113



Decision Date:	12/10/2021
Mailing Date:	12/13/2021
Effective Date:	11/28/2021
Type:	AA03
Category:	Not Able to Work
Benefit Year Ends:	08/20/2022
RE:	
Claimant ID:	11599075
SSN:	XXX-XX-0651
WBA:	\$258.00
RBA:	\$5,160.00

DECISION

You are held ineligible for benefits from 11/28/2021 .

DETERMINATION REASON

An individual must be able to work in order to be eligible to receive unemployment insurance benefits. Due to a health condition, you are unable to work and are determined ineligible under the South Carolina Code Section 41-35-110.

CONCLUSION

You have not met the eligibility requirements of the law, benefits are denied.

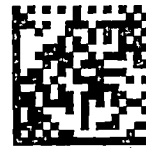
UI Claims Adjudicator

IMPORTANT: This determination will be the final decision of the Department unless you file an appeal setting forth in detail the grounds for appeal by 12/23/2021. Appeals may be filed by mail addressed to the "Appeal Tribunal, Post Office Box 995, Columbia, SC 29202," or by fax to 803-737-0287, or via the CSS or ESS portals using the "Request Appeal" button. ~~NOTE: UPLOADING DOCUMENTS TO THE PORTALS WILL NOT BE ACCEPTED AS AN APPEAL.~~ For additional information on filing an appeal, contact the Appeals Department at 803-737-2520 or visit our website at <https://www.dew.sc.gov/individuals/appeals>.

SEE FURTHER EXPLANATIONS OF THE LAW ON PAGE TWO (2) OF THIS FORM




South Carolina
Department of Employment and Workforce



20471473

Original

59 1 AB 0.458 UCB103
P:59 / T:1 / S:

MIYA S FREEMAN
405 GRAND NATIONAL LN
ELGIN SC 29045-7113

Decision Date: 12/01/2021
Mailing Date: 12/01/2021
Effective Date: 11/21/2021
Type: AA11
Category: Online Work Search
Benefit Year Ends: 08/20/2022
RE:
Claimant ID: 11599075
SSN: XXX-XX-0651
WBA: \$258.00
RBA: \$5,160.00

DECISION

You are held ineligible for benefits from 11/21/2021 to 11/27/2021.

DETERMINATION REASON

In order to be eligible for benefits under Section 41-35-110 of the South Carolina Code an individual must make a specified number of contacts each week as set by the South Carolina department of employment and workforce. Since you do not have the specified number of verifiable contacts for the period indicated below, you are ineligible to receive benefits for that period.

CONCLUSION

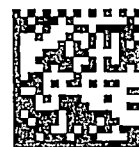
You have not met the eligibility requirements of the law, benefits are denied.

UI Claims Adjudicator

IMPORTANT: This determination will be the final decision of the Department unless you file an appeal setting forth in detail the grounds for appeal by 12/13/2021. Your appeal may be filed by mail clearly addressed to "Work Search Appeals" Post Office Box 995, Columbia, SC 29202," or by fax clearly addressed to "Work Search Appeals" to 803-737-0287. Due to the high volume of correspondence our agency is experiencing, failure to address your appeal as instructed may result in your appeal being delayed or not received. For additional information on filing an appeal, contact the Appeals Department at 803-737-2520 or visit our website at www.dew.sc.gov/individuals/manage-your-benefits/appeals.



South Carolina
Department of Employment and Workforce



20479315

Original



73 1 AB 0.458

UCB103
P:73 / T:1 / S:



MIYA S FREEMAN
405 GRAND NATIONAL LN
ELGIN SC 29045-7113



Decision Date:	12/02/2021
Mailing Date:	12/03/2021
Effective Date:	11/14/2021
Type:	AA05
Category:	Not Available to Work
Benefit Year Ends:	08/20/2022
RE:	
Claimant ID:	11599075
SSN:	XXX-XX-0651
WBA:	\$258.00
RBA:	\$5,160.00

DECISION

You are held ineligible for benefits from 11/14/2021 .

DETERMINATION REASON

An individual must be available for work in order to receive unemployment insurance benefits under the South Carolina Code Section 41-35-110. You are presently on vacation and not available for work. You are determined ineligible for benefits. You have failed to complete the required Dynamic Fact Finding questionnaire. Therefore, you are not eligible for benefits.

CONCLUSION

You have not met the eligibility requirements of the law, benefits are denied.

UI Claims Adjudicator

IMPORTANT: This determination will be the final decision of the Department unless you file an appeal setting forth in detail the grounds for appeal by 12/13/2021. Appeals may be filed by mail addressed to the "Appeal Tribunal, Post Office Box 995, Columbia, SC 29202," or by fax to 803-737-0287, or via the CSS or ESS portals using the "Request Appeal" button. **NOTE: UPLOADING DOCUMENTS TO THE PORTALS WILL NOT BE ACCEPTED AS AN APPEAL.** For additional information on filing an appeal, contact the Appeals Department at 803-737-2520 or visit our website at <https://www.dew.sc.gov/individuals/appeals>.

SEE FURTHER EXPLANATIONS OF THE LAW ON PAGE TWO (2) OF THIS FORM