

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Appellate Case No. 2018-000216

Donna Dozier, Claimant, Appellant

v.

Georgetown County School District, Employer
And
SC School Boards Insurance Trust, Carrier, Respondents

RECORD ON APPEAL

Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

Timothy B. Killen, Esq.
Holder Padgett Littlejohn + Prickett, LLC
349 W Coleman Blvd, Suite 300
Mt. Pleasant, SC 29464
Office: (843) 277-0826
Fax: (843) 589-9000
tkillen@hplplaw.com
Attorney for Respondents

RECEIVED
SEP 07 2018
SC Court of Appeals

INDEX

Appellate Panel Decision and Order dated January 12, 2018	1
Interim Decision and Order of Commissioner McCaskill dated August 16, 2017	14
Appellant's Form 30 Request for Commission Review dated August 30, 2017	34
Transcript of Hearing before Commission Appellate Panel on November 14, 2017	37
Transcript of Hearing before Commissioner McCaskill on March 21, 2017	53
Testimony of Donna Dozier	
Direct Examination of Donna Dozier	65
Cross Examination of Donna Dozier	88
Redirect Examination of Donna Dozier	103
Recross Examination of Donna Dozier	107
Further Redirect Examination of Donna Dozier	108
Transcript of Deposition of Donna Dozier on March 15, 2017	112
Form 20 prepared by the Respondents' claim representative, James Lindler	168
SCWCC Form 20, Revision Date 01/2014	169
Letter from Appellant's counsel to Respondents' counsel dated March 28, 2017 enclosing Appellant's Document Production Subpoena to Respondents.	170
Appellant's Document Production Subpoena to Respondents dated March 27, 2017	171
Letter from Respondents' counsel to Appellant's counsel, dated April 5, 2017, enclosing Respondents' response to Appellant's Document Production Subpoena dated March 27, 2017 (72 Pages).	176
Appellant's Supplemental Post Hearing A.P.A. Submissions:	
Appellant's Exhibit 1-Letter to Appellant, dated August 28, 2015, from Lisa Johnson, Respondent Employer's Associate Superintendent of Financing Operations, which lists the Appellant's salary for the 2015-2016 school year at the time of her injury as \$11,857.00.	263
Appellant's Exhibit 2-Appellant's Employment Agreement, executed in October 2014, which sets forth the terms of Appellant's employment as a Food Service Operator for the Respondent Employer during the 2014-2015 school year and indicates that food service worker employees such as the Appellant are expected	264

to work 181 work days during the school year. As the Appellant was hired after the commencement of the 2014-2015 school year, her Employment Agreement indicates that she was expected to work a total of 150 work days during the 2014-2015 school year.

Appellant's Exhibit 3-Active Employee Notice of Election (NOE) executed by the Appellant and Aisha T. Greene, Benefits Administrator for the Respondent Employer, which lists the Appellant's salary for the 2014-2015 school year as \$11,522.00	265
Respondent's Supplemental Post Hearing A.P.A. Submissions:	
Respondent Employer's Exhibit 1-A collection of documents which includes the Appellant's Employment Agreement with Respondent Employer as a Food Service Operator for the Respondent Employer for a period of 150 days during the 2014-2015 school year, Employee Check Detail Reports, and Employee Absence Reports (15 Pages).	266
Letter from Appellant's counsel, with Exhibit, to Commissioner McCaskill dated April 7, 2017.	281
Letter from Appellant's counsel, with Exhibits, to Commissioner McCaskill dated April 10, 2017.	284
Appellant's Notice of Appeal dated February 9, 2018	288
SCWCC Form 14B Physician's Statement Todd M. Tupis, M.D., dated February 15, 2018	289
Appellant's Document Production Subpoena to Respondents dated February 20, 2018	290
Appellant's Document Production Subpoena to Catherine Calli Pope dated February 20, 2018.	299
Appellant's Form 50 Request for Hearing dated February 23, 2018	306
Transcript of the Deposition of Catherine Calli Pope dated April 16, 2018 with exhibits	307
Transcript of the Deposition of Douglas Jenkins dated April 16, 2018 with exhibits	420
Certificate of Counsel	495

APPELLATE PANEL

DECISION AND ORDER

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1512151

Donna Dozier,

APPELLANT
CLAIMANT,

vs.

Georgetown County School District,

EMPLOYER,

AND

SC School Boards Insurance Trust,

CARRIER,
DEFENDANTS/DEFENDANTS

Appellate Panel Review held in Columbia, South Carolina,
on November 14, 2017, per notices timely and properly served
upon all parties of interest.

Appellate Panel Decision and Order filed

January 12, 2018

APPEARANCES:

Appellant Donna Dozier, Claimant represented by Neil D.
Wright of Myrtle Beach, South Carolina.

Defendants/Respondents represented by Timothy B. Killen,
Esquire of Willson Jones Carter & Baxley, P.A. in Mount
Pleasant, South Carolina.

STATEMENT OF THE CASE

The parties were heard by Commissioner Gene McCaskill, on March 21, 2017, in Columbia, South Carolina. On August 16, 2017, he issued the following Order:

IT IS, THEREFORE, ORDERED, that the Claimant Donna Dozier has not yet reached maximum medical improvement.

IT IS FURTHER ORDERED, that the request of the Defendant Employer and the Defendant Carrier to stop payment of temporary total disability compensation to the Claimant Donna Dozier is hereby denied.

IT IS FURTHER ORDERED, that the request of the Defendant Employer and the Defendant Carrier for a credit for overpayment of temporary total compensation benefits paid to the Claimant Donna Dozier since October 31, 2016 is hereby denied.

IT IS FURTHER ORDERED, that the Claimant Donna Dozier shall receive any and all reasonable and customary causally related medical care and treatment for her left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED, that the Defendant Employer and the Defendant Carrier shall pay for any and all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED, that the Defendant Employer and the Defendant Carrier shall pay temporary total disability compensation to the Claimant Donna Dozier at the compensation rate of \$133.85 per week until the Claimant reaches maximum medical improvement or by further Order of this Commission or by agreement of the Parties.

IT IS FURTHER ORDERED, that Claimant's alleged back and left hip injuries are hereby denied.

IT IS FURTHER ORDERED, that all other issues are held in abeyance at this time.

AND IT IS SO ORDERED.

The Claimant timely appealed the Single Commissioner's Order by filing a Form 30 on August 30, 2017. Claimant appealed the calculation of the Average Weekly Wage and Compensation Rate, as well as the related Findings, Conclusions, and Orders related thereto.

DISCUSSION

Employer is a school district. Claimant was an employee of the school. Claimant's annual salary for the 2014 – 2016 school year was \$11,522.00. Claimant's Exhibit 3. Claimant's annual salary for the 2015 – 2016 school year was \$11,857.00. Claimant's Exhibit 1. The annual contracts between employees of the school district and the school district require those employees to work One Hundred and Eighty-One (181) school days during the year. Claimant's Exhibit 2. Such was the case for Claimant. Id.

Claimant was injured on August 19, 2015. Defendants filed a Form 20 on or about September 16, 2016, at which time Temporary Total Disability (TTD) benefits began.

Claimant asserted that the Commissioner erred in his application of S.C. Code Ann. § 42-1-40. Specifically, Claimant asserted that, because Claimant didn't work when school was not in session, including weekends, she is entitled to an Average *Weekly* Wage (AWW) and Compensation Rate (CR) calculated on a *daily* basis, rather than a weekly basis ("Division of the Claimant's annual gross wage of \$11,522.00 . . . by the required 181 day work period . . . reveals that Claimant earned[] \$63.66 per day" Appellant's Brief, p. 7; "The accuracy of the Claimant's daily compensation rate of \$63.66 . . ." Appellant's Brief, p. 7 (emphasis added)).

The Single Commissioner correctly determined the Claimant's AWW and CR to be \$200.77 and \$133.85, respectively, as shown on the Form 20. Defendants filed the Form 20 on or about September 16, 2016, at which time they began a running award of TTD benefits. The Form 20 shows that the Claimant was paid wages of: (1) \$2,728.36 for the period ending June 30, 2015;

(2) \$2,373.67 for the period ending March 31, 2015; and (3) \$2,728.26 for the period ending December 31, 2014. These amount total \$7,830.19 earned during the three (3) quarters prior to the quarter in which the injury occurred. Form 20. This amount was then divided by Thirty-Nine (39) weeks, resulting in an AWW and CR of \$200.77 and \$133.85, respectively. Form 20. Claimant did not work during a fourth quarter prior to the quarter in which the injury occurred.

S.C. Code Ann. § 42-1-40 reads as follows:

"Average weekly wages" means the earnings of the injured employee in the employment in which he was working at the time of the injury during the period of fifty-two weeks immediately preceding the date of the injury "Average weekly wage" must be calculated by taking the total wages paid for the last four quarters immediately preceding the quarter in which the injury occurred as reported on the Department of Employment and Workforce's Employer Contribution Reports divided by fifty-two or by the actual number of weeks for which wages were paid, whichever is less. When the employment, prior to the injury, extended over a period of less than fifty-two weeks, the method of dividing the earnings during that period by the number of weeks and parts thereof during which the employee earned wages shall be followed, as long as results fair and just to both parties will be obtained.

...

When for exceptional reasons the foregoing would be unfair, either to the employer or employee, such other method of computing average weekly wages may be resorted to as will most nearly approximate the amount which the injured employee would be earning were it not for the injury.

In her Brief, Claimant cites the 1950 case of Breeland v. Colleton County, et al., 216 S.C. 147, 57 S.E.2d 63 (1950), as "binding precedent". Appellant's Brief, p. 9. However, in her argument, Claimant fails to note that Defendants herein and the Single Commissioner calculated the AWW and CR in the identical manner (using 39 as the divisor) the Court in Breeland.

In Breeland, Claimant was paid on a monthly basis for nine (9) months. The Industrial Commission calculated Claimant's AWW and CR using thirty-six (36) weeks as the divisor, purportedly because Claimant wouldn't work during Christmas and holidays (though this reasoning was not elucidated in the Commission's Orders). The Supreme Court overruled this calculation, as the Commission failed to show exceptional reasons for excluding those three (3)

weeks. Breeland v. Colleton County, et al., 216 S.C. 147, 57 S.E.2d 63 (1950). Supreme Court divided the wages earned by 39 weeks, as did Defendants herein.

~~The Single Commissioner found that Claimant worked fewer than fifty-two (52) weeks~~ prior to the August 19, 2015, work injury. Order, p. 17. In his Order, the total wages earned (\$7,830.19) were divided by the number of weeks those wages were earned (39). Accordingly, the Single Commissioner's Order should be affirmed.

Additionally, Defendants argue that Claimant's contentions that her AWW and CR should be based on her total annual salary divided by the number of work days in her contract creates a preposterous result. To wit, Claimant demands an AWW of \$318.30, based on her annual salary divided by thirty (30) weeks. Claimant arrive at the thirty (30) week divisor, apparently, because the Claimant came to work with Employer during the prior school year, and her contract for that year required only 150 work days. Claimant then divides 150 days by five (5) (rather than seven (7) days; or a week). The Court in Breeland specifically wrote that this very mechanism of calculation of AWW is error: "Saturdays and Sundays could as well have been deducted from the work period as the Christmas vacation, and the average wage thereby artificially increased." Breeland v. Colleton County, et al., 216 S.C. 147, 150, 57 S.E.2d 63, 64 (1950) (emphasis added).

It is important to note that, if used, Claimant's calculations would approximate an annual salary of \$16,551.60. This is nearly thirty percent (30%) higher than her salary at the time of the accident. Manifestly, such a calculation would not be fair to all parties, as the Code requires.

Because an average daily wage is not appropriate under any circumstances and would not be fair or just to any Employer (not just school districts), because the Single Commissioner calculated the AWW and CR based on the number of weeks wages were earned, and because the Claimant's calculations do not approximate the wages that would have been earned but for the injury, and for the reasons as set for the above, the Order of the Single Commissioner is hereby

affirmed.

FINDINGS OF FACT

~~Based upon the documentary evidence submitted by the respective parties, pursuant to the~~
Administrative Procedures Act, and the Commission's file relative to this claim, WE, THE
APPELLATE PANEL, FIND THE FOLLOWING AS FACT:

1. Based upon the stipulation of the parties, we find that on August 19, 2015 the Claimant Donna Dozier was an employee of the Defendant Employer, Georgetown County School District.

2. Based upon the stipulation of the parties, we find that on August 19, 2015 the Claimant and the Defendant Georgetown County School District were subject to the provisions of the South Carolina Workers' Compensation Act.

3. Based upon the stipulation of the parties, we find that on August 19, 2015 the Claimant Donna Dozier suffered a compensable work-related accidental injury to her right knee arising out of and within the course and scope of her employment with the Defendant Employer Georgetown County School District.

4. Based upon the evidence in the record, we find that timely notice of the Claimant's work-related injury was given to the Defendant Employer Georgetown County School District.

5. Based upon the evidence in the record, we find that the Defendant Employer and Defendant Carrier have provided medical care and treatment for the work-related accidental injury to the Claimant's right knee, including arthroscopic surgery to the Claimant's right knee for repair of a tear of the medial meniscus.

6. Based upon the evidence in the record, we find that the Claimant has asserted that both of her knees were injured when she fell on August 19, 2015. We further find that the initial injury to the Claimant's right knee appeared to be significantly greater than the injury to the Claimant's left knee and that the Claimant received medical treatment provided by the Defendant

Employer and the Defendant Carrier only for her right knee injury while the condition of the Claimant's left knee injury worsened over time.

~~7. Based upon the pleading of the Claimant, we find that the Claimant has also~~
asserted that she has suffered an injury to her left lower back arising out of her fall on August 19, 2015.

8. Based upon the testimony of the Claimant, we find that the Claimant has also asserted that she suffers pain in her left hip arising out of her fall on August 19, 2015.

9. Based upon the pleading of the Defendant Employer and the Defendant Carrier and the arguments offered by their legal counsel at the hearing, we find that the Defendant Employer and the Defendant Carrier only admit that the Claimant suffered a compensable work-related accidental injury to her right knee arising out of her fall on August 19, 2015. We further find that the Defendant Employer and the Defendant Carrier contend that the Claimant reached maximum medical improvement with respect to her right knee injury on October 31, 2016, that the Claimant's authorized treating physician, Dr. Todd M. Tupis, has assigned a 2% permanent medical impairment as a result of the injury to the Claimant's right leg, and that this case is ripe for a determination of permanency.

10. Based upon our review of the entire transcript of the deposition testimony of Dr. Todd M. Tupis, which was taken on March 15, 2017, we find that Dr. Tupis was questioned extensively about injury to the Claimant's left knee. We further find that Dr. Tupis has determined that the Claimant has suffered a meniscus tear in her left knee. We further find that Dr. Tupis has expressed his medical opinion, which he holds to a reasonable degree of medical certainty, that the meniscus tear in the Claimant's left knee was caused by Claimant's overcompensating alteration of her gait which transferred her weight to her left leg to relieve pressure on her surgically repaired right knee.

11. Based upon the evidence in the record, we find that while Dr. Tupis was not the Claimant's original authorized treating physician, he is steadfastly consistent in his opinion concerning the cause of the meniscus tear in the Claimant's left knee and capably defended his opinion concerning the cause of the meniscus tear in the Claimant's left knee against challenges that his opinion was based upon subjective complaints of the Claimant rather than objective evidence by pointing out that the Claimant's subjective complaints were consistent with the objective evidence in the medical record.

12. Based upon the evidence in the record, we find that Dr. Tupis' testimony is unwavering and convincing concerning the cause of the meniscus tear in the Claimant's left knee.

13. Based upon my review of all of the medical and lay evidence in the record, we are persuaded and we hereby find that the meniscus tear in the Claimant's left knee and the Claimant's symptoms and complaints of injury to her left knee are causally related to her work-related accident on August 19, 2015.

14. Based upon the evidence in the record, we find that the Claimant has not reached maximum medical improvement.

15. Based upon the evidence in the record, we find that the Claimant is entitled to receive and the Defendant Employer and the Defendant Carrier are obligated to provide all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury until such time as Claimant reaches maximum medical improvement.

16. Based upon the evidence in the record, we find that the Claimant should continue to receive causally related medical care and treatment from Dr. Tupis, who shall continue to serve as the Claimant's authorized treating physician. We further find that the Claimant is entitled to receive any and all reasonable and customary causally related medical care and treatment as Dr.

Tupis shall provide or direct until such time as Claimant reaches maximum medical improvement, including surgery to repair the meniscus tear in Claimant's left knee.

~~17. Although Claimant alleges an injury to the back, there is insufficient evidence in~~
the record to support a finding of a causally related injury to the back. Although the Claimant alleges an injury to the hip, there is even less evidence to support a finding of a causally related injury to the hip. Further, Claimant failed to plead the hip as an affected/injured body part; therefore, the alleged hip injury is not properly before us.

18. The Hearing Commissioner observed the Claimant's demeanor on the witness stand during her testimony. The Claimant never shifted, grimaced, or provided any other indication that she was in pain as she sat during the hearing.

19. The Claimant did not ask to stand during the hearing until counsel for the Defendant Employer and the Defendant Carrier brought it to her attention that she had not asked to stand. That exchange and Claimant's request to stand occurred at 3:46 P.M., an hour and eight minutes after the hearing began at 2:38 P.M.

20. The Claimant's lay testimony concerning her alleged back injury was that she feels like if she "gets her knees straight" her back will improve.

21. Based upon the medical evidence and the lay testimony in the record, and based upon the Hearing Commissioner's observation of the demeanor of the Claimant during her testimony, we find that there is insufficient evidence to support a finding that the Claimant suffered a compensable injury to her back or to her left hip. Accordingly, we further find that the Claimant has failed to carry, by a preponderance of the evidence, her burden of proof as to the compensability of the alleged injury to her back and her left hip.

22. Based upon the evidence in the record, we find that the Claimant worked less than fifty-two (52) weeks as a food service employee for the Defendant Employer prior to her injury on

August 19, 2015. We further find and conclude that S.C. Code Ann. § 42-1-40, which governs the calculation of an employee's average weekly wage, requires that when an employee has worked less than fifty-two (52) weeks prior to injury the computation of average weekly wage must be fair and just to all parties. We further find, upon consideration of all evidence concerning the Claimant's average weekly wage, that the calculation of the Claimant's average weekly wage by the Defendant Employer and the Defendant Carrier which calculated the Claimant's average weekly wage at \$200.77 as reflected on the Form 20 filed by the Defendant Carrier most correctly reflects the directives of the Act concerning calculation of average weekly wage. Accordingly, based upon the evidence in the record, we further find that the Claimant's compensation rate is \$133.85 as reflected on the Form 20 filed by the Defendant Carrier.

23. We further find that all other issues should be held in abeyance at this time.

CONCLUSIONS OF LAW

In view of those Findings of Fact, and as provided in the South Carolina Code of Laws, WE, THE APPELLATE PANEL, CONCLUDE THE FOLLOWING AS MATTERS OF LAW:

1. Pursuant to S.C. Code Ann. § 42-1-130, the Claimant, Donna Dozier, was a covered employee of the Defendant Employer Georgetown County School District at the time of her work-related injury on August 19, 2015.

2. Pursuant to S.C. Code Ann. § 42-1-140, the Defendant Employer Georgetown County School District was the Claimant's employer at the time of the Claimant's work-related injury on August 19, 2015.

3. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant sustained compensable injuries to her right knee and her left knee by accident arising out of and within the course and scope of her employment with the Defendant Employer Georgetown County School District on August 19, 2015.

4. S.C. Code Ann. § 42-1-40 which governs the calculation of an employee's average weekly wage provides that when the employment, prior to injury, extended over a period of less than fifty-two weeks the method of dividing the earnings during that period by the number of weeks and parts thereof during which the employee earned wages shall be followed, as long as results fair and just to both parties will be obtained.

5. Pursuant to S.C. Code Ann. § 42-9-10, the Claimant is entitled to compensation for her period of temporary total disability which shall continue until the Claimant reaches maximum medical improvement at a compensation rate of \$133.85 per week.

6. Pursuant to SC Code Ann. § 42-15-60 the Defendant Employer and the Defendant Carrier are responsible for payment of the cost of all additional medical care and treatment that Todd M. Tupis, M.D., determines to be reasonable and customary for the treatment of the Claimant's left knee injuries that are causally related to the accident of August 19, 2015.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS, THEREFORE, ORDERED that the Claimant Donna Dozier has not yet reached maximum medical improvement.

IT IS FURTHER ORDERED that the request of the Defendant Employer and the Defendant Carrier to stop payment of temporary total disability compensation to the Claimant Donna Dozier is hereby denied.

IT IS FURTHER ORDERED that the request of the Defendant Employer and the Defendant Carrier for a credit for overpayment of temporary total compensation benefits paid to the Claimant Donna Dozier since October 31, 2016 is hereby denied.

IT IS FURTHER ORDERED that the Claimant Donna Dozier shall receive any and all reasonable and customary causally related medical care and treatment for her left knee injury as

Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

~~IT IS FURTHER ORDERED that the Defendant Employer and the Defendant Carrier shall~~
pay for any and all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED that the Defendant Employer and the Defendant Carrier shall pay temporary total disability compensation to the Claimant Donna Dozier at the compensation rate of \$133.85 per week until the Claimant reaches maximum medical improvement or by further Order of this Commission or by agreement of the Parties.

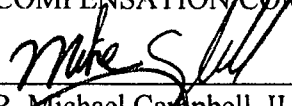
IT IS FURTHER ORDERED that Claimant's alleged back and left hip injuries are hereby denied.

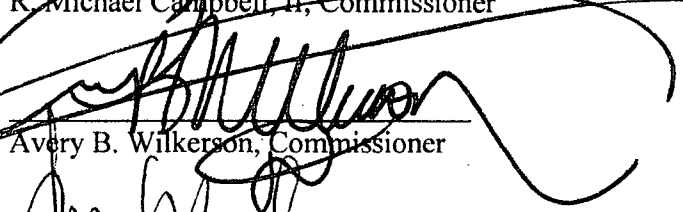
IT IS FURTHER ORDERED that all other issues are held in abeyance at this time.

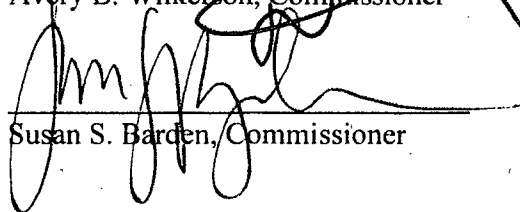
AND IT IS SO ORDERED!

FULL AFFIRMATION

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


R. Michael Campbell, II, Commissioner


Avery B. Wilkerson, Commissioner


Susan S. Barden, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia on January 12, 2018

INTERIM DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. : 1512151

DONNA DOZIER, EMPLOYEE, CLAIMANT

versus

GEORGETOWN COUNTY SCHOOL DISTRICT, DEFENDANT

and

SC SCHOOL BOARDS SELF INSURANCE TRUST, CARRIER

HEARING: Held at the SC Workers' Compensation Commission in Columbia,
South Carolina on March 21, 2017

APPEARANCES: The Claimant was represented by Neil D. Wright, Esq., of Barnett &
Wright, P.A., 1304 Azalea Court, Suite B, Myrtle Beach, SC 29577

The Defendant Employer and the Defendant Carrier were represented
by Timothy B. Killen, Esq., of Willson Jones Carter & Baxley, PA, 421
Wando Park Boulevard, Suite 100, Mount Pleasant, SC 29464

PURPOSE OF HEARING: To determine the issues set forth in the Defendant Employer
and Defendant Carrier's Form 21 Request for Hearing to stop payment of compensation and the
Claimant's Form 22 Answer to the Defendant Employer and Defendant Carrier's Request for Hearing,
including whether the Claimant has reached maximum medical improvement, whether the Defendant
Employer and Defendant Carrier may stop payment of Claimant's temporary total compensation
benefits, whether the Defendant Employer and Defendant Carrier are entitled to a credit for
overpayment of temporary total compensation benefits, whether the Claimant is entitled to additional
medical benefits, and to determine the Claimant's appropriate compensation rate.

INTERIM DECISION AND ORDER: Commissioner Gene McCaskill

FILED: August 16, 2017

STIPULATIONS

This case was heard by the undersigned Commissioner at the SC Workers' Compensation Commission in Columbia, South Carolina on March 21, 2017. Counsel for the parties stipulated at the Hearing to the following:

- (1) The purpose of the Hearing is to determine whether the Claimant has reached maximum medical improvement, whether the Defendant Employer and Defendant Carrier may stop payment of Claimant's temporary total compensation benefits, whether the Defendant Employer and Defendant Carrier are entitled to a credit for overpayment of temporary total compensation benefits, whether the Claimant is entitled to receive additional medical treatment, and any other issues that timely come before the Commissioner.
- (2) Notices were timely and properly served upon all parties in interest and all parties in interest have made an appearance at the hearing in person and/or by counsel.
- (3) That at all times material hereto the relationship of employer and employee has existed between the Defendant Employer Georgetown County School District and the Employee Claimant Donna Dozier.
- (4) That at all times material hereto the Defendant Employer Georgetown County School District and the Employee Claimant Donna Dozier have been subject to the South Carolina Workers' Compensation Act.
- (5) That at all times material hereto the SC School Boards Self Insurance Trust has provided workers' compensation insurance coverage to the Defendant Employer Georgetown County School District.
- (6) That the Employee Claimant Donna Dozier suffered an accidental injury arising out of the course and scope of her employment with the Defendant Employer Georgetown County School District on August 19, 2015. The Defendant Employer Georgetown County School District admits that the Claimant suffered a work related injury to her right knee on August 19, 2015.
- (7) That the Claimant Donna Dozier and Todd M. Tupis, M.D., one of the Claimant's treating orthopedic physicians, were deposed on March 15, 2017 during pre-hearing discovery and the parties have agreed to submit the deposition testimony of the witnesses by submission of their deposition transcripts. The following deposition transcripts are therefore made part of the record in these proceedings:
 - (a) Transcript of the Deposition of Claimant Donna Dozier, dated March 15, 2017; and,
 - (b) Transcript of the Deposition of Todd M. Tupis, M.D., dated March 15, 2017;

A.P.A. SUBMISSIONS

Pursuant to the terms of the Administrative Procedures Act the following documents were entered into the record, without objection, as evidence in this case:

CLAIMANT'S A.P.A. HEARING SUBMISSIONS

<u>NAME OF HEALTH CARE PROVIDER/ OTHER</u>	<u>DATE OF RECORDS/REPORT</u>	<u>PAGES</u>	<u>APA #</u>
Waccamaw Community Hospital 4070 Highway 17 Bypass Murrells Inlet, SC 29576	8-19-2015	1-28	1
Kevin Bunn, M.D. Todd M. Tupis, M.D. Coastal Orthopaedic Associates 2376 Cypress Circle, Suite 300 Conway, SC 29526	9-2-2015 to 10-31-2016	29-61	2
Indigo Physical Therapy 11931 Plaza Drive Murrells Inlet, SC 29576	6-23-2016 to 9-21-2016	62-96	3
Carolina Bone & Joint Surgery Center 101 Surgeons Drive Myrtle Beach, SC 29579	1-22-2016	97-98	4
Indigo Physical Therapy (FCE) 11931 Plaza Drive Murrells Inlet, SC 29576	10-3-2016	99-122	5
Todd M. Tupis, M.D. Coastal Orthopaedic Associates 2376 Cypress Circle, Suite 300 Conway, SC 29526 Opinion Letter Concerning Claimant's Requirement for Additional Surgery	1-26-2017	123	6

CLAIMANT'S A.P.A. SUPPLEMENTAL POST HEARING SUBMISSIONS

Claimant's Exhibit 1 Letter to Claimant, dated August 28, 2015, from Lisa Johnson, Defendant Employer's Associate Superintendent of Financing Operations, which sets forth the Claimant's salary at the time of her injury.

Claimant's Exhibit 2 Claimant's Employment Agreement, executed in October, 2014, which sets forth the terms of Claimant's employment as a Food Service Operator for the Defendant Employer for a period of 150 days during the 2014-2015 school year.

Claimant's Exhibit 3 Active Employee Notice of Election (NOE) executed by the Claimant and Aisha T. Greene, Benefits Administrator for the Defendant Employer, which lists the Claimant's salary for the 2014-2015 school year.

DEFENDANT EMPLOYER'S A.P.A. HEARING SUBMISSIONS

<u>NAME OF HEALTH CARE PROVIDER/ OTHER</u>	<u>DATE OF RECORDS/REPORT</u>	<u>PAGES</u>	<u>APA #</u>
Waccamaw Community Hospital 4070 Highway 17 Bypass Murrells Inlet, SC 29576	8-19-2015	1-28	1
Kevin Bunn, M.D. Coastal Orthopaedic Associates 2376 Cypress Circle, Suite 300 Conway, SC 29526	9-2-2015 to 7-6-2016	29-48	2
Coastal Orthopaedic Associates (MRI) 2376 Cypress Circle, Suite 300 Conway, SC 29526	9-15-2015	49-51	3
Conway Medical Center 300 Singleton Ridge Road Conway, SC 29526	12-7-2015 to 1-11-2016	52-64	4
Todd M. Tupis, M.D. Coastal Orthopaedic Associates 2376 Cypress Circle, Suite 300 Conway, SC 29526	3-11-2016 to	65-72	5
Indigo Physical Therapy (FCE) 11931 Plaza Drive Murrells Inlet, SC 29576	10-3-2016	73-96	6
Coastal Urgent Care 201 Business Center Drive Pawleys Island, SC 29585	8-19-2015	2 Pages	7

DEFENDANT EMPLOYER'S A.P.A. SUPPLEMENTAL POST HEARING SUBMISSION

Defendant Employer's Exhibit 1 Collection of documents (15 pages), including Employment Recommendation Form, correspondence concerning Georgetown County School District Board of Education approval of Claimant as a Food Service Operator, Claimant's Employment Agreement with Defendant Employer as a Food Service Operator for the Defendant Employer for a period of 150 days during the 2014-2015 school year, Employee Check Detail Reports, and Employee Absence Reports.

CLAIMANT BIOGRAPHICAL

Age:	Fifty (50) years of age
Sex:	Female
Marital Status:	Divorced
Education:	Completed high school
Work History:	The Claimant has worked primarily as a cook and food preparation worker in the food service industry. She has also performed maid services for a hospital and for housekeeping businesses that clean homes and rental properties. She has also worked as a cashier for a fast food business and she has previously worked as a substitute school teacher for the Defendant Employer for approximately sixteen years.

STATEMENT OF THE CASE

The Claimant alleges that she suffered compensable accidental injuries to her right knee, to her left knee, and to her left lower back arising out of and in the course and scope of her employment with the Defendant Georgetown County School District. More specifically, the Claimant alleges that on August 19, 2015, while on the premises of the Waccamaw Intermediate School where she worked as a Food Service Operator for the Defendant Employer, she slipped on some rocks and fell on both of her knees. The Claimant further alleges that her left knee landed on pavement and her right knee landed on some rocks. The Claimant further alleges that although her left knee hurt she focused more attention on her right knee which was bleeding and was beginning to swell. The Claimant further alleges that she was unable to stand without assistance after she fell and she called her manager who assisted the Claimant to her feet. The Claimant further alleges that she informed her manager about her fall.

The Defendant Employer and the Defendant Carrier have admitted that the Claimant suffered a compensable injury to her right knee. The Defendant Employer and the Defendant Carrier have arranged for the provision of orthopedic medical care for the Claimant's right knee at Coastal Orthopaedic Associates, including arthroscopic surgery performed by Kevin Bunn, M.D., to repair a torn meniscus in the Claimant's right knee. Defendants deny that the Claimant suffered causally related injuries to her left knee and back.

The Claimant alleges that after her fall on August 19, 2015, her right knee joint was very painful and she was unable to walk without the use of assistive devices, including crutches initially and later a walker and a cane. The Claimant further alleges that the pain in her right knee joint caused her to walk with a severe limp and further caused her to transfer her weight to her left leg in an attempt to relieve the severe pain caused by pressure on her right knee joint as she walked. The Claimant further alleges that the pain in her left knee worsened during the months after her fall as she continually shifted her weight to her left leg to relieve the severe pain that she experienced in her right knee joint as she walked. The Claimant further alleges that she also developed low back pain and hip pain on her left side as she continually shifted her weight to her left leg to relieve the severe pain that she experienced in her right knee joint as she walked.

The Claimant alleges that she reported pain in her left knee to Kevin Bunn, M.D., who performed a clinical examination of her left knee on July 6, 2016 and ordered an MRI study of her left knee which confirmed the presence of a lateral meniscus tear and a medial meniscus tear in her left knee joint. The Claimant further alleges that Dr. Bunn referred her to Todd M. Tupis, M.D., for further treatment of her left knee and that Dr. Tupis recommended arthroscopic surgery to repair the torn meniscus in her left knee. The Claimant further alleges that she was prepared to proceed with arthroscopic surgery on her left knee but the Defendant Carrier refused to authorize payment for the recommended surgical procedure. The Claimant further alleges that the Defendant Carrier has refused to authorize additional medical care for her left knee injury and that she needs additional medical care for her left knee injury.

The Claimant alleges that Todd M. Tupis, M.D., continued to treat her right knee injury and referred her for a functional capacity evaluation. The Claimant further alleges that Dr. Tupis determined that she reached maximum medical improvement with respect to her right knee injury on October 31, 2016. The Claimant further alleges that despite Dr. Tupis' determination that she reached maximum medical improvement with respect to her right knee injury on October 31, 2016, she has not reached maximum medical improvement as she requires surgery to repair the torn meniscus in her left knee which is causally related to her work-related accident on August 19, 2015. Claimant also alleges that she has injured her hip and back as a result of her work-related accident.

The Defendant Employer and Defendant Carrier deny that the Claimant suffered a work related injury to her left knee, her left hip, and her left lower back. The Defendant Employer and the Defendant Carrier contend that the Claimant reached maximum medical improvement on October 31,

2016 and that they are not obligated to provide additional medical care for the Claimant's left knee, back, or hip. The Defendant Employer and the Defendant Carrier request an Order of the Commission that permits the Defendant Employer and the Defendant Carrier to stop payment of temporary total compensation benefits to the Claimant as of October 31, 2016 and grants the Defendant Employer and the Defendant Carrier a credit for overpayment of temporary total compensation benefits paid to the Claimant since October 31, 2016. The Claimant opposes the request of the Defendant Employer and the Defendant Carrier to stop payment of temporary total compensation benefits and requests that the Commission award her additional medical care pursuant to S.C. Code Ann. § 42-15-60 for the injuries to her left knee, hip, and back.

The Claimant disputes the Defendant Employer and the Defendant Carrier's calculation of her average weekly wage at \$200.77 per week as set forth on the Defendants' Form 20. The Claimant contends that she worked less than fifty-two (52) weeks as a food service employee for the Defendant Employer prior to her work-related injury on August 19, 2015 and that her correct average weekly wage calculated in accordance with the provisions of SC Code Section 42-1-40 is approximately \$318.00 per week. Defendants assert that the average weekly wage and compensation rate as calculated are correct and fairest to all parties, Defendants assert that its calculations most nearly approximate the amount which the injured employee would be earning if not for the injury, as required by S.C. Code Ann § 42-1-40. Defendants assert that Claimant's calculations would result in an Average Weekly Wage forty-five percent (45%) greater than Claimant's salary.

EVIDENCE OF THE CASE

CLAIMANT'S CASE

1. Claimant Donna Dozier-Hearing Testimony and Deposition Testimony

The Claimant is a divorced female who was fifty (50) years of age at the time of the hearing. The Claimant testified that she is a graduate of Georgetown High School and that following her graduation from high school she has worked primarily as a cook and food preparation worker in the food service industry. She testified that she has also performed maid services for a hospital and for housekeeping businesses that clean homes and rental properties. She further testified that she has also worked as a cashier for a fast food business and she has previously worked as a substitute school teacher for the Defendant Employer for approximately sixteen years.

The Claimant testified that she never suffered an injury that impaired her ability to work prior to suffering accidental injuries to her back, right knee, and her left knee on August 19, 2015, while

working for the Defendant Employer on the premises of the Waccamaw Intermediate School where she worked as a food service operator. The Claimant further testified that she has never suffered an injury in a job-related accident that caused her to miss time from employment prior to August 19, 2015, that she has never filed a workers compensation claim other than the present claim, and that she has never filed a personal injury claim.

The Claimant testified that she was employed by the Defendant Employer in October of 2014 as a food service operator at Waccamaw Intermediate School. The Claimant further testified that her normal work hours at Waccamaw Intermediate School were 8:00 A.M. to 2:00 P.M., that she normally worked six (6) hours per day and five (5) days per week and that she earned approximately \$11.00 per hour for each hour that she worked for the Defendant Employer.

The Claimant testified that early on the morning of August 19, 2015 she was walking on the premises of the Waccamaw Intermediate School toward the cafeteria where she worked as a food service operator for the Defendant Employer. The Claimant further testified that she slipped on rocks and fell on both of her knees, with her left knee landing on pavement and her right knee landing on some rocks. The Claimant further testified that although her left knee hurt she focused more of her attention on her right knee which was bleeding, was sore, and was beginning to swell.

The Claimant further testified that she was unable to stand without assistance after she fell, that she called her manager, Callie Pope, and told her manager that she was unable to stand. The Claimant further testified that her manager came out of the cafeteria and assisted her to her feet. The Claimant further testified that she informed her manager about her fall.

The Claimant testified that after her fall on August 19, 2015 she requested treatment from the school nurse but was informed by her manager that the school nurse was not at the school. The Claimant further testified that she worked the entire day on August 19, 2015, that her right knee was swollen, that she was limping badly, and that she could barely walk by the end of her work day. The Claimant further testified that at the end of her work day the assistant principal of Waccamaw Intermediate School, Dr. Nesmith, transported her to an Urgent Care medical office in Pawleys Island, South Carolina. The Claimant further testified that the Urgent Care medical office referred her to Waccamaw Hospital for x-rays of her right knee which was swollen. The Claimant further testified that while her left knee was sore, her left knee was not swollen at that time.

The Claimant testified that she was referred to Coastal Orthopaedic Associates in Conway, South Carolina for orthopedic medical care for her right knee. The Claimant further testified that she initially received medical care for her right knee injury from Kevin Bunn, M.D., at Coastal Orthopaedic Associates, who performed arthroscopic surgery on her right knee in January, 2016 to repair a torn meniscus in her right knee.

The Claimant testified that after her fall on August 19, 2015, her right knee joint was very painful and she was unable to walk without the use of assistive devices, including crutches initially and later a walker and a cane. The Claimant further testified that the pain in her right knee joint caused her to transfer her weight to her left leg in an attempt to relieve the severe pain caused by pressure on her right knee joint as she walked. The Claimant further testified that the pain in her left knee worsened during the months after her fall as she shifted her weight to her left leg to relieve the pressure on her right knee. The Claimant further testified that she also developed low back pain on her left side and left hip pain as she continually shifted her weight to her left leg to relieve the severe pain that she experienced in her right knee joint as she walked. The Claimant further testified that she feels like that if she "gets her knees straight" her back will improve.

The Claimant testified that she reported severe pain in her left knee to Kevin Bunn, M.D., who ordered an MRI study of her left knee that revealed a torn meniscus in her left knee. The Claimant further testified that Dr. Bunn referred her to Todd M. Tupis, M.D., for further treatment of her left knee and that Dr. Tupis recommended arthroscopic surgery to repair the torn meniscus in her left knee. The Claimant further testified that she was prepared to proceed with arthroscopic surgery on her left knee but the Defendant Carrier refused to authorize payment for the surgery. The Claimant further testified that the Defendant Carrier has refused to authorize any further medical care for her left knee injury.

The Claimant testified that her left knee is stiff and swollen and hurts more when she stands and puts pressure on her left knee. The Claimant further testified that she has not suffered any injury to her left knee other than her fall on August 19, 2015.

The Claimant testified that her performance during a functional capacity evaluation revealed that she is unable to perform all of the functions normally required by her job duties as a food service operator for the Defendant Employer. The Claimant further testified that the Defendant Employer has not offered her any light duty work and has terminated her employment as she is unable to perform her normal job duties as a food service operator without restriction.

The Claimant testified that she believes that she needs additional medical care for her left knee injury, back injury, and hip injury and that she has not reached maximum medical improvement. The Claimant further testified that she is seeking an Order of the Commission that compels the Defendant Employer and the Defendant Carrier to provide medical care for the injury to her left knee, back, and hip, including surgery to repair the torn meniscus in her left knee.

2. Todd M. Tupis, M.D.-Deposition Testimony and Claimant's A.P.A. Submission #6

Todd M. Tupis, M.D., a board certified orthopedic surgeon who works at Coastal Orthopaedic Associates, rendered orthopedic care and treatment to the Claimant. Doctor Tupis was deposed on March 15, 2017.

Doctor Tupis testified that Kevin Bunn, M.D., his former partner at Coastal Orthopaedic Associates, had initial responsibility for the Claimant's orthopedic care at Coastal Orthopaedic Associates. Doctor Tupis further testified that Doctor Bunn performed arthroscopic surgery on the Claimant's right knee in January of 2016 to repair a torn meniscus in her right knee. Doctor Tupis further testified that he first examined the Claimant on March 11, 2016 and his office note on that date indicates that the Claimant was having difficulty walking.

Doctor Tupis testified that he examined the Claimant again on July 22, 2016. At that time the Claimant reported pain in her left knee and stated that she had been favoring her right knee. Doctor Tupis' clinical examination of the Claimant on July 22, 2016 revealed significant tenderness over the medial joint line of her left knee joint as well as a positive McMurray's test which provided clinical evidence of a torn meniscus in the Claimant's left knee. In addition to the clinical evidence of a torn meniscus in the Claimant's left knee, Doctor Tupis reviewed an MRI study of the Claimant's left knee conducted on July 19, 2016 which revealed tears in both the medial meniscus and the lateral meniscus of the Claimant's left knee. Doctor Tupis further testified that on July 22, 2016 he recommended that the Claimant have arthroscopic surgery to repair the tears in the medial meniscus and the lateral meniscus of her left knee. Doctor Tupis further testified that the Claimant elected to proceed with the recommended surgery but the Defendant Carrier did not approve the arthroscopic surgery on the Claimant's left knee.

Doctor Tupis testified that based upon his review of the Claimant's medical records and the history related by the Claimant to physicians at Coastal Orthopaedics Associates, there is no evidence that the Claimant had any disability from meniscus tear injuries in her knees prior to her work related injury on August 19, 2015. Doctor Tupis further testified that it is his opinion, which he holds to a

reasonable degree of medical certainty, that there is a causal connection between the Claimant's work related injury on August 19, 2015 and the torn meniscus in the Claimant's left knee. Doctor Tupis elaborated that his opinion concerning the causal connection between the Claimant's work related injury on August 19, 2015 and the torn meniscus in the Claimant's left knee is based on the facts that the Claimant had surgery on her right knee, the Claimant had been favoring her right knee, and that many times overcompensating will cause pain in the opposite knee. Doctor Tupis further testified that it is his medical opinion, which he holds to a reasonable degree of medical certainty, that arthroscopic surgery to repair the torn meniscus in the Claimant's left knee would improve the Claimant's symptoms of pain in her left knee and lessen the severity and duration of her disability. Doctor Tupis further testified that it is his medical opinion, which he holds to a reasonable degree of medical certainty, that the Claimant has not yet reached maximum medical improvement with respect to her left knee.

3. Claimant's A.P.A. Submissions

(A) Coastal Orthopaedic Associates:

1. At the Claimant's first visit to Coastal Orthopaedic Associates on September 2, 2015 Dr. Bunn noted that the Claimant sustained an injury to her right knee on August 19, 2015; that the Claimant stated that she had pain with any movement of the knee as well as weight-bearing; that the Claimant has been using crutches; and that the Claimant walks with a severe limp. (A.P.A. #2-pages 29-30).

2. At the Claimant's visit to Coastal Orthopaedic Associates on September 17, 2015 Doctor Bunn noted that an MRI study of the Claimant's right knee on September 15, 2015 revealed a torn meniscus in the Claimant's right knee. (A.P.A. #2-pages 31-32).

3. At the Claimant's visit to Coastal Orthopaedic Associates on December 7, 2015 Doctor Bunn noted that the Claimant walked with a severe limp. (A.P.A. #2-pages 37-38).

4. At the Claimant's visit to Coastal Orthopaedic Associates on January 11, 2016 Doctor Bunn noted that the Claimant walked with a severe limp. (A.P.A. #2-pages 39-40).

5. Claimant's records at Coastal Orthopaedic Associates indicate that the Claimant underwent a right partial medial meniscectomy on January 22, 2016. (A.P.A. #2-page 41).

6. At the Claimant's visit to Coastal Orthopaedic Associates on February 3, 2016 Doctor Bunn noted that the Claimant had surgery on her right knee thirteen (13) days earlier; that the Claimant continues to have pain; and that the Claimant has had difficulty mobilizing. Doctor Bunn prescribed physical therapy and a refill of Claimant's pain medication. (A.P.A. #2-page 42).

7. At the Claimant's visit to Coastal Orthopaedic Associates on February 29, 2016 Doctor Bunn noted that the Claimant continues to have pain and has had difficulty mobilizing. Doctor Bunn referred the Claimant to Doctor Tupis for a second opinion concerning other treatment options. (A.P.A. #2-page 43).

8. At the Claimant's visit to Coastal Orthopaedic Associates on March 11, 2016 Doctor Tupis noted that the Claimant has had increasing pain and has had difficulty walking. Doctor Tupis further noted that the Claimant's increasing pain was likely caused by arthritis accelerated by the surgery on the Claimant's knee. (A.P.A. #2-page 44).

9. At the Claimant's visit to Coastal Orthopaedic Associates on March 16, 2016 Doctor Bunn noted that the Claimant continues to have pain and has had difficulty mobilizing. Doctor Bunn further noted that the Claimant continues to use a walker. (A.P.A. #2-page 45).

10. At the Claimant's visit to Coastal Orthopaedic Associates on March 23, 2016 Doctor Bunn noted that the Claimant continues to have pain and has had difficulty mobilizing. Doctor Bunn further noted that the Claimant continues to use a walker. (A.P.A. #2-page 46).

11. At the Claimant's visit to Coastal Orthopaedic Associates on April 13, 2016 Doctor Bunn noted that the Claimant was nearly three (3) months out from surgery on her right knee; that the Claimant continues to have pain and has had difficulty mobilizing; and that the Claimant has been using a cane and a walker. Doctor Bunn further noted that upon his examination of the Claimant, the Claimant had tenderness in her left-sided paraspinal muscles. (A.P.A. #2-page 47).

12. At the Claimant's visit to Coastal Orthopaedic Associates on July 6, 2016 Doctor Bunn noted that the Claimant's right knee pain had improved with physical therapy but the Claimant had severe pain in her left knee at the lateral joint line. Doctor Bunn further noted that the Claimant described a clicking feeling in the lateral joint line of her left knee. Upon physical examination of the Claimant, Doctor Bunn observed that the Claimant had exquisite tenderness over the lateral joint line of her left knee. Doctor Bunn further observed that the Claimant had lateral joint pain in the left knee with McMurray's testing and with flexion pinch. Doctor Bunn ordered an MRI of the Claimant's left knee and referred the Claimant to Doctor Tupis for further care. (A.P.A. #2-page 49).

13. At the Claimant's visit to Coastal Orthopaedic Associates on July 22, 2016 Doctor Tupis noted that the Claimant had pain in her left knee over the medial joint line. Upon physical examination of the Claimant, Doctor Tupis observed that the Claimant had significant tenderness over the medial joint line of the left knee and a positive McMurray's test. Doctor Tupis reviewed the MRI

of the Claimant's left knee and noted his impression that the Claimant had a tear of the medial meniscus and a tear of the lateral meniscus in her left knee. Doctor Tupis recommended that the Claimant have arthroscopic surgery to repair the tears in the medial meniscus and the lateral meniscus of her left knee. Doctor Tupis noted that the Claimant elected to proceed with the recommended surgery (A.P.A. #2-pages 50-51).

14. At the Claimant's visit to Coastal Orthopaedic Associates on August 15, 2016 Doctor Tupis noted that the Defendant Carrier declined to authorize arthroscopic surgery to repair the tears in the medial meniscus and the lateral meniscus of the Claimant's left knee. (A.P.A. #2-page 52).

15. At the Claimant's visit to Coastal Orthopaedic Associates on October 31, 2016 Doctor Tupis determined that the Claimant had reached maximum medical improvement with respect to her right knee and noted that the Claimant would require additional medical treatment in the future with respect to her right knee, including nonsteroidal anti-inflammatory medications, cortisone, and Synvisc. Doctor Tupis further noted that the Claimant should observe work restrictions as outlined in her functional capacity evaluation. (A.P.A. #2-page 55).

16. Coastal Orthopaedic Associates records concerning the MRI study of the Claimant's left knee on July 19, 2016 revealed findings consistent with tears in the medial meniscus and the lateral meniscus of the Claimant's left knee. (A.P.A. #2-pages 58-61).

(B) Todd M. Tupis, M.D.:

Doctor Tupis' opinion letter dated January 26, 2017 states his opinion that the Claimant has a meniscal tear in her left knee. Doctor Tupis further states that it is his medical opinion, which he holds to a reasonable degree of medical certainty, that the Claimant's torn meniscus in her left knee is causally related to her right knee injury. Doctor Tupis explained that his medical opinion is based on the fact that the Claimant was overcompensating, had an antalgic gait, and was putting more pressure on her left knee which aggravated her left knee and or caused the torn meniscus. Doctor Tupis further stated his opinion, that he holds to a reasonable degree of medical certainty, that the Claimant requires additional medical treatment including a left knee arthroscopic partial medial and lateral meniscectomy (A.P.A. #6-page 123).

(C) Indigo Physical Therapy

Initial evaluation of the Claimant at Indigo Physical Therapy on June 23, 2016 included an observation of the Claimant's gait, which noted that the Claimant ambulates with decreased weight-bearing on her right lower extremity with antalgic gait. (A.P.A. #3-page 63). An assessment of the

Claimant at Indigo Physical Therapy on June 27, 2016 revealed that the Claimant had significantly shifted her weight to her left lower extremity to avoid weight-bearing on her right knee because of pain and weakness in her right knee, resulting in an antalgic gait. (A.P.A. #3-page 69).

(D) Carolina Bone and Joint Surgery Center Operative Report

Operative Report from the Carolina Bone and Joint Surgery Center reveals that the Claimant had arthroscopic surgery on her right knee joint on January 22, 2016 to repair a tear of the Claimant's right medial meniscus. The operative findings revealed significant grade 2 lesions on the tibial and femoral surface of the medial compartment of the Claimant's right knee. (A.P.A. #4-pages 97-98).

CLAIMANT'S A.P.A. SUPPLEMENTAL POST HEARING SUBMISSIONS

Claimant's Exhibit 1 Letter to Claimant, dated August 28, 2015, from Lisa Johnson, Defendant Employer's Associate Superintendent of Financing Operations, lists the Claimant's salary for the 2015-2016 school year at the time of her injury as \$11,857.00.

Claimant's Exhibit 2 Claimant's Employment Agreement, executed in October, 2014, sets forth the terms of Claimant's employment as a Food Service Operator for the Defendant Employer during the 2014-2015 school year and indicates that food service worker employees such as the Claimant are expected to work 181 work days during the school year. As the Claimant was hired after the commencement of the 2014-2015 school year, her Employment Agreement indicates that she was expected to work a total of 150 work days during the 2014-2015 school year.

Claimant's Exhibit 3 Active Employee Notice of Election (NOE) executed by the Claimant and Aisha T. Greene, Benefits Administrator for the Defendant Employer, lists the Claimant's salary for the 2014-2015 school year as \$11,522.00.

DEFENDANT EMPLOYER'S A.P.A. SUPPLEMENTAL POST HEARING SUBMISSION

Defendant Employer's Exhibit 1 A collection of documents which includes the Claimant's Employment Agreement with Defendant Employer as a Food Service Operator for the Defendant Employer for a period of 150 days during the 2014-2015 school year, Employee Check Detail Reports, and Employee Absence Reports. The Employee Check Detail Reports submitted by the Employer reflect that the daily wages that the Employer docked the Claimant for absences during the 2014-2015 school year were as follows:

1. Page 2	Pay Period	01/09/2015-01/30/2015	Time Docked	1.57 days	Pay Reduction-\$99.95
2. Page 3	Pay Period	02/20/2015-03/11/2015	Time Docked	1.00 days	Pay Reduction-\$63.66
3. Page 3	Pay Period	03/13/2015-03/30/2015	Time Docked	3.00 days	Pay Reduction-\$190.98

FINDINGS OF FACT

1. Based upon the stipulation of the parties, I find that on August 19, 2015 the Claimant Donna Dozier was an employee of the Defendant Employer, Georgetown County School District.

2. Based upon the stipulation of the parties, I find that on August 19, 2015 the Claimant and the Defendant Georgetown County School District were subject to the provisions of the South Carolina Workers' Compensation Act.

3. Based upon the stipulation of the parties, I find that on August 19, 2015 the Claimant Donna Dozier suffered a compensable work-related accidental injury to her right knee arising out of and within the course and scope of her employment with the Defendant Employer Georgetown County School District.

4. Based upon the evidence in the record, I find that timely notice of the Claimant's work-related injury was given to the Defendant Employer Georgetown County School District.

5. Based upon the evidence in the record, I find that the Defendant Employer and Defendant Carrier have provided medical care and treatment for the work-related accidental injury to the Claimant's right knee, including arthroscopic surgery to the Claimant's right knee for repair of a tear of the medial meniscus.

6. Based upon the evidence in the record, I find that the Claimant has asserted that both of her knees were injured when she fell on August 19, 2015. I further find that the initial injury to the Claimant's right knee appeared to be significantly greater than the injury to the Claimant's left knee and that the Claimant received medical treatment provided by the Defendant Employer and the Defendant Carrier only for her right knee injury while the condition of the Claimant's left knee injury worsened over time.

7. Based upon the pleading of the Claimant, I find that the Claimant has also asserted that she has suffered an injury to her left lower back arising out of her fall on August 19, 2015.

8. Based upon the testimony of the Claimant, I find that the Claimant has also asserted that she suffers pain in her left hip arising out of her fall on August 19, 2015.

9. Based upon the pleading of the Defendant Employer and the Defendant Carrier and the arguments offered by their legal counsel at the hearing, I find that the Defendant Employer and the Defendant Carrier only admit that the Claimant suffered a compensable work-related accidental injury to her right knee arising out of her fall on August 19, 2015. I further find

that the Defendant Employer and the Defendant Carrier contend that the Claimant reached maximum medical improvement with respect to her right knee injury on October 31, 2016, that the Claimant's authorized treating physician, Dr. Todd M. Tupis, has assigned a 2% permanent medical impairment as a result of the injury to the Claimant's right leg, and that this case is ripe for a determination of permanency.

10. Based upon my review of the entire transcript of the deposition testimony of Dr. Todd M. Tupis, which was taken on March 15, 2017, I find that Dr. Tupis was questioned extensively about injury to the Claimant's left knee. I further find that Dr. Tupis has determined that the Claimant has suffered a meniscus tear in her left knee. I further find that Dr. Tupis has expressed his medical opinion, which he holds to a reasonable degree of medical certainty, that the meniscus tear in the Claimant's left knee was caused by Claimant's overcompensating alteration of her gait which transferred her weight to her left leg to relieve pressure on her surgically repaired right knee.

11. Based upon the evidence in the record, I find that while Dr. Tupis was not the Claimant's original authorized treating physician, he is steadfastly consistent in his opinion concerning the cause of the meniscus tear in the Claimant's left knee and capably defended his opinion concerning the cause of the meniscus tear in the Claimant's left knee against challenges that his opinion was based upon subjective complaints of the Claimant rather than objective evidence by pointing out that the Claimant's subjective complaints were consistent with the objective evidence in the medical record.

12. Based upon the evidence in the record, I find that Dr. Tupis' testimony is unwavering and convincing concerning the cause of the meniscus tear in the Claimant's left knee.

13. Based upon my review of all of the medical and lay evidence in the record, I am persuaded and I hereby find that the meniscus tear in the Claimant's left knee and the Claimant's symptoms and complaints of injury to her left knee are causally related to her work-related accident on August 19, 2015.

14. Based upon the evidence in the record, I find that the Claimant has not reached maximum medical improvement.

15. Based upon the evidence in the record, I find that the Claimant is entitled to receive and the Defendant Employer and the Defendant Carrier are obligated to provide all

reasonable and customary causally related medical care and treatment for the Claimant's left knee injury until such time as Claimant reaches maximum medical improvement.

16. Based upon the evidence in the record, I find that the Claimant should continue to receive causally related medical care and treatment from Dr. Tupis, who shall continue to serve as the Claimant's authorized treating physician. I further find that the Claimant is entitled to receive any and all reasonable and customary causally related medical care and treatment as Dr. Tupis shall provide or direct until such time as Claimant reaches maximum medical improvement, including surgery to repair the meniscus tear in Claimant's left knee.

17. Although Claimant alleges an injury to the back, there is insufficient evidence in the record to support a finding of a causally related injury to the back. Although the Claimant alleges an injury to the hip, there is even less evidence to support a finding of a causally related injury to the hip. Further, Claimant failed to plead the hip as an affected/injured body part; therefore, the alleged hip injury is not properly before me.

18. I observed the Claimant's demeanor on the witness stand during her testimony. The Claimant never shifted, grimaced, or provided any other indication that she was in pain as she sat during the hearing.

19. The Claimant did not ask to stand during the hearing until counsel for the Defendant Employer and the Defendant Carrier brought it to her attention that she had not asked to stand. That exchange and Claimant's request to stand occurred at 3:46 P.M., an hour and eight minutes after the hearing began at 2:38 P.M.

20. The Claimant's lay testimony concerning her alleged back injury was that she feels like if she "gets her knees straight" her back will improve.

21. Based upon the medical evidence and the lay testimony in the record, and based upon my observation of the demeanor of the Claimant during her testimony, I find that there is insufficient evidence to support a finding that the Claimant suffered a compensable injury to her back or to her left hip. Accordingly, I further find that the Claimant has failed to carry, by a preponderance of the evidence, her burden of proof as to the compensability of the alleged injury to her back and her left hip.

22. Based upon the evidence in the record, I find that the Claimant worked less than fifty-two (52) weeks as a food service employee for the Defendant Employer prior to her injury on August 19, 2015. I further find and conclude that S.C. Code Ann. § 42-1-40, which governs

the calculation of an employee's average weekly wage, requires that when an employee has worked less than fifty-two (52) weeks prior to injury the computation of average weekly wage must be fair and just to all parties. I further find, upon consideration of all evidence concerning the Claimant's average weekly wage, that the calculation of the Claimant's average weekly wage by the Defendant Employer and the Defendant Carrier which calculated the Claimant's average weekly wage at \$200.77 as reflected on the Form 20 filed by the Defendant Carrier most correctly reflects the directives of the Act concerning calculation of average weekly wage. Accordingly, based upon the evidence in the record, I further find that the Claimant's compensation rate is \$133.85 as reflected on the Form 20 filed by the Defendant Carrier.

23. I further find that all other issues should be held in abeyance at this time.

CONCLUSIONS OF LAW

In accordance with S.C. Code Ann. § 42-17-40, it is the determination of this Commissioner:

1. Pursuant to S.C. Code Ann. § 42-1-130, the Claimant, Donna Dozier, was a covered employee of the Defendant Employer Georgetown County School District at the time of her work-related injury on August 19, 2015.

2. Pursuant to S.C. Code Ann. § 42-1-140, the Defendant Employer Georgetown County School District was the Claimant's employer at the time of the Claimant's work-related injury on August 19, 2015.

3. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant sustained compensable injuries to her right knee and her left knee by accident arising out of and within the course and scope of her employment with the Defendant Employer Georgetown County School District on August 19, 2015.

4. S.C. Code Ann. § 42-1-40 which governs the calculation of an employee's average weekly wage provides that when the employment, prior to injury, extended over a period of less than fifty-two weeks the method of dividing the earnings during that period by the number of weeks and parts thereof during which the employee earned wages shall be followed, as long as results fair and just to both parties will be obtained.

5. Pursuant to S.C. Code Ann. § 42-9-10, the Claimant is entitled to compensation for her period of temporary total disability which shall continue until the Claimant reaches maximum medical improvement at a compensation rate of \$133.85 per week.

6. Pursuant to SC Code Ann. § 42-15-60 the Defendant Employer and the Defendant Carrier are responsible for payment of the cost of all additional medical care and treatment that Todd

M. Tupis, M.D., determines to be reasonable and customary for the treatment of the Claimant's left knee injuries that are causally related to the accident of August 19, 2015.

ORDERED

IT IS, THEREFORE, ORDERED, that the Claimant Donna Dozier has not yet reached maximum medical improvement.

IT IS FURTHER ORDERED, that the request of the Defendant Employer and the Defendant Carrier to stop payment of temporary total disability compensation to the Claimant Donna Dozier is hereby denied.

IT IS FURTHER ORDERED, that the request of the Defendant Employer and the Defendant Carrier for a credit for overpayment of temporary total compensation benefits paid to the Claimant Donna Dozier since October 31, 2016 is hereby denied.

IT IS FURTHER ORDERED, that the Claimant Donna Dozier shall receive any and all reasonable and customary causally related medical care and treatment for her left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED, that the Defendant Employer and the Defendant Carrier shall pay for any and all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED, that the Defendant Employer and the Defendant Carrier shall pay temporary total disability compensation to the Claimant Donna Dozier at the compensation rate of \$133.85 per week until the Claimant reaches maximum medical improvement or by further Order of this Commission or by agreement of the Parties.

IT IS FURTHER ORDERED, that Claimant's alleged back and left hip injuries are hereby denied.

IT IS FURTHER ORDERED, that all other issues are held in abeyance at this time.

AND IT IS SO ORDERED.

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


Commissioner Gene McCaskill

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.

August 16, 2017

By: Kellie Lindler, Administrative Assistant to Commissioner McCaskill



Claimant's Name: Donna Dozier SSN: _____ Employer's Name: Georgetown County School District
Address: P.O. Box 139 Address: 2018 Church Street
City: Murrells Inlet State: SC Zip: 29576 City: Georgetown State: SC Zip: 29440
Home Phone: (843) 318-8497 Work Phone: () - Insurance Carrier: SC School Boards Insurance Trust
Preparer's Name: Neil D. Wright, Esq. Law Firm: Barnett & Wright, P.A. Preparer's Phone #: (843) 449-0781 Ext. #3

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☒ Claimant ☐ Employer (check one) Date of Injury or Illness: 08/19/2015

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

Please see Addendum attached hereto.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

☐ Mediation

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to counsel of record for Employer/Carrier/Respondent at Timothy B. Killen, Esq., 421 Wando Park Boulevard, Suite 100, Mt. Pleasant, SC 29464 on the 30th day of August 2017, by X first class postage certified mail personal service.

Preparer's Signature

Title

nwright@barnettandwright.com
Email

Date

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

ADDENDUM

1. Did the Hearing Commissioner err in his Finding of Fact 21 by finding that the Defendant Employer and the Defendant Carrier's calculation of the Claimant's average weekly wage at \$200.77 as reflected on the Form 20 filed by the Defendant Carrier most correctly reflects the directives of the Act concerning calculation of average weekly wage?

The Hearing Commissioner's error is that the greater weight of the evidence clearly supports a finding of fact that the Claimant's average earned wages per week are \$318.30. The documents produced by the Employer pursuant to the Claimant's subpoena, submitted as Defendant Employer's Post Hearing Exhibit 1, clearly establish a daily wage/docking rate of \$63.66 for Donna Dozier's position. Donna Dozier's sworn testimony reveals that she worked five (5) days per week unless she was sick. (Please see transcript of Deposition of Donna Dozier Page 16, Line 2 through Line 7). Donna Dozier's Employment Agreement (Claimant's Post Hearing Exhibit 2) reveals that Donna Dozier did not earn wages more than 150 days during the 2014-2015 school year; that is, thirty (30) weeks at five (5) days per week. As Donna Dozier earned wages of \$63.66 per day five (5) days a week, her average earned wages per week are \$318.30.

Defendant Employer's Post Hearing Exhibit 1, a collection of documents which includes the Claimant's Employment Agreement with Defendant Employer as a Food Service Operator for the Defendant Employer for the 2014-2015 school year and Employee Check Detail Reports, and Employee Absence Reports reflect that the daily wages that the Employer docked the Claimant for absences during the 2014-2015 school year were as follows:

1. Page 2 Pay Period 01/09/2015-01/30/2015 Time Docked 1.57 days Pay Reduction-\$99.95
2. Page 3 Pay Period 02/20/2015-03/11/2015 Time Docked 1.00 days Pay Reduction-\$63.66
3. Page 3 Pay Period 03/13/2015-03/30/2015 Time Docked 3.00 days Pay Reduction-\$190.98

2. Did the Hearing Commissioner err in his Finding of Fact 21 by finding that the Claimant's compensation rate is \$133.85 as reflected on the Form 20 filed by the Defendant Carrier?

The Hearing Commissioner's error is that the greater weight of the evidence clearly supports a finding of fact that the Claimant's compensation rate is \$211.99 per week.

3. Did the Hearing Commissioner err in failing to conclude as a matter of law that S.C. Code Ann. § 42-1-40, which governs the calculation of an employee's average weekly wage, compels the conclusion that the Claimant's average weekly wage is \$318.30?

The Hearing Commissioner's error is that SC Code Section 42-1-40 which governs the determination of the Claimant's average weekly wage provides in relevant part:

"When the employment, prior to the injury, extended over a period of less than fifty-two weeks, the method of dividing the earnings during that period by the number of weeks and parts thereof during which the employee earned wages shall be followed, as long as results fair and just to both parties will be obtained."

The Employment Agreement for the Claimant Donna Dozier (submitted by the Employer as Page 12 of Defendant Employer's Post Hearing Exhibit 1) reflects that food service worker employees such as Donna Dozier are expected to work 181 days (i.e. approximately 36 five day work weeks) during the school year. The Claimant was expected to work 150 days during the 2014-2015 school year as she did not begin her employment until mid-October, 2014, well after the school year commenced. (Please see Employment Agreement submitted by Employer.) Claimant's Post Hearing Exhibit 1 is a letter from Lisa Johnson, Associate Superintendent of Financing Operations for the Georgetown County School District to the Claimant which sets forth the salary of the Claimant at the time of her injury. If you divide the annual gross wage for the Claimant's position by 181 days it is apparent that the Claimant was earning no less than \$63.66 per day per five (5) day work week.

4. Did the Hearing Commissioner err in Ordering that the Defendant Employer and the Defendant Carrier shall pay temporary total disability compensation to the Claimant Donna Dozier at the compensation rate of \$133.85 per week until the Claimant reaches maximum medical improvement?

The Hearing Commissioner's error is that the greater weight of the evidence clearly supports an Order that the Claimant should be paid at the compensation rate of \$211.99 per week

STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1512151

Donna Dozier,
Claimant,
v.
Georgetown County Schools,
Employer,
and
South Carolina School Board
Trust,
Carrier/Defendants.

COPY

FULL COMMISSION HEARING

Tuesday, November 14, 2017
11:22 a.m. - 11:41 a.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, R. Michael Campbell, II and Avery B. Wilkerson, Jr., at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 14th day of November, 2017, before Travis McLeod, Court Reporter and Notary Public in and for the State of South Carolina.



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

APPEARANCES

Neil D. Wright, Esquire
 Barnett & Wright, P.A.
 1304 Azalea Court, Suite B
 Myrtle Beach, South Carolina 29577
 Attorney for the Claimant

Timothy B. Killen, Esquire
 Willson Jones Carter & Baxley, P.A.
 3600 Forest Drive, Suite 204
 Columbia, South Carolina 29204
 Attorney for the Defendant

INDEX

<u>CALL TO ORDER:</u>	<u>PAGE:</u>
COURT REPORTER	3
 <u>ARGUMENT:</u>	
MR. WRIGHT	3
MR. KILLEN	10
 <u>REPLY:</u>	
MR. WRIGHT	14
Certificate	16

EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



CREEL COURT REPORTING, INC.
 1230 Richland Street / Columbia, SC 29201
 (803) 252-3445 / (800) 822-0896

CALL TO ORDER:

COURT REPORTER: Today is Tuesday, November 14th, 2017. This is South Carolina Workers' Compensation Case Number 1512151. This is the case of Donna Dozier, claimant, versus Georgetown County Schools, employer, and South Carolina School Board Trust, carrier. The appellant is the claimant represented by Neil D. Wright. The respondent is represented by Timothy B. Killen. Each side is allowed 10 minutes for oral argument and the appellant 3 minutes in reply. You are requested to argue the grounds of exception and stay within the record.

COMMISSIONER BARDEN: Mr. Wright.

ARGUMENT - MR. WRIGHT:

MR. WRIGHT: Thank you. This matter came before the hearing Commissioner upon the defendant/employer's Form 21 request to stop payment. The hearing Commissioner correctly determined that the claimant had not reached maximum medical improvement and ordered that the defendant/employer provide additional medical care. And that is the status of the case now, that his care is being provided by



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

1 the defendant/employer. The only issue that we
2 have before the Full Commission is the issue of
3 the claimant's average weekly wage. The
4 defendant/employer filed a Form 20, which
5 indicates that the employee/claimant was paid
6 approximately \$200 per week resulting in a
7 compensation rate of approximately \$133 per
8 week. When the claimant's deposition was
9 taken, she indicated that she typically worked
10 30 hours per week. Her day started at 8:00
11 o'clock in the morning, finished at 2:00
12 o'clock in the afternoon, six hours a day, five
13 days a week, total 30 hours per week. She also
14 indicated that she understood when she was
15 engaged by the School District that her wage
16 rate was in excess of \$11 per hour. That
17 obviously did not add up to what the employer
18 had listed on the Form 20. So we took
19 exception to the matter of the average weekly
20 wage. The Commissioner held the record open
21 and gave us an opportunity to present
22 additional evidence. We took that opportunity,
23 subpoenaed documents from the School District
24 and we submitted those documents as apart of
25 the record. School District also took the



1 opportunity to present documents. It is our
2 contention that based upon those documents, the
3 hearing Commissioner incorrectly applied the
4 statute, Section 42-1-40, which provides the
5 standard for determining the average weekly
6 wage. In this case the claimant had worked
7 less than 52 weeks for the School District.
8 She started in mid-October and her duties would
9 have finished in June when the school was
10 dismissed for the year. So that being the
11 case, it is our position that the Commissioner
12 was required, pursuant to Section 42-1-40, to
13 determine the wages as follows. When the
14 employment prior to injury extended over a
15 period of less than 52 weeks, the method of
16 dividing the earnings during that period by
17 the number of weeks and parts thereof during
18 which the employees earned wages shall be
19 followed. So it is our position that we have
20 to look at the number of weeks during which the
21 employee actually earned wages, divide the
22 wages by that number of weeks to determine the
23 average weekly wage. If you look at the
24 contract of employment, which is part of the
25 record as an exhibit in this matter, the

**CREEL COURT REPORTING, INC.**

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 employee was to work approximately 150 days or
2 35 day weeks during the school year. If you
3 take the -- if you look at Claimant's Exhibit
4 Number -- excuse me -- Claimant's Exhibit
5 Number 2 is the claimant's employee agreement
6 that indicates that employees of that
7 classification typically work 181 days per
8 year, but because she was starting during the
9 year she was only expected to work 150 days.
10 If you take the amount of compensation for the
11 school year, which is in Claimant's Exhibit 3,
12 that amount is \$11,522. If you divide that
13 number by 181 days, which is the typical
14 employment for a person in the employees
15 category that amounts to \$63.65 per day. Now
16 ---

17 **COMMISSIONER WILKERSON:** Your client -- you don't
18 want them to get paid in June, July or August?

19 **MR. WRIGHT:** Well our position is that if you look
20 at the period of time that she earned wages she
21 would only be earning wages until June. The
22 School District chooses to pay wages over a
23 period of typically 50 weeks for employees who
24 work a full school year. Because the employee
25 in this case did not start until October, she



1 was paid over a total of 40 weeks, but she
2 actually only worked 30 weeks. They stretch it
3 out, pay her basically the same way that you
4 would pay a full year employee that the School
5 District has a number of those, but they also
6 have people who work less than a year, such as
7 the employees ---

8 **COMMISSIONER WILKERSON:** So you don't want your
9 employee to be paid in June, July and August,
10 is that the answer? Or you do? That was my
11 question.

12 **MR. WRIGHT:** Yeah. Well, the point is that if the
13 statute says ---

14 **COMMISSIONER WILKERSON:** That wasn't my question.
15 My question is do you want your client to be
16 paid in June, July and August?

17 **MR. WRIGHT:** No.

18 **COMMISSIONER WILKERSON:** Okay.

19 **MR. WRIGHT:** Because for purposes of this inquiry we
20 have to base it on the weeks that she actually
21 earned wages because that's what the statute
22 says. That has to be the focus and not how the
23 School District chose to pay the money. If you
24 look at how the School District chose to pay
25 the money over that period of time, if they



1 actually contend that that is how -- her
2 correct average weekly wage, they were paying
3 her less than the required federal minimum wage
4 for that position. Federal minimum wage would
5 have required that she be paid \$7.25 an hour.
6 If you take the hours that she worked, 30 hours
7 a week, and multiply it by the federal minimum
8 wage, they would have had to pay her more than
9 what they contend is the correct wage rate. So
10 our position is that that number absolutely
11 cannot be correct. I can't imagine that the
12 School District would take the position that
13 they could get away with paying her less than
14 the required minimum wage under federal law.

15 COMMISSIONER WILKERSON: That's not before us.

16 MR. WRIGHT: Well no, but it is ---

17 COMMISSIONER WILKERSON: That's another court.

18 MR. WRIGHT: It is in terms of what they're
19 contending is the minimum wage.

20 COMMISSIONER WILKERSON: But aren't school teachers
21 paid the same way?

22 MR. WRIGHT: School teachers have the option.
23 School teachers can be paid just for the school
24 year or they can have it paid over the full
25 year if they choose to do so. But that is



1 their option.

2 **COMMISSIONER WILKERSON:** That's changed?

3 **MR. WRIGHT:** I'm sorry?

4 **COMMISSIONER WILKERSON:** That has changed? When did
5 that change?

6 **MR. WRIGHT:** I don't know the date on which it
7 changed. I just know from ---

8 **COMMISSIONER WILKERSON:** I got brothers that are
9 teachers and I just know how they're paid. So
10 that's why I ask.

11 **MR. WRIGHT:** I know that Georgetown County gives
12 that option to school teachers because there
13 are school teachers that are paid just over the
14 school year rather than the full year. But in
15 any event, our position is whatever the school
16 prefers to do, they are required, and this
17 Commission is required by statute, to look at
18 the period of time on which wages are actually
19 earned versus how the money's paid.

20 **COMMISSIONER WILKERSON:** So you don't think your
21 client would be getting windfall for being out
22 of work for that period of time if you did it
23 that way? They would be getting more money by
24 staying at home for an additional two to three
25 months then they would be for working, would



1 they not, based on your theory?

2 MR. WRIGHT: No because if they give her the option
3 to have her wages paid during the period of
4 time that she actually works during the school
5 year as they give to school teachers it would
6 still work out the same. It's not a windfall
7 if she's getting \$63 a day for the time that
8 she works based on the actual days that she
9 works.

10 COMMISSIONER WILKERSON: But you don't want your
11 client to get paid in June, July and August for
12 temporary total, correct? Is that correct?

13 MR. WRIGHT: It would be fine for me not to have her
14 paid that temporary total if they paid her the
15 correct amount.

16 COMMISSIONER WILKERSON: Okay.

17 COMMISSIONER BARDEN: All right. Mr. Killen.

18 MR. WRIGHT: Do I ...

19 COMMISSIONER BARDEN: You get three minutes.

20 COMMISSIONER WILKERSON: You get three minutes in
21 reply, yes.

22 ARGUMENT - MR. KILLEN:

23 MR. KILLEN: Thank you, members of the Panel,
24 Commissioner Barden. May it please the
25 Commission. I am Tim Killen hereby



1 representing the Georgetown County School
2 District and the South Carolina School Boards
3 Insurance Trust. The date of accident on this
4 case is August 9th, 2015. Okay. The claimant
5 came to work for the School District, according
6 to the records, in September of 2014, not
7 October. And her first payday was September
8 24th. So she began working two weeks before
9 that, so September 10th. Okay. In the second
10 quarter of 20- -- excuse me, in the fourth
11 quarter of 2014 the claimant earned \$2,728.26.
12 The first quarter of 2015 \$2,373.67, second
13 quarter of 2015 \$2,728.36. Those are the weeks
14 that she actually worked. That comes to a
15 total of \$7,830.19. So -- and we actually
16 calculated the comp rate using the deviser of
17 39 weeks. Mr. Wright told you it was 40 weeks,
18 it should be 40 weeks. But actually it should
19 be 41 weeks, making it even less. The correct
20 comp rate -- well the Commissioner found that
21 the comp rate was \$200.77 -- excuse me, and
22 that was the average weekly wage with the comp
23 rate of 133.85. Okay. What he's -- Mr.
24 Wright's trying to do is say, he's excluding
25 Saturdays, Sundays, he's excluding Christmas,



1 Thanksgiving, the Summers. This is a contract
2 between the employees of the School District
3 who have the option -- even Ms. Dozier has the
4 option to be paid over the entire year or only
5 during the School District. Interestingly the
6 claimant cites Breeland versus Colleton County
7 School District in his brief as binding
8 precedent. Now that case from 1950 the Supreme
9 Court, that was a bus driver for Colleton
10 County School District, got paid \$75 a month.
11 They calculated the average weekly wage using
12 39 weeks as the deviser because he didn't get
13 paid over the Summer. And in that case the
14 claimant wanted to exclude three weeks --
15 claimant wanted it for 36 weeks, cuts
16 Christmas, Thanksgiving and then school
17 holidays. Now let me pull up the quote from
18 the Supreme Court in that case if I still have
19 it. Well the School District says, you know,
20 doing that, why don't you just exclude Saturday
21 and Sunday. That's preposterous, that's
22 artificially -- the phrase they used is
23 artificially inflating the average weekly wage
24 and comp rate. And that's exactly what he's
25 trying to do here with this daily comp rate



1 based on the 150 days work from the previous
2 year rather than the 180 or 81 days from the
3 year in which she was injured and then
4 extrapolating the, what he calls the daily
5 weekly wage into, you know, five day work
6 weeks. And so it's our position that either
7 the comp rate's correct as determined by the
8 single Commissioner or should even be decreased
9 to \$190.98 -- excuse me, that's the average
10 weekly wage. \$190.98 with a corresponding
11 compensation rate of \$127.33 where that
12 reflects the actual number of weeks she worked
13 which is 41. Thank you.

14 **COMMISSIONER WILKERSON:** Are y'all paying her during
15 the Summers, temporary total.

16 **MR. KILLEN:** You know, I don't think that came up
17 before the single Commissioner.

18 **COMMISSIONER WILKERSON:** Okay. Well then it's not
19 on appeal.

20 **MR. KILLEN:** I don't think it did. I think he's
21 conceding that they -- that that's how they pay
22 her.

23 **COMMISSIONER WILKERSON:** All right. Well if it's
24 not on -- it wasn't -- I'm sorry.

25 **MR. KILLEN:** Thank you.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

(803) 252-3445 / (800) 822-0896

1 COMMISSIONER BARDEN: All right. You have three
2 minutes in reply.

3 REPLY - MR. WRIGHT

4 MR. WRITE: Yes. In response, this is the first
5 I've heard that my client actually had the
6 opportunity to be paid over a shorter period of
7 time rather than have her payments extended
8 over the Summer. And if she had elected to do
9 that, if she knew that she had that option,
10 then the numbers would be exactly what I am
11 contending they are because they would have
12 been paid as she earned the wages and it would
13 have come up to \$318 per week. If we look at
14 -- and I think this is the most important
15 number -- if you look at the School District
16 records, if she missed time from work they
17 docked her \$63.65 per day, which if you divide
18 the total that they told her she was to be paid
19 over the year by 181 days, which was her work
20 commitment, it comes to \$63.65 per day. And
21 that's all we're asking is that that be the
22 basis for the five days a week that she worked
23 to come up with a number, and that would
24 provide \$318 per week roughly. Now where we're
25 at in this process is case is still being --



1 she's still being treated and we're still gonna
2 have a final hearing in this matter. I believe
3 that the numbers that we have from the School
4 District and her testimony support \$318 per
5 week. But if this Panel is not convinced, then
6 I would ask that you send it back down, let us
7 take testimony, let us depose the people from
8 the School District and get them on the record
9 as to exactly what they say she earns per day
10 and per week rather than how she's paid but
11 actually how she earns it. Because if she has
12 the option to take it over the time that she
13 actually works as opposed to having it
14 stretched over the entire year, then she would
15 be getting \$318 per week. And that is what we
16 contend is the correct number and we're fine
17 with the opportunity to go take depositions and
18 confirm that amount.

19 **COMMISSIONER BARDEN:** Okay. Thank you, sir. That
20 concludes this proceeding. Have a great rest
21 of the day.

22 (There being nothing further, the full commission
23 hearing concluded at 11:41 a.m.)
24
25

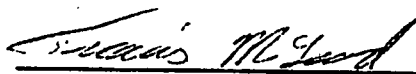


CERTIFICATE

This is to certify that the within hearing consisting of fifteen (15) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on May 16, 2018.



Travis McLeod
Notary Public for South Carolina
My Commission Expires: January 3, 2027



CREEL COURT REPORTING, INC.
1230 Richland Street / Columbia, SC 29201
(803) 252-3445 / (800) 822-0896

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1512151

DONNA DOZIER,	)	
	)	
CLAIMANT,	)	
	)	
VS.	)	TRANSCRIPT OF PROCEEDINGS
	)	
GEORGETOWN COUNTY SCHOOLS,	)	MARCH 21, 2017
	)	
EMPLOYER,	)	
	)	
AND	)	
	)	
SC SCHOOL BOARD	)	
SELF-INSURANCE TRUST FUND,	)	
	)	
CARRIER,	)	
	)	
DEFENDANTS.	)	

THIS HEARING WAS HELD BEFORE COMMISSIONER
GENE MCCASKILL, REPORTED BY SKYLET KEAN, COURT
REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE OF
SOUTH CAROLINA; SAID PROCEEDINGS WERE HELD AT THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION,
1331 MAIN STREET, COLUMBIA, SOUTH CAROLINA, ON
TUESDAY, MARCH 21, 2017, COMMENCING AT 2:38 P.M.

APPEARANCES

FOR THE CLAIMANT:

NEIL D. WRIGHT, ESQUIRE

BARNETT & WRIGHT, P.A.

1304 AZALEA COURT, SUITE B

MYRTLE BEACH, SOUTH CAROLINA 29577-5723

FOR THE DEFENDANTS:

TIMOTHY B. KILLEN, ESQUIRE

WILLSON, JONES, CARTER & BAXLEY, P.A.

421 WANDO PARK BOULEVARD, SUITE 100

MOUNT PLEASANT, SOUTH CAROLINA 29464

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

INDEX

PAGE

DONNA DOZIER

DIRECT EXAMINATION BY MR. WRIGHT	13
CROSS-EXAMINATION BY MR. KILLEN	36
REDIRECT EXAMINATION BY MR. WRIGHT	51
RECROSS-EXAMINATION BY MR. KILLEN	55
FURTHER REDIRECT EXAMINATION BY MR. WRIGHT	56

EXHIBITS

D-1 - DEPOSITION OF DR. TODD M. TUPIS	11
D-2 - 8/19/16 COASTAL URGENT CARE REPORT	56

PROCEEDINGS

THE COURT: Today's date is March 21st, 2017. This is Workers' Compensation Commission file Number 1512151. This is the case of Donna Dozier versus Georgetown County Schools. The carrier is the South Carolina School Board Self-Insurance Trust Fund. The claimant is represented today by Neil D. Wright. Employer/carrier represented by Timothy B. Killen. Date of the accident is August 19th, 2015.

Are we in agreement on average weekly wage and comp rate? And I reading from Mr. Killen's pre-hearing brief. Average weekly wage, \$200.77 with a corresponding compensation rate of \$133.85. Would you stipulate that's correct?

MR. WRIGHT: Your Honor, we have a question about that.

THE COURT: All right.

MR. WRIGHT: In her deposition Ms. Dozier testified that her hourly compensation rate was in excess of \$11 an hour and that she typically worked a 30-hour week. She also indicated that she was of the understanding that her wages were approximately \$250 per week. It does appear that she had requested certain deductions be taken against her gross wage

1 for matters of dental insurance and health insurance
2 which apparently was optional and therefore other
3 employees performing the same work would have been
4 receiving a gross wage in excess of \$200 per week.

5 THE COURT: Mr. Killen.

6 MR. KILLEN: Your Honor, we filed the
7 Form 20 some time ago back in September of 2016, I
8 believe is what I see on this document. And it shows
9 that for 39 weeks she earned \$7,830.19 and that leads
10 to this compensation rate we have here.

11 THE COURT: Well, you know, we're in the
12 unique position in this case unlike many workers'
13 compensation cases where there's, shall we say, less
14 than diligent bookkeeping. A school district is
15 going to have an absolute accounting for what wages
16 Ms. Dozier has earned.

17 Can't we do this? Can't you gentlemen get
18 the wage records from the District, look at it and
19 see if y'all can stipulate to an average weekly wage?
20 And I think that would just be --

21 MR. KILLEN: I have the wage records right
22 here.

23 THE COURT: All right. Why don't --

24 MR. KILLEN: I didn't know there was an
25 issue with the average weekly wage.

1 THE COURT: Well, I understand. That's
2 fine. And, you know, we just hit a little hiccup.
3 But I'm going to leave the record open for y'all to
4 come to an agreement if you can as to average weekly
5 wage. If not, I'll make a ruling in my order. How
6 is that?

7 MR. WRIGHT: That would be fine, Your
8 Honor. Thank you.

9 THE COURT: All right. Mr. Killen, that
10 suitable to you?

11 MR. KILLEN: Yes, Your Honor.

12 THE COURT: All right. Anything else on
13 that? I think that handles that. All right. Let's
14 deal with objections to jurisdiction, venue, APA
15 submissions or any other item. Any objections?

16 MR. KILLEN: Commissioner, I'm not
17 objecting to them in total, but their Indigo
18 Rehabilitation Clinic records that the claimant
19 submitted, they do not match up with what Dr. Tupis
20 testified that he had in his records. They show that
21 she's going to physical therapy for low back pain
22 when she was sent for her knee and they also show
23 that -- it was Dr. Tupis was the referring doctor.
24 When the records Dr. Tupis had, it showed that
25 Dr. Bunn his former partner was the referring doctor.

1 But I don't know why the records that the claimant
2 has submitted are different from what the doctor has,
3 but I just wanted to point that out. I think, you
4 know, everything else is fine in there but just that
5 cognizant that there's an apparent mistake.

6 THE COURT: Okay. I'll take notice of
7 that. Any comment as to that, Mr. Wright?

8 MR. WRIGHT: Your Honor, we requested a
9 complete copy of the patient's records and we put in
10 our APA exactly what was provided to us, the entire
11 file from the physical therapy file.

12 THE COURT: All right. As I said, I'll
13 take notice of that. Any other objections?

14 MR. KILLEN: No, Your Honor.

15 THE COURT: Any objections?

16 MR. WRIGHT: No, Your Honor.

17 THE COURT: All right. The Commission
18 file becomes a part of the record with the exception
19 of self-serving declarations and unstipulated medical
20 reports. We're here today, Mr. Killen, pursuant to a
21 Form 21 you filed on behalf of your client. If you
22 would, please place your client's position on the
23 record.

24 MR. KILLEN: Thank you, Your Honor. My
25 name is Tim Killen. I represent Georgetown School

1 District 1 and the South Carolina School Board's
2 Insurance Trust in the claim filed against them by
3 Ms. Donna Dozier.

4 This is an admitted claim to the right
5 knee. The claimant fell in the parking lot at work
6 on August 19th, 2015. She has been treated with --
7 primarily with Coastal Orthopedics and at first with
8 Dr. Bunn. And then later after he left the practice
9 and he referred -- Dr. Bunn referred her to
10 Dr. Tupis, Todd Tupis who assumed the duties of the
11 authorized treating physician. Dr. Tupis -- excuse
12 me. And the claimant had a meniscal tear that was
13 repaired. So she had arthroscopic surgery in January
14 of 2016. October 31st, 2016, Dr. Tupis placed her at
15 maximum medical improvement with a 2 percent
16 impairment to the right leg.

17 THE COURT: Give me that date again.

18 MR. KILLEN: October 31st, 2016.

19 THE COURT: October 31st, '16. All right.

20 MR. KILLEN: And the Form 14B is at our
21 APA submissions Page 72, Dr. Tupis returned her to
22 medium demand level per the functional capacity
23 evaluation which is also included in both of our APA
24 submissions. He did say that she would need future
25 treatment to include anti-inflammatory medications,

1 cortisone, Synvisc injections and following when
2 needed. So we're requesting a stop pay with credit
3 for overpayment of benefits since the date of maximum
4 medical improvement.

5 THE COURT: All right. Mr. Wright, your
6 position for your client, please, sir.

7 MR. WRIGHT: Your Honor, our position is
8 that Ms. Dozier has not yet reached maximum medical
9 improvement. When Ms. Dozier fell on the school
10 property on August 19th, 2015, she struck both of her
11 knees. At the time it was apparent that the right
12 injury -- the right knee had suffered the most severe
13 injury. It was bleeding, swelled up considerably.
14 And she was referred for treatment which she received
15 arthroscopic surgery in January of 2016.

16 The medical records indicate from the very
17 first time that she showed up that she had a severe
18 limp and that continued throughout. That she had
19 difficulty getting around and was using a walker and
20 a cane to get around putting pressure. And both in
21 the medical records and in the physical therapy
22 records there is noted an antalgic gait and a
23 shifting of weightbearing onto the left knee.

24 She was complaining in March of 2016 of
25 pains in her left hip and her lower back on the left

1 side. There was objective evidence of muscle
2 tenderness in that area. She subsequently was
3 complaining of very severe pain in the left knee.

4 Dr. Tupis made a determination that she
5 required arthroscopic surgery with respect to her
6 left knee. He specifically recommended that in a
7 note dated July 22nd, 2016 and that resulted in a
8 request for coverage by the workers' comp carrier
9 which denied surgery to the left knee and denied any
10 further treatment of any type to the left knee.

11 So Your Honor, it's our position that in
12 this instance we had a left knee injury that was left
13 untreated. It requires treatment. So in our 22 we
14 are indicating that we feel the claimant has not yet
15 reached maximum medical improvement and requires
16 additional medical care.

17 THE COURT: Thank you. Anything else,
18 Mr. Killen?

19 MR. KILLEN: Just that the medical records
20 don't support any claim for the left knee from the
21 date of the accident until May or June of 2016. In
22 fact, they specifically indicate that she fell on her
23 right knee as opposed to her testimony which in her
24 deposition was that she fell on both knees.

25 THE COURT: Anything else, Mr. Wright?

1 MR. WRIGHT: No, Commissioner.

2 MR. KILLEN: Commissioner, if I may, I
3 have the deposition of Dr. Tupis right here.

4 THE COURT: All right. We'll mark that,
5 if you would, Defendant's 1, please.

6 (DEFENDANT'S EXHIBIT NUMBER 1 WAS MARKED FOR
7 IDENTIFICATION.)

8 THE COURT: All right. And I'm relatively
9 certain but just for the sake of making sure the
10 record is complete, I believe I said this on the
11 record, that we are going to leave the record open
12 for a determination of average weekly wage. See if
13 the parties can stipulate to that after review of the
14 records. Can y'all take care of that in say the next
15 three weeks, 21 days?

16 MR. KILLEN: Yes, Your Honor.

17 THE COURT: Mr. Wright?

18 MR. WRIGHT: That would be fine.

19 THE COURT: All right. If y'all could do
20 that within the next 21 days. And we have Dr. Tupis'
21 deposition now. So with the receipt of the average
22 weekly wage information, that will complete the
23 record after today.

24 All right. Ms. Dozier, I think, ma'am,
25 we're ready to hear from you now. I've got two

1 requests for you. The first is, I need you to speak
2 up. There's no microphone in here for amplification,
3 so it's imperative that both of the attorneys hear
4 you, this young lady, of course, has to hear you
5 because she's making the record of this proceeding
6 and I have to hear you.

7 MS. DOZIER: Okay.

8 THE COURT: So if you'd speak up, that
9 would be extremely helpful.

10 MS. DOZIER: Okay.

11 THE COURT: And if I don't think you are,
12 I'll remind you to do it. Don't let that throw you.
13 I'm just reminding you to speak up for us.

14 MS. DOZIER: Okay.

15 THE COURT: And the other thing is I need
16 for you to answer yes or no to yes-or-no questions.

17 MS. DOZIER: Okay.

18 THE COURT: If you shake or nod your head,
19 this young lady actually has to put that in the
20 record and that's going to slow her down. And we
21 also want it to be clear to us here today and clear
22 to anybody who reads this record in the future as to
23 what your answer was. And, of course, if you need to
24 explain that yes or no, you'll have that opportunity
25 to do so. Okay?

1 MS. DOZIER: Okay.

2 THE COURT: All right. Please raise your
3 right hand. Swear the witness, please.

4 DONNA DOZIER,
5 AFTER BEING DULY SWORN TO TELL THE TRUTH, TESTIFIED
6 AS FOLLOWS:

7 THE COURT: Please state your full name
8 for the record.

9 THE WITNESS: Donna Nesbitt Dozier.

10 THE COURT: All right. Thank you,
11 Ms. Dozier. Mr. Wright, your witness.

12 MR. WRIGHT: Thank you, Commissioner.

13 DIRECT EXAMINATION

14 BY MR. WRIGHT

15 Q. Ms. Dozier, what is your age?

16 A. Fifty.

17 Q. And how far did you go in school?

18 A. Completed twelfth.

19 Q. Where did you graduate from?

20 A. Georgetown High School.

21 Q. Now, I'd like to talk a little bit about
22 your work history. We don't have to go into great
23 detail but we do need to provide some basis of
24 information to the Commissioner about your work
25 history. Were you working while you were attending

1 high school?

2 A. Yes, sir.

3 Q. What type of work did you perform?

4 A. Cooking at restaurants.

5 Q. Did you perform any type of work while you
6 were in high school other than working in
7 restaurants?

8 A. I just remember working in restaurant.

9 Q. Did you do any work with any family
10 members?

11 A. With my mother.

12 Q. Okay. What type of work did you do with
13 your mother?

14 A. I would go to work with her sometime to
15 help her clean house.

16 Q. Did you have occasion to do any work for
17 any hospitals?

18 A. I used to work at a hospital. Yes, sir.

19 Q. What hospital did you work at?

20 A. Waccamaw Hospital.

21 Q. What type of work did you do at Waccamaw
22 Hospital?

23 A. Housekeeping.

24 Q. In this case the employer/defendant is the
25 Georgetown County School System. When did you first

1 begin to work with the Georgetown County School
2 System?

3 A. In '98.

4 Q. 1998?

5 A. Yes, sir. I'm sorry.

6 Q. All right. What type of work were you
7 doing for the Georgetown County School District in
8 1998?

9 A. Sub teacher.

10 Q. Substitute teaching?

11 A. Substitute teaching.

12 Q. All right. And how long did you do that?

13 A. Up until 2014 it was as needed.

14 Q. During the period from 1998 to 2014, were
15 you doing any work other than working as a substitute
16 teacher for the Georgetown County School District?

17 A. Yes, sir.

18 Q. Tell us, please, what type of work you
19 were performing.

20 A. I was doing housekeeping work with Maid by
21 Emily and It's a Great Day by Ms. Emily.

22 Q. Did you work in any other restaurants or
23 fast food location?

24 A. I did Krispy Kreme Doughnut part time.

25 Q. You were doing that at the same time as

1 you were substitute teaching?

2 A. I was doing that at night. When I left
3 the school, I would go there at night to work part
4 time.

5 Q. Did you obtain full-time employment with
6 the Georgetown County School District in 2014?

7 A. Yes, sir.

8 Q. Tell the Commissioner, please, what type
9 of work position you obtained with Georgetown County
10 School District in 2014.

11 A. I was a cook and sometime I had to do
12 baking at the school, prepping, putting up stock,
13 putting up trays. We had to wash dishes. Putting up
14 dry storage, frozen food. I think I said baking.
15 Yes.

16 Q. And what school were you working at?

17 A. Waccamaw Intermediate.

18 Q. How many hours a day did you typically
19 work at Waccamaw Intermediate?

20 A. Had to be at work from 8:00 to 2:00. Six
21 hours.

22 Q. How many days a week?

23 A. Five days a week. I'm sorry.

24 Q. Would it be a fair statement you'd
25 typically work 30 hours a week?

1 A. Yes, sir.

2 Q. Did you punch a time clock?

3 A. No, sir.

4 Q. How was your time maintained?

5 A. We had to write in our time.

6 Q. Now, the type of work that you described,
7 was this work that you performed while sitting down
8 or was this work that you did while on your feet?

9 A. Had to stand on my feet and do it.

10 Q. In connection with your employment with
11 Waccamaw Intermediate School, did you have any
12 obligations with respect to cleaning any portions of
13 the kitchen?

14 A. Yes, sir. We had to clean the entire
15 kitchen.

16 Q. Did you have to clean floors?

17 A. Yes, sir. We had to sweep and mop the
18 floor.

19 Q. Did you have to clean drains?

20 A. We had to get down and clean drains. If
21 we didn't clean it, then it would have an odor to it
22 and it'll start smelling.

23 Q. Did any of those functions that you would
24 perform require that you be on your knees in the
25 kitchen?

1 A. Yes, sir. When you get down to do the
2 drains, you had to get down on your knees to clean
3 the drains.

4 Q. Now, prior to your employment with
5 Georgetown County School District at Waccamaw
6 Intermediate School in 2014, had you suffered any
7 injuries arising out of the course of your work that
8 imposed any limitations or restrictions on your
9 ability to perform physical labor?

10 A. No.

11 Q. Did you ever file any workers'
12 compensation claim prior to the workers' compensation
13 claim in this case?

14 A. No.

15 Q. Did you suffer any injuries outside of
16 work whether it be a fall or whether it be an
17 automobile accident that caused you to suffer any
18 injury to your knees?

19 A. No.

20 Q. Prior to October of 2014 when you began
21 working at Waccamaw Intermediate School, had you
22 received any treatment, medical treatment for any
23 injuries to either of your knees?

24 A. No, sir.

25 Q. All right. I'd like to turn to the reason

1 why we are here. Would you please tell the
2 Commissioner what happened on August 19th, 2015.

3 A. Okay. I pull up to the school and we have
4 to go -- employees go through the back to the
5 cafeteria. And I got out of my car and I was walking
6 to go to the back door and I slid and fell. My right
7 knee hit the rock and my left knee hit the pavement.
8 And I couldn't get up so I called Callie Pope who was
9 my manager in the cafeteria and told her that I
10 needed help getting up because I had fell. And she
11 came out and she helped me up.

12 Q. Did anyone else provide any assistance to
13 you at that time?

14 A. No, sir. One of my -- one of my
15 co-workers had just got out of her car when Callie
16 was helping me up. And she, you know, was brushing
17 me off and she got my pocketbook off the ground. And
18 then they helped me into the building which they
19 stood behind me while I was walking into the
20 building.

21 THE COURT: Now, tell me again where you
22 hit your knees.

23 THE WITNESS: My right knee hit the rocks,
24 some loose rocks and my left knee hit the pavement.

25 THE COURT: Okay. Mr. Wright.

1 BY MR. WRIGHT

2 Q. Ms. Dozier, let's talk about the right
3 knee for a moment. Did you notice whether the skin
4 had been broken in the area of your right knee?

5 A. Yes, sir.

6 Q. Was your right knee bleeding?

7 A. Yes, sir, it was.

8 Q. Was your left knee bleeding at that time?

9 A. No, sir.

10 Q. Were you able to walk to the school
11 cafeteria after you fell?

12 A. Yes, sir. I was walking.

13 Q. What did you do after you entered school?

14 A. I entered the school. I sat down.
15 Ms. Pope told me to sit down for a little while. So
16 I sat down and she told me she was going to check and
17 see if the nurse was in. Or either if the nurse
18 wasn't there, she was going to see if Ms. Renee was
19 in so I could do an incident report.

20 Q. Did you immediately do an incident report?

21 A. No, sir.

22 Q. Did you perform any work that day?

23 A. Yes, sir. I was on my knee. I mean, I
24 was on my feet working up until about quarter till
25 2:00, 2:00 o'clock when she called back. Ms. Callie

1 Pope went to the office and she called back and told
2 me to come on down there because the young lady was
3 in the office for me to do my incident report. And I
4 had already worked the whole day on my knee -- on my
5 leg.

6 Q. Okay. So eventually an incident report
7 was prepared?

8 A. Yes, sir.

9 Q. And how long was that after you fell?

10 A. Basically six hours because I had already
11 completed the day. I had 30 more minutes to go at
12 school.

13 Q. Okay. On that day August 19th, 2015 when
14 you were working at Waccamaw Intermediate School, did
15 you encounter any difficulty with your work that day?

16 A. My right knee was swollen. My left knee
17 was sore. And after I finished work out that day and
18 when I sat down and waited for Callie to tell me when
19 to go to the office, by the time it was time for me
20 to get up and I went down the hallway trying to make
21 it to the office to do my incident report, once I got
22 in there and sat down I could not get back up to walk
23 back out to the cafeteria. Dr. Nesmith came in and
24 she asked Dr. Cook to go and get a wheelchair. They
25 had to wheel me out through the cafeteria and they

1 helped me get in her car or her van and they took --
2 she took me to urgent care.

3 Q. Okay. Who is Dr. Nesmith?

4 A. She's the assistant principal.

5 Q. What did they do for you at the urgent
6 care facility?

7 A. At urgent care she -- she looked at my
8 right knee. She checked my left knee, too. My left
9 knee was sore but it wasn't as bad as my right knee.
10 My right knee was swollen and it was hurting. So she
11 immediately told me. She said I'm going to send you
12 to Waccamaw Hospital to get some X-rays on your right
13 knee.

14 Q. And how did you get to Waccamaw Hospital?

15 A. I had to call my daughter because
16 Dr. Nesmith dropped me off and she had left. She
17 said she had a meeting to go to.

18 Q. When you got to Waccamaw Hospital, did
19 they, in fact, do any X-rays?

20 A. Yes, sir. They did X-ray.

21 Q. Okay. What part of your body did they do
22 an X-ray on?

23 A. On my right knee.

24 Q. Did they do anything for you other than
25 perform an X-ray on your right knee?

1 A. He put me on some crutches and he gave me
2 some pain pills..

3 Q. What type of care did you receive after
4 that visit to the emergency room at Waccamaw
5 Hospital?

6 A. After that I had to wait so I could be
7 seen at the orthopedic doctor, doctor...

8 Q. Before you went to see the orthopedic
9 doctors, did you make any additional trips to
10 Waccamaw Hospital?

11 A. Yes, sir.

12 Q. Tell the Commissioner about that.

13 A. I went back to Waccamaw Hospital because
14 my knee was hurting. It was in a lot of pain and it
15 was still swollen --

16 Q. When you say...

17 A. -- and I could barely walk on it.

18 Q. Excuse me. When you say my knee --

19 A. My left -- my right knee. I'm sorry.

20 Q. Okay.

21 A. I'm sorry.

22 Q. At that point was your left knee swelling
23 or was it just your right knee?

24 A. It was just my right knee swollen at that
25 time.

1 Q. When you went back to Waccamaw Hospital,
2 what did they do for your right knee?

3 A. For my right knee? Pain medicine and I'm
4 trying to remember. I know he gave me pain medicine.

5 Q. All right. You indicated that you went to
6 an orthopedic group?

7 A. Yes, sir.

8 Q. Did you see a specific orthopedic
9 physician?

10 A. He had referred me to one and I can't
11 remember the name. But that's not the one I went to
12 see. I went to see the one that workmen comp told me
13 to go see.

14 Q. Okay. What doctor did workers' comp tell
15 you to go see?

16 A. Dr. Bunn in Conway.

17 Q. Do you recall if he was with the Coastal
18 Orthopedics orthopedic practice?

19 A. Coastal Orthopedics in Conway?

20 Q. Yeah.

21 A. I'm trying to remember because I got the
22 other one mixed up, the one the doctor referred me to
23 also.

24 Q. All right. But the orthopedist that you
25 went to see was in Conway; correct?

1 A. Yes, sir.

2 Q. All right. Now, would you please tell the
3 Commissioner that the doctor that you saw, was it
4 Dr. Kevin Bunn?

5 A. Yes, sir. It was Dr. Kevin Bunn.

6 Q. Would you please tell the Commissioner
7 what Dr. Bunn did for you?

8 A. He -- Dr. Bunn was -- he's treated my
9 knees first. He was doing -- he ran -- there's a
10 test he did on my knee. Trying to remember the name
11 of the test because I don't know a lot of medical
12 terms. And he did some kind of test on my knee and
13 then he gave me an injection. He tried several
14 different things before he referred me for surgery.
15 Recommend me for surgery.

16 Q. All right. And did you have arthroscopic
17 surgery on your right knee?

18 A. Yes, sir.

19 Q. Okay. Now, from the time period when you
20 fell on August 19th, 2015 until you had arthroscopic
21 surgery in January of 2016, did you have any
22 assistive devices to help you to move around?

23 A. Yes, sir.

24 Q. Would you please tell the Commissioner
25 about that.

1 A. I was on crutches and from crutches I went
2 to a walker and from a walker to the cane. And
3 sometime when my knees swell up and I cannot -- my
4 left knee. Sometime it'll swell up till I can't
5 hardly walk on it. I would have to get my walker and
6 use my walker. So I still have my walker.

7 Q. During that period of time from
8 August 19th, 2015 until you had your arthroscopic
9 surgery in January 2016, was there any period of time
10 that you did not have pain in your right knee?

11 A. No, sir. I still have a lot pain in my
12 right knee. I still have pain in my knee -- right
13 knee.

14 Q. All right. How did you deal with that
15 pain when you were attempting to move around?

16 A. I would take pills. Just try to help with
17 the inflammation in my knee or either I'll use -- I
18 have to take some kind of pain pills because that's
19 the only way I can really help me with the pain and
20 the -- when I put the pressure on my knee and the
21 pain, the pills will help somewhat.

22 Q. Did you do anything to attempt to take
23 pressure off of your right knee?

24 A. Yes, sir. I -- like I say, I go back and
25 forth to my crutches sometime and then I prop my leg

1 up and put ice on it.

2 Q. Okay. When you were walking, was there
3 any mechanism that you used to take pressure off of
4 your right knee?

5 A. When I be walking just my walker and my
6 crutches and my cane.

7 Q. Did you make any effort to shift the
8 weight off of your right knee?

9 MR. KILLEN: Objection to the leading,
10 Commissioner.

11 THE COURT: Need to rephrase. That is
12 leading.

13 BY MR. WRIGHT

14 Q. How did you -- when you were walking if
15 your right knee was hurting, what, if anything, did
16 you do to relieve the pain in your right knee?

17 A. I put all my weight on my left side.

18 MR. KILLEN: I'm just going to object
19 because the cat's already out of the bag on that one.

20 THE COURT: Noted.

21 MR. KILLEN: Thank you.

22 BY MR. WRIGHT

23 Q. Was that a technique that you commonly
24 used?

25 A. Could you repeat that?

1 Q. You described for the Commissioner
2 shifting your weight to your left side.

3 A. Yes, sir.

4 Q. I'm asking is that something that you did
5 frequently, only occasionally, never, all the time?
6 How would you describe that?

7 A. All the time.

8 Q. Did there come a time when you experienced
9 any symptoms in your back?

10 A. Yes.

11 Q. Please tell the Commissioner about that.

12 A. I have back pains, hip pains on my -- I
13 have it, sometime it go from my right hip to my left
14 hip and then sometime they go down my left leg or my
15 thigh areas.

16 Q. Did you seek any treatment for pain in
17 your left hip?

18 A. Pain in my left hip? I was -- I went
19 to -- I was in physical therapy during that time.
20 And every morning when I go there they normally asked
21 me where I'm hurting at the most and I would tell
22 them. And they -- you know, they'll -- they put an
23 ice bag pack on it but they said they couldn't do
24 anything with that.

25 THE COURT: Did you say the pain sometimes

1 goes down your left leg?

2 THE WITNESS: Yes, sir.

3 THE COURT: All right. Thank you.

4 BY MR. WRIGHT

5 Q. Did there come a time when you were
6 complaining about pain in your left knee?

7 A. Yes, sir.

8 Q. And let's talk about the pain in your left
9 knee. Was that something that decreased over time or
10 was it something that increased over time?

11 A. It increased.

12 Q. Now, you had testified earlier that you
13 been using crutches?

14 A. Yes, sir.

15 Q. Was there a time when you found that you
16 used the crutches less?

17 A. Yes.

18 Q. When was that?

19 A. I'm trying to think. I want to say March,
20 April. Can't...

21 Q. As you were using the crutches less, were
22 there any other assistive devices that you were
23 using?

24 A. Yes. The walker.

25 Q. When you were using the walker, did you

1 feel that it was having an effect on any parts of
2 your body?

3 A. Yes. My lower back and my right knee. I
4 mean, left knee. I'm sorry.

5 Q. Did you say anything to Dr. Tupis or
6 Dr. Bunn about increasing pain in your left knee?

7 A. Yes. I told Dr. Bunn.

8 Q. And what did you tell Dr. Bunn?

9 A. I told him that my -- my left knee was
10 hurting and I was feeling a lot of sharp pains in
11 there. And also I told him that -- that it was
12 swelling up some.

13 Q. Now, going back to that time frame when
14 you were having increasing pain in your left knee, do
15 you have any recollection of any events that caused
16 an injury to your left knee?

17 A. No. No.

18 Q. What did Dr. Bunn do for you with respect
19 to your left knee?

20 A. He ordered an MRI.

21 Q. Did he perform an examination in his
22 office concerning your left knee?

23 A. Yes, he did.

24 Q. As a result of the MRI and the testing
25 that was done in the orthopedic's office concerning

1 your left knee, were any recommendations made to you
2 for treatment of your left knee?

3 A. Yes.

4 Q. What specifically was recommended to you
5 concerning your left knee?

6 A. Dr. Tupis had gave me some form of
7 exercise to do for my left knee and also for physical
8 therapy.

9 Q. Okay. Was there any discussion of any
10 surgical procedure on your left knee?

11 A. Yes. He recommended surgery.

12 MR. KILLEN: Objection to what the doctor
13 said. We'll stipulate that he's recommended surgery
14 for her left knee.

15 THE COURT: You can stipulate -- for her
16 to tell me what the doctor said would be hearsay. So
17 it's in -- either in the transcript or in the medical
18 records; is that correct?

19 MR. KILLEN: That's correct, Your Honor.

20 THE COURT: All right.

21 BY MR. WRIGHT

22 Q. Did you have any objection --

23 THE COURT: I meant deposition, not
24 transcript. We're doing that now.

25 BY MR. WRIGHT

1 Q. Did you have any objection to proceeding
2 with arthroscopic surgery on your left knee?

3 A. No.

4 Q. Did you make any requests for surgical
5 treatment concerning your left knee?

6 A. I told him that I -- yeah. I would do it.

7 Q. Now, would you please tell the
8 Commissioner whether you have experienced any
9 problems with your left knee since there was a
10 discussion of surgery on your left knee?

11 A. Are you finished?

12 Q. I think so.

13 A. Okay. I'm sorry. I was just making sure
14 before I said anything.

15 Q. Okay.

16 A. Okay.

17 Q. Do you need me to rephrase it?

18 A. Yes. Please rephrase it.

19 Q. Okay. You had indicated that I believe
20 Dr. Tupis had recommended some physical therapy?

21 A. Yes, sir.

22 Q. Did you receive a full regimen of physical
23 therapy for your left knee?

24 A. No.

25 Q. Was that your decision to stop therapy on

1 your left knee?

2 A. No.

3 Q. After physical therapy was stopped on your
4 left knee, would you please tell the Commissioner
5 whether your left knee improved, remained the same,
6 got worse?

7 A. I got worse. Because like I said, a lot
8 of times it would swell up and it's hard for me to
9 put pressure down on it.

10 Q. Is there anything that makes the pain in
11 your left knee any worse?

12 A. When I'm standing on it too long or
13 bending.

14 Q. Okay. You used the term "standing on it
15 too long." Could you tell the Commissioner what you
16 mean by that?

17 A. If I'm standing to say wash dishes because
18 I don't have a dishwasher, so I'll stand up and wash
19 dishes. If I try to do cleaning at the house, I have
20 to do a little bit. Then I have to sit down to rest
21 my knee.

22 Q. Okay. Is there a particular period of
23 time that you find that you have to limit standing
24 before it becomes painful for you?

25 A. Fifteen, twenty minutes tops.

1 Q. Now, have you worked outside the home --

2 A. No.

3 Q. -- since you were injured on August 19th,
4 2015?

5 A. No.

6 Q. So when you're referring to washing
7 dishes, are you talking about personal washing dishes
8 in your home?

9 A. Yes.

10 Q. Now, when you were working at Waccamaw
11 Intermediate School in the kitchen, were there times
12 when you had to stand more than 15 to 20 minutes?

13 A. Yes.

14 Q. How often?

15 A. For a long period of time because we had
16 to cook. Standing cook and stand -- basically my job
17 required standing. Had to stand a lot.

18 Q. Given the condition of your left knee at
19 the present time, do you believe that you would be
20 able to resume the duties that you performed at
21 Waccamaw Intermediate School without having surgical
22 treatment on your left knee?

23 A. No.

24 Q. Why is that?

25 A. Because I would have to stand -- I have to

1 stand on my knee -- I mean, on my -- I would have to
2 stand to prepare the food. I'm going to have to lift
3 pots and stuff, tote trays, lift stocks and -- and I
4 can't do it with a cane or crutches or a walker.

5 Q. Okay. Given your experience with the
6 present condition of your left knee, are you able to
7 bend and stoop over placing weight on your left knee?

8 A. No.

9 Q. Were there job functions in the kitchen at
10 Waccamaw Intermediate School that required you to
11 bend over and stoop to perform your job functions?

12 A. Absolutely. Yes.

13 Q. Are you requesting that the Commission
14 order the Georgetown County School District to
15 provide arthroscopic surgery treatment for your left
16 knee?

17 A. Yes, sir.

18 Q. Ms. Dozier, did you receive treatment for
19 the -- specifically, arthroscopic surgery of your
20 left knee? Do you desire to ultimately return to
21 work?

22 MR. KILLEN: Objection. Calls for
23 speculation.

24 THE COURT: I think I'm going to allow it
25 because it's her desire, not if she's going to be

1 able to.

2 MR. KILLEN: Yes, sir.

3 THE COURT: So she can answer that
4 question.

5 THE WITNESS: Yes.

6 MR. WRIGHT: Your Honor, I believe that
7 concludes my direct examination.

8 THE COURT: All right. Thank you very
9 much. Mr. Killen.

10 MR. KILLEN: Thank you, Commissioner.

11 CROSS-EXAMINATION

12 BY MR. KILLEN

13 Q. Ms. Dozier, we met last week. My name's
14 Tim Killen. I represent Georgetown County Schools
15 and their workers' compensation insurance carrier in
16 your claim. Your attorney just asked you if you're
17 asking for further medical care for your left knee
18 and you said you were. Are you also asking for
19 further medical care and treatment to your back?

20 A. Repeat the question.

21 Q. Are you also asking for further medical
22 care and treatment to your back? Your back appears
23 on your Form 58. There wasn't a whole lot of
24 testimony about that but there was some.

25 A. I feel like if my knees -- if I get my

1 knees straight, then I feel like my back will fall
2 into place, align with that.

3 MR. KILLEN: Okay. I just want to clear
4 up whether or not we are, in fact, adjudicating the
5 back today. Are we?

6 MR. WRIGHT: I believe we are requesting
7 that, because, again, we think that that's part of
8 the overall...

9 MR. KILLEN: Okay. I just want to make
10 sure.

11 BY MR. KILLEN

12 Q. All right. You fell on both your knees
13 you testified; is that correct?

14 A. Yes.

15 Q. Okay. And do you remember -- and you went
16 to Coastal Urgent Care after your workday was over,
17 is that correct, on August 19th?

18 A. In Pawleys, yes.

19 Q. Okay. And you testified in your
20 deposition that you told the doctor that you hurt
21 both your knees; is that correct?

22 A. I told her I fell on both of my knees.
23 Yes.

24 Q. All right. Did you tell her that you hurt
25 both your knees?

1 A. Yes. I told her both of my knees hurt.
2 Yes.

3 Q. All right. And I just got this medical
4 record today, but it's the medical record from
5 Coastal Urgent Care from August 19th, 2015. Would
6 you mind having a look at that?

7 THE COURT: And you did give a copy to
8 Counsel?

9 MR. KILLEN: I did.

10 THE COURT: All right.

11 BY MR. KILLEN

12 Q. Do you see where it says next to HPI which
13 stands for History of Present Illness, "Patient
14 states that at 6:58 this morning she fell at Waccamaw
15 Intermediate School. Patient was walking from the
16 parking lot to the cafeteria and slipped on some
17 rocks and fell directly to the right knee." Okay.
18 Did you tell them that you also fell on your left
19 knee?

20 A. I told her I fell on both of my knees.

21 Q. All right. And then when you went to the
22 emergency room that day, August 19th, 2015, you went
23 only for an X-ray of your right knee; is that
24 correct?

25 A. That's correct.

1 Q. Okay. When you went to the Waccamaw
2 Community Hospital on that day, did you tell them as
3 it says on your APAs Page 3 that you -- "Patient was
4 getting out of her car and walked a little forward
5 and landing on her knee"? Okay. Did you tell them
6 that day that you fell on both knees as well?

7 A. Repeat that again, please.

8 Q. Did you tell --

9 MR. WRIGHT: Tell her what records you're
10 reading from again, please.

11 BY MR. KILLEN

12 Q. Waccamaw Community Hospital. Okay. On
13 August 19th the day of your accident did you tell
14 them that you fell on both your knees that day?

15 A. Yes, I did.

16 Q. Okay. Did you tell them that you injured
17 both your knees that day?

18 A. I told them I fell on both of my knees and
19 my right knee was bleeding and swollen and I told
20 them my left knee was hurting. But I paid more
21 attention to my right knee.

22 Q. Okay. But you did tell them that you
23 injured your left knee?

24 A. I told them I injured my right knee.

25 Q. Oh, excuse me. I'm getting them mixed up,

1 too. Okay. And then when you went to Coastal
2 Orthopedics to see Dr. Bunn the first time, which I
3 believe was in September of 2015, did you tell
4 Dr. Bunn that you injured your left knee?

5 A. I told Dr. Bunn that I fell on both of my
6 knees.

7 Q. Did you tell him that you injured your
8 left knee as well?

9 A. No. I didn't tell him I injured my --
10 that particular day I did not tell him I injured my
11 left knee.

12 Q. You remember leaving that out on
13 September 2nd, 2015?

14 A. Repeat that again.

15 Q. You remember not telling him that you
16 injured it but you fell on it on that particular day?

17 A. September I don't -- I do not remember.

18 Q. All right. And then all the treatment you
19 had at Coastal Orthopedics was for your right knee
20 until when?

21 A. The last time I was seen by Dr. Tupis was
22 in October.

23 Q. My question is when did you start being
24 seen by Dr. Tupis or Dr. Bunn for your left knee?

25 A. Repeat that again, please.

1 Q. When did you see Dr. Tupis or Dr. Bunn for
2 your left knee issue?

3 A. In July.

4 Q. Of what year?

5 A. June, July. 2016.

6 Q. Okay. And this was after you'd been
7 placed back -- put on light duty by Dr. Bunn; is that
8 correct?

9 A. I don't recall what date he put me on
10 light duty.

11 Q. Okay. If according to your APA
12 submissions Page 48 he puts you back to light duty at
13 that time on May 13th, 2016, would that be correct?

14 A. I don't recall a date because I can't
15 remember the date. I'm sorry.

16 Q. May of 2016 he put you at light duty. And
17 then when did you develop pain in your left knee?

18 A. Like I stated earlier, pain was -- I was
19 having problems with my left knee. It was -- like I
20 said, it was hurting. When I fell it was hurting.
21 It was pain in it but it wasn't swollen and it
22 wasn't -- I wasn't having massive pain as much as I
23 was at my left knee. I mean, my right knee. I was
24 having a lot of pain in my right knee compared to my
25 left knee. The majority of my pain was in my right

1 knee at the time.

2 Q. When did you develop massive pain in your
3 left knee?

4 A. Had to been somewhere in June because when
5 I -- June, July when I mentioned it to Dr. Bunn and
6 he ordered an MRI.

7 Q. So the month after you were put back at
8 light duty? But you didn't go back to work on light
9 duty; is that right?

10 A. No, sir.

11 Q. Why not?

12 A. Because I sent -- I faxed the paper to
13 Georgetown County School District and I received a
14 letter saying that Dr. Bunn would have to release me
15 to full duty.

16 THE COURT: Before we go too far down that
17 road, let me back up just a second. Your left knee
18 hurt -- I'm not trying to put words in your mouth.
19 I'm just trying to repeat what I believe you said.
20 Hurt when you fell. Was it hurting then?

21 THE WITNESS: Yes, sir.

22 THE COURT: And Mr. Killen has asked you
23 about when you had massive pain in your left knee and
24 you said in June of '16. Is that what I understood
25 you to say?

1 THE WITNESS: That's when it started.

2 THE COURT: All right. Did your left knee
3 hurt the entire time from when you had this accident
4 until you reported it to the doctor as it being a
5 real problem in June of '16?

6 THE WITNESS: Yes, sir. It hurt.

7 THE COURT: It hurt the whole time?

8 THE WITNESS: Not massive pain.

9 THE COURT: But it hurt the whole time?

10 THE WITNESS: Yes, sir.

11 THE COURT: That's what you're telling me?

12 THE WITNESS: Yes, sir.

13 THE COURT: All right. Mr. Killen.

14 BY MR. KILLEN

15 Q. I've seen the pain scale in your medical
16 records and we talked about it last week. What on a
17 scale of zero to ten, zero being no pain and ten
18 being --

19 THE COURT: The worse pain imaginable.

20 BY MR. KILLEN

21 Q. -- the most horrific pain. I think I said
22 in the deposition getting a machete through your
23 guts.

24 A. Uh-huh.

25 Q. Okay. Where would you rate your pain to

1 your left knee from the date of the accident through
2 June of 2016?

3 A. Date of accident to June 2016? I would
4 say a seven.

5 Q. A seven?

6 A. Yes.

7 Q. Okay. And ten is the absolute worst pain?

8 A. Uh-huh.

9 Q. Is that correct?

10 A. You saying up until the date of the
11 accident? I mean, repeat that.

12 Q. After your accident --

13 A. Okay.

14 Q. -- until June of 2016 when it started
15 showing up in your medical records --

16 A. Uh-huh.

17 Q. -- where would you rate your pain?

18 A. Then I would say a seven. Yes.

19 THE COURT: Let me try.

20 MR. KILLEN: Yes, sir.

21 THE COURT: If we take from the date of
22 accident which is in August of '15, we're going to go
23 to June of '16. That's ten months. Five months is
24 halfway. September, October, November, December,
25 January. In January of '16, how much did it hurt?

1 THE WITNESS: That would have been a ten.

2 THE COURT: Your left knee hurt a ten --

3 THE WITNESS: Yes, sir.

4 THE COURT: -- in January?

5 THE WITNESS: Yes, sir.

6 THE COURT: But you don't talk to the
7 doctor about it until June. Is that what you're
8 saying?

9 THE WITNESS: Repeat that again.

10 THE COURT: Okay. If in January of '16
11 your pain's a ten, that ten pain being the worst pain
12 imaginable, you don't say anything about it to the
13 doctor until June?

14 THE WITNESS: I have my days mixed up. My
15 dates.

16 THE COURT: All right. Let's try it
17 again. Let's back up. In June -- in January of '16
18 which is halfway between when it occurred and when --

19 THE WITNESS: Okay.

20 THE COURT: -- it starts showing up in
21 your medical records which I haven't read yet but I
22 don't want to mischaracterize that. Is that right?

23 MR. KILLEN: That's correct, Your Honor.

24 THE COURT: Halfway is about January of
25 '16. On that zero no pain at all, ten absolute worst

1 pain imaginable, in January where on that scale is
2 it?

3 THE WITNESS: January 2016; right?

4 THE COURT: Uh-huh. Halfway between when
5 your accident happened and when it starts showing up
6 in your medical record in June.

7 THE WITNESS: Seven.

8 THE COURT: All right. Mr. Killen.

9 MR. KILLEN: Thank you, Commissioner.

10 BY MR. KILLEN

11 Q. In July of 2016 you saw Dr. Tupis; is that
12 correct?

13 A. Yes.

14 Q. And you told him that you may have been
15 favoring the right knee. Is that what you told him
16 at that time?

17 A. I'm pretty sure I -- let me think.

18 Q. I'm sorry.

19 A. I told him I was favoring my left knee.
20 Yes.

21 Q. Favoring your left knee. Okay. Now, you
22 had a functional capacity evaluation; right?

23 A. Yes.

24 Q. And do you remember when that was?

25 A. I don't know if that's September or

1 October.

2 Q. Okay. But that was after -- that was with
3 your left knee pain when you went through that
4 functional capacity evaluation?

5 A. Yes.

6 Q. Okay. Do you remember telling someone at
7 physical therapy on July 6th -- let me make sure I
8 have my dates right. Or, excuse me, July 7th, 2016
9 that you came -- you had an onset of left knee pain
10 two days prior to that? That's shown in Page APA 72.

11 A. Before I got to physical therapy?

12 Q. Do you remember on July 7th, 2016 that you
13 went in and you were complaining of new left knee
14 pain that started two days prior to that? Do you
15 remember that?

16 A. And having left knee pain, yes, but it
17 wasn't two days prior to that.

18 Q. Okay. Even though that's what the
19 physical therapist documented, so that's incorrect in
20 your medical records?

21 A. I told him I was having left knee pain. I
22 don't remember saying two days prior to that.

23 Q. All right. And do you know when the
24 second trip to Waccamaw Hospital was?

25 A. I can't remember right now. Let me think.

1 Q. I don't see any records of it. All right.
2 How is your right knee doing right now?

3 A. Right now both my knees are a ten.

4 Q. Right at this moment?

5 A. At this moment, yes.

6 Q. Okay. How long can you sit for any one
7 period of time?

8 A. Not long because I have to keep stopping
9 to get out to stand up because I drove here.

10 Q. Okay. How long is not long?

11 A. I sat for probably about an hour, drove
12 for about an hour and then had to keep stopping.

13 Q. How long have you been sitting there in
14 that chair right now?

15 A. Oh. I don't know. I haven't paid
16 attention to the clock.

17 Q. Do you need to get up?

18 A. Yes. Just to stand.

19 Q. How many times did you stop on the way up
20 from Pawleys?

21 A. Excuse me?

22 Q. How many times did you stop on the way up
23 here from Pawleys?

24 A. Probably about seven times because I left
25 home at 6:00 o'clock this morning.

1 Q. And what time did you get here?

2 A. I got lost a lot.

3 Q. What time did you get here?

4 A. What time did I get here? I'm trying to
5 think what time I met. I got here right about --
6 probably right about 1:00 o'clock, 1:15. Yeah.

7 Q. And you left at 6:00 o'clock in the
8 morning?

9 A. Yes.

10 Q. Okay. How much of that lengthy trip is
11 due to stopping and getting -- and walking around
12 versus how much of it was due to getting lost?

13 A. I got lost twice. Got back on the road.
14 But I -- like I said, I stopped because both of my
15 knees are swollen.

16 Q. Okay. And they're a ten out of ten both
17 of them? Even your right knee which you already had
18 surgery on?

19 A. Yes.

20 Q. Okay. So why do you want surgery on your
21 left knee if your right knee is not any better?

22 A. I just want to get my -- have my life back
23 so I can go back to work and start doing -- depending
24 on Donna instead of my kids and my family member.

25 Q. You testified I believe in your deposition

1 that you're no longer employed?

2 A. No, I'm not.

3 Q. Okay. When did you find that out?

4 A. I got a letter probably about the second
5 week in June.

6 Q. Okay. So around the time that you found
7 out that you were no longer employed by the school
8 district, that's when you began complaining or
9 vociferously complaining of your left knee pain to
10 your doctors?

11 A. No.

12 Q. No?

13 A. Huh-uh.

14 Q. Okay. Why not? Because you'd been
15 complaining the whole time?

16 A. I have not complained the whole time but I
17 have mentioned about my knee. Yes, about my left
18 knee.

19 Q. But you would admit you found out that you
20 were no longer employed by the school district in the
21 same time it starts showing up in your medical
22 records? Is that accurate?

23 A. No.

24 Q. No? Okay. Do you know whether or not any
25 doctor has said that your low back pain is related to

1 your right knee injury?

2 A. I can't recall.

3 Q. Okay. And you also have a CNA
4 certificate; is that right?

5 A. Yes.

6 Q. So you didn't just stop at the twelfth
7 grade after high school; is that right?

8 A. That's correct.

9 MR. KILLEN: That's all the questions I
10 have, Commissioner.

11 THE COURT: All right. Anything else,
12 Mr. Wright?

13 MR. WRIGHT: Yes.

14 REDIRECT EXAMINATION

15 BY MR. WRIGHT

16 Q. Mr. Killen made reference to a note by an
17 orthopedic physician that you would be released to
18 light-duty work in the spring of 2016. Did
19 Georgetown County School District ever offer you any
20 light-duty work?

21 A. No, sir.

22 Q. At some point in time did the Georgetown
23 County School District tell you that they were
24 terminating your employment?

25 A. Yes. The second week in June when they

1 sent me a letter.

2 Q. All right. And did they give you a reason
3 why they were terminating your employment?

4 A. Because they said Dr. Bunn did not release
5 me to full duty.

6 Q. Okay. So in other words, unless you were
7 released to perform all of the jobs functions that
8 you performed before you were injured on August 19th,
9 2015, Georgetown County School District did not have
10 any position that would accommodate your condition in
11 the spring of 2016?

12 A. Yes.

13 Q. Did they ever make an effort to give you
14 any type of accommodation?

15 A. No.

16 MR. WRIGHT: Your Honor, I would like to
17 show the witness a record that is in my APA
18 submission to ask her a question about that. If I
19 could --

20 THE COURT: Sure.

21 MR. WRIGHT: -- retrieve that?

22 THE COURT: Sure.

23 MR. WRIGHT: That's the record for
24 June 23rd additional evaluation.

25 MR. KILLEN: Okay.

1 MR. WRIGHT: This is Page 62 of Claimant's
2 APA submission.

3 BY MR. WRIGHT

4 Q. Ms. Dozier, if you would please take a
5 look at the Indigo Physical Therapy Assessment report
6 for June 23rd, 2016. And specifically, if you would
7 look under short-term goals.

8 A. Okay. What does this say?

9 THE COURT: Ma'am, if you'd lift that up
10 off the microphone.

11 THE WITNESS: Oh, I'm sorry. I don't see
12 it. Okay.

13 BY MR. WRIGHT

14 Q. There is a reference in that record to
15 left hip pain. Were you complaining of left hip pain
16 when you went to see them in June of 2000 --
17 specifically, June 23rd of 2016?

18 A. Yes.

19 Q. Would you tell the Commissioner if you
20 still experience left hip pain?

21 A. Sometimes.

22 Q. And on Page 63 under History and Symptoms,
23 did you tell the physical therapist that you had
24 developed left hip pain and lower back pain as a
25 result of abnormal weightbearing?

1 A. Yes.

2 Q. Do you recall if there were any periods of
3 time during physical therapy when you were unable to
4 perform the requested exercises because of pain in
5 your left knee?

6 A. Repeat that again.

7 Q. I'm sorry?

8 A. Sir, repeat that again.

9 Q. I'm asking if there came a time when you
10 could not perform any exercises because of severe
11 pain in your left knee?

12 A. Yes. I say yes but I don't recall the
13 date on that.

14 Q. Has there ever been a time since your
15 injury on August 19th, 2015 that you have been able
16 to walk without the assistance of either crutches or
17 a walker or a cane?

18 A. No.

19 Q. Mr. Killen made a reference to your making
20 complaints of pain in your left knee at about the
21 time that the Georgetown County School District
22 terminated your employment. Did you manufacture a
23 torn meniscus in your left knee?

24 A. No.

25 MR. KILLEN: Objection.

1 THE COURT: Sustained.

2 MR. WRIGHT: No further questions.

3 THE COURT: Mr. Killen.

4 MR. KILLEN: Briefly, Your Honor. I'd
5 like to submit this Coastal Urgent Care record as an
6 exhibit.

7 THE COURT: Any objection?

8 MR. WRIGHT: Your Honor, I'd like to have
9 an opportunity to read it. I've not seen it.

10 MR. KILLEN: Okay. I'll try to remember
11 to get back to that. Very briefly, Your Honor.

12 RECROSS-EXAMINATION

13 BY MR. KILLEN

14 Q. On June 23rd, 2016 as it's shown APA
15 Page 63 which you were asked about earlier, did you
16 tell the physical therapist that you injured your
17 right knee? "Patient reports that she fell at work
18 injuring her right knee and requiring arthroscopy."
19 Is that accurate?

20 A. I told them I fell on both of my knees.

21 MR. KILLEN: That's all the questions I
22 have, Commissioner.

23 MR. WRIGHT: Your Honor, if Counsel wants
24 to put this in the record, I would just like to ask
25 the witness a question about this particular record.

1 THE COURT: You want to submit it?

2 MR. KILLEN: Yes, sir.

3 THE COURT: All right. Hand it up. We'll
4 mark it as Defendant's 2.

5 (DEFENDANT'S EXHIBIT NUMBER 2 WAS MARKED FOR
6 IDENTIFICATION.)

7 MR. KILLEN: Thank you.

8 THE COURT: All right. Mr. Wright.

9 FURTHER REDIRECT EXAMINATION

10 BY MR. WRIGHT

11 Q. All right. Ms. Dozier, this, I believe,
12 is Defendant's Exhibit 2, and I'd like you to read
13 from this line that says HPI what the patient stated.
14 If you can review that.

15 A. "Patient states that at 6:58 this morning
16 she fell at Waccamaw Intermediate School. Patient
17 was walking from the parking lot to the cafeteria and
18 slipped on some rocks and fell directly to her right
19 knee. Patient has" -- I can't even see that one.
20 What is that word? "Altered." I didn't see it.
21 It's blurry. "Something gait." You see right here?

22 Q. I think PT is an abbreviation for patient.

23 A. Huh-uh. This word right here, "has".

24 Q. "Altered."

25 A. Okay. "Altered gait and it is unsteady."

1 Patient complains of pain. Pain level 8 to 10."

2 Q. Okay. Now, just want to be clear. You
3 stated in your testimony earlier that when you fell
4 your left knee landed on pavement. Your right knee
5 landed on rocks; is that correct?

6 A. Yes.

7 Q. All right. Is there anything incorrect
8 about that statement that you slipped on rocks and
9 fell directly to the right knee?

10 A. I fell on both of my knees and here it
11 only said right knee.

12 Q. Okay. But the right knee fell on rocks;
13 correct?

14 A. The right knee fell on the rock and the
15 left knee fell on the pavement.

16 MR. WRIGHT: No further questions, Your
17 Honor.

18 THE COURT: Anything else, Mr. Killen?

19 MR. KILLEN: Nothing from the defendants,
20 Your Honor.

21 THE COURT: All right. Any other
22 witnesses, gentlemen?

23 MR. WRIGHT: No other witnesses, Your
24 Honor.

25 MR. KILLEN: No, Your Honor.

1 THE COURT: All right. That concludes
2 this proceeding.

3 (WHEREUPON, THE HEARING WAS CONCLUDED AT 4:05 P.M.)
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1 CERTIFICATE OF REPORTER

2
3 STATE OF SOUTH CAROLINA

4 COUNTY OF RICHLAND

5
6 I, SKYLET KEAN, COURT REPORTER AND NOTARY
7 PUBLIC, FOR THE STATE OF SOUTH CAROLINA, DO HEREBY
8 CERTIFY THAT SAID HEARING TRANSCRIPT IS A
9 STENOGRAPHIC REPORT AND WAS TRANSCRIBED THROUGH
10 COMPUTER-AIDED TRANSCRIPTION; THAT THE FOREGOING
11 TRANSCRIPT CONTAINS A TRUE RECORD OF SAID HEARING.
1213 I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY
14 NOR COUNSEL FOR, NOR RELATED TO NOR EMPLOYED BY ANY
15 OF THE PARTIES CONNECTED TO THE ACTION, NOR AM I
16 FINANCIALLY INTERESTED IN THE ACTION.
1718 WITNESS MY HAND AT COLUMBIA, SOUTH CAROLINA,
19 THIS 10TH DAY OF OCTOBER 2017.
2021
22
23 SKYLET KEAN, COURT REPORTER
24 NOTARY PUBLIC FOR THE STATE OF
25 SOUTH CAROLINA
MY COMMISSION EXPIRES: 07/30/2024

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1512151

Donna Dozier,
Claimant,
vs.
Georgetown County School District,
Employer,
and
SC School Boards Insurance Trust,
Carrier/Defendants.

DEPOSITION OF: DONNA DOZIER
DATE: Wednesday, March 15, 2017
TIME: 6:58 P.M. - 8:13 P.M.
LOCATION: Barnett & Wright, P.A.
1304 Azalea Court
Suite B
Myrtle Beach, South Carolina
TAKEN BY: Attorney for Defendants
COURT REPORTER: Michele E. Starkey
Certified Shorthand Reporter

ABC REPORTING SERVICE
257 Summerland Avenue
Batesburg, South Carolina 29006
1-803-532-5255
1-803-730-3015 (cell)

1 APPEARANCES:

2 ON BEHALF OF THE CLAIMANT:

3 Barnett & Wright, P.A.
 4 BY: NEIL D. WRIGHT, ESQ.
 1304 Azalea Court
 Suite B
 5 Myrtle Beach, SC 29577
 nwright@barnettandwright.com
 6

7 ON BEHALF OF THE DEFENDANTS:

8 Willson Jones Carter & Baxley, P.A.
 9 BY: TIMOTHY B. KILLEN, ESQ.
 421 Wando Park Boulevard
 Suite 100
 10 Mount Pleasant, SC 29464
 Tbkillen@wjlaw.net
 11

12
 13
 14
 15 I N D E X

PAGE

16 Examination by Mr. Killen:

3

17 Reporter Certificate:

56

18
 19
 20
 21 E X H I B I T S

22 There were no exhibits proffered.
 23
 24
 25

It is stipulated between Counsel that this deposition is being taken pursuant to the South Carolina Rules of Civil Procedure.

It is also stipulated between counsel
for the respective parties and the deponent
that the deponent will waive the right to read
and sign this transcript.

being by me first duly sworn, was deposed and
said as follows:

BY MR. KILLEN:

Q. Ms. Dozier, my name is Tim Killen. I represent Georgetown County Schools and their workers' compensation insurance carrier in a claim that you have against them with a date of accident of August 19, 2015. Is that the correct date?

A. Yes.

Q. Have you ever given a deposition before?

A. No.

Q. Can you state your full name for the record?

A. Donna Dozier.

Q. Do you have any other names, a middle name?

A. Donna Nesbit Dozier.

1 Q. How do you spell Nesbit?

2 A. N-E-S-B-I-T.

3 Q. All right. Hopefully this won't take too
4 long. You won't have a long drive, but nevertheless,
5 if you need to get up at any time for any reason, take
6 a break --

7 A. Okay.

8 Q. -- feel free, okay. It's not an endurance
9 contest. It's just trying to ask you some questions.

10 A. Okay.

11 Q. Do you understand you're under oath?

12 A. Yes.

13 Q. If I ask a question you don't understand, ask
14 me to repeat it. Is that fair?

15 A. That's fair.

16 Q. Or ask me in an -- ask me to ask it in a
17 different or better way.

18 A. Okay.

19 Q. Okay? If you go ahead and answer a question
20 that I ask you, I'll assume that you understood it.
21 Is that fair?

22 A. Yes.

23 Q. Okay. And you understand you can't get any
24 assistance with your answers from Mr. Wright, correct?

25 A. Yes.

1 Q. Okay. Donna Nesbit Dozier, what is your
2 Social Security number? And only the last four are
3 going to show up in the document.

4 A. Okay. XXX-XX-5654.

5 Q. You were born in South Carolina?

6 A. No.

7 Q. Where were you born?

8 A. North Carolina.

9 Q. What's your birthday?

10 A. '66.

11 Q. 1966; is that correct?

12 A. That's correct.

13 Q. How old does that make you?

14 A. 50.

15 Q. Do you currently live at -- where do you
16 live?

17 A. 45 Split Oak Place. That's in Pawleys
18 Island, South Carolina.

19 Q. And how long have you been there?

20 A. 18 years.

21 Q. Do you own that property?

22 A. Yes. I'm buying it. Two more years.

23 Q. Okay. Do you have a mortgage on it through
24 the bank?

25 A. Yes.

1 Q. Congratulations. You'll get a raise in two
2 years.

3 A. Yeah.

4 Q. Do you live there with anyone or by yourself?

5 A. Myself.

6 Q. Who lives there with you?

7 A. Myself and sometimes my grandkids might come
8 spend the night over.

9 Q. Okay. But that's your occasionally? They
10 don't live with you full time?

11 A. No. They just be there -- like I said, with
12 my daughter working, they come and they'll be there
13 with me, and then my second oldest daughter, she has a
14 granddaughter. Like she will come stay, like if I
15 have to watch her or something, she will come and help
16 me get in the shower but I can't take a bath unless I
17 have two people there with me, so yeah.

18 Q. Have you ever been married?

19 A. Yes.

20 Q. Are you widowed or divorced?

21 A. Divorced.

22 Q. When did you get a divorce?

23 A. Oh, six years ago. But yeah.

24 Q. Six years ago? That's good enough.

25 A. Okay.

1 Q. Don't want to dwell on that. How many kids
2 do you have?

3 A. Two.

4 Q. And how old are they?

5 A. I have a 28-year-old and a 29-year-old.

6 Q. Okay. And the 29-year-old, what is his or
7 her name?

8 A. Her name is Daniella Cohen wheatfall.

9 Q. Middle name?

10 A. Cohen wheatfall.

11 Q. How do you spell the middle name?

12 A. C-O-H-E-N.

13 Q. And where does she live?

14 A. She live in Georgetown.

15 Q. And the 28-year-old, what is his or her name?

16 A. His name is Darnell Cohen, Jr.

17 Q. Okay. And your husband was Darnell Cohen,
18 Sr.?

19 A. No. No, he lives in Conway.

20 Q. Who does?

21 A. Darnell.

22 Q. The Junior?

23 A. Yes.

24 Q. Your son? Okay. On August 19, 2015, was
25 anyone dependent upon you for financial support?

1 A. Repeat that.

2 Q. Okay. Did you support anyone financially
3 around the time you got hurt?

4 A. No.

5 Q. Okay. And both your children are
6 able-bodied?

7 A. Yes.

8 Q. Okay. How far did you go in school?

9 A. 12th.

10 Q. Did you complete the 12th grade?

11 A. Yes, I did.

12 Q. Graduate from high school?

13 A. Yes.

14 Q. Where did you graduate from high school?

15 A. Georgetown High school.

16 Q. Did you go to tech school after that or
17 anything?

18 A. I went to Occupational Outlook in Georgetown.

19 Q. Okay. That was vocational training?

20 A. Yes, for CNA class.

21 Q. Okay. Did you get your CNA certificate?

22 A. I got a certificate that I completed CNA
23 class, yes.

24 Q. Okay. Did you ever work as a CNA?

25 A. No.

1 Q. Did you get any other educational training
2 outside of high school graduation and CNA certificate?

3 A. No.

4 Q. Okay. Are you working now?

5 A. No.

6 Q. When is the last time you worked?

7 A. August the 19th, 2015.

8 Q. And that was with the school district?

9 A. Yes.

10 Q. Before you went to work for Georgetown County
11 Schools, who did you work for?

12 A. Maid by Emily, and she changed the name also.

13 Q. What's the new name?

14 A. It's a Great Day.

15 Q. What is that?

16 A. It's a house -- she has a cleaning company.
17 She has -- own her own cleaning service.

18 Q. When did you stop working for Maid By Emily?

19 A. Sometime in 2014.

20 Q. Okay. When did you go to work for Georgetown
21 County School District?

22 A. I started in 1998 because I was a sub
23 teacher, and then when I got a permanent position
24 October the 1st, 2014.

25 Q. Okay. Did you stop working at Maid by Emily

1 before you went to work for Georgetown?

2 A. Right.

3 Q. How long did you work with Maid by Emily?

4 A. I started in 1999.

5 Q. Were you a substitute teacher throughout that
6 time up until 2014?

7 A. Yes, as needed, because with Miss Emily, if I
8 was off and the school needed me if I was available,
9 then I would go sub, yeah.

10 Q. Before 1999, where did you work?

11 A. Before 1999, let's see, I was working
12 restaurants in Murrells Inlet, restaurants cooking,
13 prepping the restaurants in Murrells Inlet, and I
14 worked at Waccamaw Hospital. Trying to think where
15 else. Krispy Kreme. That was part time.

16 Q. Anywhere else?

17 A. Trying to think. That about sums it up.

18 Q. All right. What did you do at Krispy Kreme?

19 A. Cashier and put doughnuts in a box.

20 Q. Why did you stop working at Krispy Kreme?

21 A. My son got burnt at a job he was working. He
22 got burnt and I gave that up because it was part time
23 and stayed home to dress -- dress his wounds and help
24 take care of him.

25 Q. What did you do at Waccamaw Hospital?

1 A. Housekeeping.

2 Q. How long did you have that job?

3 A. Little over a year.

4 Q. Why did you stop working there?

5 A. That was the chemical because I stayed in the
6 ER than I stayed on my floor. The chemicals too
7 strong for me and I'm asthmatic, and it used to bother
8 me a lot.

9 Q. So you quit?

10 A. Um-hum.

11 Q. Is that a yes?

12 A. Yes. I'm sorry.

13 Q. That's okay. And how many different
14 restaurants in Murrells Inlet did you work?

15 A. I worked to Inlet View, which I was there for
16 a long time, and they closed down. That's the longest
17 one I worked to was Inlet View. They closed. I was a
18 cook there and prepperson.

19 Q. Why did you stop working at restaurants in
20 Murrells Inlet?

21 A. Well, Inlet View went out of business so they
22 just tore the whole thing down.

23 Q. Okay.

24 A. And then I went to Plantation Kitchen, and
25 that's back in the '80s. They -- something happened

1 to it. They closed that one down, and that's no
2 longer there. They sold out, been sold out, so.

3 Q. So those are the only two you worked?

4 A. Yes. Inlet view, was Inlet View. It was
5 Plantation, Kitchen. Voyagers View, which was two
6 brothers. Voyagers View Restaurant.

7 Q. Okay. Were you always working as a cook and
8 prep cook?

9 A. Salad person also, yes.

10 Q. How long did you work in those restaurants?

11 A. Oh, for a long time.

12 Q. Yeah?

13 A. Yeah.

14 Q. Why did you end up going into a different
15 field?

16 A. Well, I started doing housework when my
17 mother was doing housework, so I used to always go
18 with my mother. So I used to do both, housework and
19 work in a restaurant.

20 Q. When is the last time you did any housework?

21 A. Oh, God, way before I got hurt at the school,
22 yeah.

23 Q. Okay. So you weren't doing any housework at
24 any point in time while you've been treating for your
25 work-related injury?

1 A. No.

2 Q. Did you ever tell any doctors that you worked
3 cleaning houses on occasion?

4 A. Which doctor are you referring to?

5 Q. Did you tell any of your doctors?

6 A. No.

7 Q. Since you've been treating?

8 A. Oh, yes, I'm sorry. I told Dr. Bunn that's
9 something I used to do prior to me getting hurt at the
10 school, yes.

11 Q. How tall are you?

12 A. Five-three.

13 Q. How much do you weigh?

14 A. 250.

15 Q. How much did you weigh back in August of
16 2015?

17 A. 2015, how much did I weight. Seem like --
18 'cause I didn't never weigh myself. Roughly I would
19 say 232, 240, yeah.

20 Q. So you gained a little bit of weight since
21 the accident?

22 A. Yes.

23 Q. Do you have a mailing address different from
24 your street address?

25 A. Yes. It's P.O. Box 139, Murrells Inlet,

1 South Carolina.

2 Q. What's the zip?

3 A. 29576.

4 Q. Why do you have a different mailing address?

5 A. Because I lived in Murrells Inlet and I never
6 changed my P.O. Box. I kept my P.O. Box.

7 Q. Do you have a mail receptacle at your house?
8 Do you have a mailbox?

9 A. No. No.

10 Q. What was your job at the school district?

11 A. Cook or either bake.

12 Q. What school? What -- at what school did you
13 work?

14 A. Waccamaw Intermediate.

15 Q. What were your hours?

16 A. From 8:00 to 2:00.

17 Q. 8:00 a.m. to 2:00 p.m.?

18 A. Yes.

19 Q. How much were you paid per hour?

20 A. We started with 11. That's what I got --
21 yeah, cafeteria, we started with 11 and some change,
22 yeah.

23 Q. Is that what you made when you stopped
24 working?

25 A. I don't know what I -- when I start working,

1 I don't know. I can't recall what it was.

2 Q. Had you gotten any raises?

3 A. I didn't notice anything.

4 Q. So you were making \$11 and something an hour;
5 is that correct?

6 A. Sounds correct, yes.

7 Q. And you were working six hours a day; is that
8 correct?

9 A. Yes.

10 Q. Did you clock out for lunch or anything?

11 A. No. We barely got lunch.

12 Q. Did you clock out for lunch when you barely
13 got it?

14 A. No. No.

15 Q. Okay. So you were paid for that time?

16 A. Yes. Well, it was included. We didn't -- it
17 was included.

18 Q. Okay. So how much did you make a week?

19 A. Roughly 250, 250, because I had insurance and
20 stuff com -- taken out for insurance, so that's after
21 taken out.

22 Q. You've been getting weekly checks from
23 workers' comp; is that right?

24 A. Yes.

25 Q. How much are those checks?

1 A. It's 133.86.

2 Q. How many days a week did you work?

3 A. Five.

4 Q. Every week did you work five days a week
5 unless you were sick or had to go to a doctor or
6 something?

7 A. Yes.

8 Q. What were some of your job duties as a cook
9 or a baker?

10 A. Wash pots, wash trays, put up 25, 35 pounds
11 of stocks, lift, put frozen food up in the freezer,
12 lift boxes for the cooler, put stuff in the cooler.

13 Q. How often would you have to lift over 25
14 pounds?

15 A. That's all the pots weigh about 25 pounds.
16 Basically when you need something, like if you gotta
17 cook and you need to go get something out the back,
18 it's just basically every other day, really every day,
19 because you have to go lift your food to get it out
20 the freezer.

21 Q. Um-hum.

22 A. And you have to bring it in there. And for
23 me to cook, I have to bring my canned goods in there.
24 We have these roll-aways, but still, when they bring
25 the foods and stuff and they set it on the floor, we

1 have to lift it to put it up on the shelves.

2 Q. You have to lift it from the floor all the
3 time?

4 A. Yeah. Yes.

5 Q. Okay. I notice you focused in on what your
6 lifting duties were. What were your job duties?

7 A. Job duty was to prepare food to cook and, you
8 know, cook, wash pots, wash the trace and stuff. And
9 we had to get down and clean our areas up, like
10 bending, wipe under the tables, bend down and clean
11 the -- like the little grades on the floor where you
12 had to clean it with the hose and the water go in.
13 You have to get down on the floor and clean all of
14 that.

15 Q. Why did you have to get down on the floor?

16 A. Because if you don't, it starts stinking and
17 have an odor to it. It's like a drainage.

18 Q. Okay. So you were required to do that?

19 A. Yes. We was required to do that, clean the
20 freezer out, cooler.

21 Q. Who was your boss?

22 A. Callie Pope.

23 Q. She was your immediate supervisor?

24 A. No, she was the manager. During that time
25 Jan Knox was over me.

1 Q. Callie Pope is in the district office, isn't
2 she?

3 A. No. She's the manager of the intermediate
4 school.

5 Q. Okay. who told you you had to get down and
6 scrub the things on the floor?

7 A. Ms. Callie told us we had to clean it, that
8 was part of our job, to get down and we had to clean
9 the drainage out.

10 Q. So Miss Callie Pope?

11 A. Um-hum.

12 Q. Did Jan Knox ever tell you that?

13 A. No.

14 Q. Did all your co-workers do that?

15 A. Yes.

16 Q. Did you get along with Ms. Pope?

17 A. Yes.

18 Q. Did you get along with Ms. Knox?

19 A. Yes.

20 Q. Were you ever disciplined while you were at
21 Georgetown County Schools?

22 A. No.

23 Q. Have you ever filed a workers' compensation
24 claim other than this one?

25 A. No.

1 Q. Have you ever filed a personal injury claim?

2 A. No.

3 Q. Have you ever received money from an
4 insurance company as part of a settlement of a
5 potential claim?

6 A. No.

7 Q. Ever been in -- excuse me. Have you ever
8 been in any motor vehicle accidents?

9 A. No.

10 Q. Have you ever been injured on the job where
11 you didn't report a workers' compensation claim or
12 received treatment?

13 A. No.

14 Q. Who's your family doctor?

15 A. It was Dr. Duffy but after they cancel my
16 health insurance with the school, I go to Smith
17 Medical Clinic.

18 Q. Where is Dr. Duffy? Where is his office?

19 A. His office is in Pawleys Island.

20 Q. And where is Smith Medical Clinic located?

21 A. It's in Pawleys also.

22 Q. All right. Where did you treat with -- well,
23 in the last five years or so, what have you treated
24 with Dr. Duffy for?

25 A. Asthma.

1 Q. Any other reason you went to see Dr. Duffy?

2 A. Sinus and pressure.

3 Q. Pressure?

4 A. Pressure pills. He change me off some
5 pressure pill. I was on blood pressure pill and he's
6 changed me off the blood pressure pill, and he treated
7 me for my sinus and allergies.

8 Q. And high blood pressure?

9 A. Hypertension.

10 Q. What about Smith Medical Clinic? What do you
11 treat with them for?

12 A. Well, I'm being treated for the same thing at
13 Smith Medical Clinic, and also they have a doctor in
14 there that does like your Pap smear, your pelvics, so.

15 Q. Do you have an OB/GYN?

16 A. Right. That's at Smith Clinic.

17 Q. Okay. Before you started going to Smith
18 Clinic, did you have a different OB?

19 A. I went to the image center in Murrells Inlet
20 to do a mammogram but no, I didn't do -- I didn't have
21 an OB.

22 Q. Have you ever been to the emergency room?

23 A. Yes.

24 Q. Why?

25 A. For my right knee and for my left knee.

1 Q. Okay. Prior to August 15, 2015, have you
2 ever been to the emergency room?

3 A. Repeat the question, please.

4 Q. Prior to the date you fell at work and got
5 hurt, August 19, 2015 --

6 A. Okay.

7 Q. -- have you ever been to the emergency room?

8 A. Yes.

9 Q. Tell me why.

10 A. Sinus. Upper respiratory infection.

11 Q. What emergency room did you go to for your
12 upper respiratory infection?

13 A. Waccamaw.

14 Q. Any other visits to the hospital or any other
15 treatment at any hospital prior to August 19, 2015?

16 A. Repeat the question again.

17 Q. Have you undergone any medical care or
18 treatment at any hospital prior to August 19, 2015?

19 A. No. That was it for that one.

20 Q. Okay. Before Dr. Duffy, who was your family
21 doctor or primary care physician?

22 A. When I had insurance, Dr. Haseltine.

23 Q. Dr. Hazelton?

24 A. Haseltine.

25 Q. Where is Dr. Haseltine?

1 A. He's right in Pawleys also.

2 Q. And what about before Dr. Haseltine?

3 A. Camp Baskerville, Smith Medical Clinic.

4 Q. Same place in Pawleys?

5 A. Well, when I had no insurance, that's where I
6 was going before I got insurance.

7 Q. All right. That's a free clinic?

8 A. Yes. You make a donation.

9 Q. Okay. How do you pay for your medication
10 now?

11 A. I get it through Smith Medical Clinic and if
12 I get it refilled there, then it's like \$5 donation.

13 Q. Okay. What medication are you on right now?

14 A. I'm on Losartan.

15 Q. Losartan?

16 A. Losartan, um-hum.

17 Q. What's that for?

18 A. That's for my blood pressure.

19 Hydrochlorothiazide, if I'm pronouncing that right,
20 and that's for pressure also. That's a water
21 detention pill.

22 Q. Okay.

23 A. And then I'm on Cetirizine for allergies,
24 Lorazepam, and that's for anxiety as needed.

25 Q. Any other medication?

1 A. And then my inhaler, albuterol inhaler for
2 asthma as needed.

3 Q. How long have you been taking that anxiety
4 medication?

5 A. I've been taking anxiety medicine since
6 August 19th.

7 Q. Just started taking it that day?

8 A. 2015. I've been on it but then after I
9 didn't have no coverage, I got off it and then I went
10 back on it, yes.

11 Q. And when was the first time you were
12 prescribed anxiety medication?

13 A. First time I was prescribed anxiety medicine
14 it was -- oh, God, probably about three years ago when
15 I lost my brother.

16 Q. Okay.

17 A. Yeah, and then I got off it.

18 Q. How long were you off it?

19 A. Been off it for a while because I didn't need
20 it.

21 Q. How long were you off it?

22 A. Probably about, at the most, probably start
23 seeing Dr. Duffy because he put me back on it so I'm
24 trying to think. Probably about -- I'm going to say I
25 probably been off about a year. That's just guessing.

1 Q. But you immediately on August 19, 2015, you
2 popped one?

3 A. Repeat that question.

4 Q. On August 19, 2015 you popped an anxiety
5 feel?

6 A. Yes, yes. That was a big impact for me, yes,
7 August 19. It took a lot out of me, yes.

8 Q. Have you ever seen a psychiatrist?

9 A. No.

10 Q. Have you ever seen a psychologist?

11 A. No.

12 Q. When did you start seeing Dr. Duffy? Was it
13 before or after you fell at work?

14 A. I'm trying to think when did I go. Think it
15 was before I fell at work.

16 Q. Okay. And when did you lose your insurance,
17 your health insurance?

18 A. July.

19 Q. Of what year?

20 A. July of last year, 2016.

21 Q. Okay. Almost a year since you worked?

22 A. Yes.

23 Q. Okay. Tell me what happened to you on August
24 19, 2015.

25 A. August 19 I came to school, had to come in

1 early that morning. Me and my co-worker, we had to
2 come in early that morning. So I got out of my car
3 and I was headed towards the back door where the
4 cafeteria is. I slipped and fell and both of my knees
5 hit the ground. One was -- my left knee was on the
6 pavement and my right knee was on some rocks.

7 Q. Okay. So both your knees hit the ground at
8 the same time; is that right?

9 A. Yes.

10 Q. Okay. Did you scrape your both knees?

11 A. My right knee was bleeding, was bloody, and
12 it was sore, and my left knee was hurting, but I paid
13 more attention to my right knee.

14 Q. Um-hum. Did you tell anyone that you hurt
15 your left knee at that time?

16 A. I had to call my manager and ask her to come
17 outside and I told her what happened.

18 Q. Do you need to take a break?

19 A. Yes.

20 MR. KILLEN: Off the record.

21 (A short break was taken.)

22 BY MR. KILLEN:

23 Q. Okay. We're back on the record after a short
24 break. I was asking about what happened the day you
25 fell, and you said you fell and hit both knees.

1 A. Um-hum.

2 Q. Your left knee landed on pavement and your
3 right knee landed on some rocks.

4 A. Um-hum.

5 Q. Is that right?

6 A. Yes.

7 Q. Okay. And you called your manager, and who
8 was your manager?

9 A. Callie Pope.

10 Q. So you called Callie out there, and what did
11 you tell Callie?

12 A. Well, I called her on the phone and I told
13 her that I fell and I could not get up by myself, and
14 she came out to try to assist me. When she did, she
15 was able to help me get up. And after she helped me
16 got up, one of the co-workers was coming in, and she
17 had asked what happened and I was telling what
18 happened, and she was trying to brush me off. So then
19 after that, they got my purse and stuff and I went
20 inside the building.

21 Q. Okay. Did you work that day?

22 A. Yes.

23 Q. Did you continue to work after you fell?

24 A. Yes.

25 Q. Did you work the whole work day?

1 A. Yes, sir.

2 Q. Did you ask to get medical care and treatment
3 for your knees at that point in time?

4 A. I did. She told me the nurse wasn't it, and
5 she told me I had to do an incident report and the
6 lady who was supposed to do the incident report, she
7 told me the lady was not there. And so she kept going
8 to the office and checking. She said when the lady
9 come in, she'd let me know.

10 Q. All right. Let me -- make sure you say, when
11 you say "she," make sure you tell us who that is.

12 A. Callie Pope.

13 Q. Okay. All right. So you asked on that
14 morning --

15 A. Yes.

16 Q. -- to go to the doctor?

17 A. I asked her, Callie Pope, can I go see a
18 nurse. She said the nurse was not there.

19 Q. Okay. So you asked to go see the school
20 nurse; is that right?

21 A. Yes.

22 Q. And Ms. Pope told you the nurse wasn't in
23 that day?

24 A. She told me I need to do an incident report.

25 Q. Okay. And did you do an incident report?

1 A. I did not do an incident report until about
2 1:30, two o'clock, because she told me -- Callie Pope
3 again told me that the lady I need to see to do the
4 incident report was not there.

5 Q. Okay. And was she lying to you --

6 A. Well, when I --

7 Q. -- about these people or were they not there?

8 A. -- got down there, the lady was there and
9 said she was there since nine o'clock that morning.

10 Q. Okay. And who was that lady?

11 A. Her name is -- I want to think Rene because
12 she's no longer at the school. Callie went -- when
13 she went down to the office, she called back and she
14 spoke to Allison, one of the co-workers, and told her
15 to tell me to come down to the nurse office, yeah.
16 Come down to the office because Rene is in there.

17 Q. Okay.

18 A. And once I sat down --

19 Q. So you didn't believe Callie and you asked
20 Rene how long she had been there; is that right?

21 A. When I got there, she saw how I looked and
22 she saw me limping and could barely walk, and she
23 asked me what happened, and I told her what had
24 happened. And I told her I was waiting for her to
25 come in so I could do my incident report, and I said

1 Callie said -- told me that she keep going down there
2 and checking and Rene was not there. And she said,
3 "Miss Donna, I been here since nine o'clock."

4 Q. And what did you tell them happened to you?

5 A. I told them I got out of my car and I was
6 going in to the back door of the cafeteria and I slid
7 and fell, and my right knee hit the rocks and my left
8 knee hit the pavement.

9 Q. You told them from the outset that you hurt
10 both your knees; is that right?

11 A. Yes.

12 Q. Okay. Okay. And where did you go to the
13 doctor? Or let me back up. Did you get to see a
14 nurse that day?

15 A. The nurse wasn't there, but Rene did an
16 incident report on me and she called Dr. Nesmith in
17 there to look at my knee.

18 Q. Hold on a second. Dr. Nesmith?

19 A. She's the principal, assistant principal.

20 Q. Not a medical doctor?

21 A. No.

22 Q. Probably a doctor of physical education or
23 something?

24 A. No. Now she's the just assistant principal,
25 so yeah, she's the assistant principal, and they look

1 at my knee.

2 Q. which knee?

3 A. My right knee.

4 Q. They didn't look at your left knee?

5 A. She looked at both of them but she was mainly
6 concerned because there was still -- you could see the
7 blood and stuff on my right knee.

8 Q. How do you know what she was concerned about?

9 A. Both of -- she was concerned because she
10 asked me why -- she said -- her exact words to me, she
11 said, "why didn't Callie call somebody? why didn't
12 she let us know?" She said, "Because you need to take
13 out of here and got taken care of."

14 Q. Correct me if I'm wrong but it sounds like
15 you're upset at Callie Pope for actions you think she
16 didn't take that day; is that right?

17 A. No.

18 Q. No?

19 A. Nope.

20 Q. Okay. So even though Callie told you you
21 couldn't go see the nurse because the nurse wasn't in,
22 but you don't know whether or not she was lying about
23 that, do you?

24 A. No, I sure don't.

25 Q. But you have accused her, I think, of lying

1 about Rene or whoever was supposed to take the
2 incident report; is that right?

3 A. Well, Rene said she was in there. Yeah, she
4 said she was there. I didn't never tell Callie Rene
5 said she was there.

6 Q. Okay.

7 A. Yeah, I didn't even get in the middle of
8 that.

9 Q. All right. Did you -- so how did you get to
10 a doctor that day on August 19th?

11 A. Dr. Nesmith had one of the -- Dr. Cook to
12 come and bring a wheelchair and wheel me out to her
13 car.

14 Q. Who's Dr. Cook?

15 A. Well, Mr. Cook. He's the guidance counselor.
16 I always call him Dr. Cook but he's Mr. Cook. He's a
17 guidance counselor.

18 Q. So the guidance counselor, Mr. Cook, or Dr.
19 Cook, wheeled you out to your vehicle?

20 A. Wheeled me out to the assistant principal,
21 Dr. Nesmith's car, and she took me to Urgent Care.

22 Q. Okay. And you went to Urgent Care on that
23 day correct?

24 A. Yes.

25 Q. All right. Which Urgent Care did you go to?

1 A. Two in Pawleys, and I'm trying to think of
2 the one I went to. Dr. Congdon's office.

3 Q. Whichever one Dr. Congdon works at?

4 A. Yes.

5 Q. I assume he doesn't work at both of them?

6 A. Uh-uh, I don't think so.

7 Q. But it was in Pawleys Island?

8 A. Yes, in Pawleys Island.

9 Q. What did they do for you at Urgent Care?

10 A. She just looked at my knee and told me that
11 she was sending me to the Waccamaw Hospital to get
12 some x-rays done on my knee.

13 Q. Which knee?

14 A. My right knee.

15 Q. Did she look at your left knee?

16 A. She looked at it but she didn't say anything
17 about it.

18 Q. Okay. Did you say anything about your left
19 knee to the doctor?

20 A. I said both my knees was hurting but I -- my
21 right knee was swollen so she paid more attention to
22 my right knee.

23 Q. How do you know what she paid attention to?

24 A. Because that's what she had her focus on.
25 she kept looking at it and touching it and...

1 Q. Did she ever touch your left knee?

2 A. No.

3 Q. What exactly did you tell her about your left
4 knee on that day?

5 A. I told her when I fell I hit both of my
6 knees.

7 Q. Okay.

8 A. And both of them was sore.

9 Q. Both of them were swollen?

10 A. No, both of them was sore. At that time the
11 left knee was not swollen.

12 Q. So then you went to the Waccamaw Community
13 Hospital; is that right?

14 A. Yes. Dr. Nesmith dropped me off at Urgent
15 Care, and my daughter had to come pick me up and take
16 me to the hospital.

17 Q. All right. And what did you tell the doctors
18 was bothering you when you went to the emergency room?

19 A. I told them that I had an accident at school.

20 Q. Okay.

21 A. And I told them my knees.

22 Q. You told them both knees that day?

23 A. Yes.

24 Q. Did they look at your left knee that day?

25 A. He did and he touched my knee.

1 Q. "He" being the doctor?

2 A. The doctor, yes sir.

3 Q. He touched your left knee?

4 A. Um-hum.

5 Q. Did he provide any medical care or treatment
6 to your left knee?

7 A. No, just my right.

8 Q. Did you tell the doctor that you were hurting
9 in your left knee?

10 A. I told him I was hurting in both my knees,
11 but my right knee was hurting the most.

12 Q. And you told him you fell on both knees,
13 right?

14 A. Yes.

15 Q. Okay. Did they provide any medical care or
16 treatment for your left knee?

17 A. No.

18 Q. Did they take an x-ray of your left knee?

19 A. No, just my right knee, and they gave me pain
20 medicine.

21 Q. You said just your right knee. You mean they
22 just took an x-ray of your right knee; is that right?

23 A. Correct.

24 Q. When is the next time you went to the doctor?

25 A. Could you --

1 Q. When is the next time after going to the
2 emergency room that you went to a doctor?

3 A. I went to the emergency room. That was that
4 day, August 19. Then prior -- one or two weeks after
5 that I'm back in the E.R.

6 Q. All right. And when you were there on August
7 19, did you tell them Coastal Urgent Care sent you for
8 x-ray of the right knee?

9 A. Yes.

10 Q. Why did you go back to the hospital the next
11 week?

12 A. Because it felt like something was going on
13 in my knee, like I had chipped a bone or something in
14 there.

15 Q. Which knee?

16 A. In my right knee, and I just felt it was not
17 getting any better; it felt like it was getting worse
18 to me.

19 Q. Okay. Did you have pain in your left knee at
20 the time?

21 A. Mild pain.

22 Q. But you continued to have pain. Did you tell
23 the doctors on your second visit to the emergency room
24 that you had pain in your left knee?

25 A. Yes.

1 Q. Did they do anything about it?

2 A. They give me pain pills.

3 Q. But you were also hurting in your right knee,
4 right?

5 A. Yes, absolutely.

6 Q. So they didn't provide any medical care or
7 treatment just for the left knee?

8 A. No, just the right knee.

9 Q. All right. And then after you went in the
10 hospital the second time, where did you go the next
11 time for medical treatment?

12 A. Waccamaw.

13 Q. Waccamaw Hospital?

14 A. Waccamaw Hospital, yes.

15 Q. When did you go back there a third time?

16 A. I went there a second time.

17 Q. After the second time, where did you go?

18 A. Coastal Orthopaedic in Conway.

19 Q. Okay. So at that point in time you saw Dr.
20 Bunn; is that right?

21 A. Yes.

22 Q. Did you tell Dr. Bunn that you fell on your
23 left leg?

24 A. I told Dr. Bunn I fell on both my knees.

25 Q. Okay. Did you tell Dr. Bunn that you had

1 pain in your left knee?

2 A. Yes, I did.

3 Q. Okay. Did Dr. Bunn examine your left knee?

4 A. He touched around. He touched it and felt
5 around to see if anything was swollen.

6 Q. Okay. Did he provide you any medical care or
7 treatment for your left knee?

8 A. No, he did not.

9 Q. Did you ask him for medical care and
10 treatment for your left knee?

11 A. No.

12 Q. Why not?

13 A. Because I was focusing on my right knee
14 because it was swollen and a lot of pain was coming
15 from my right knee.

16 Q. Okay. When is -- and then that was in
17 September of 2015 when you saw Dr. Bunn; is that
18 right?

19 A. Think so, yes.

20 Q. And you returned the next month in October.
21 Did you tell him that time that you had continued pain
22 in your left knee?

23 A. No. I do not remember.

24 Q. Okay. Were you having pain in your left knee
25 in October of 2015?

1 A. Yes.

2 Q. why didn't you tell the doctor that?

3 A. Because I was concerned more about my right
4 knee.

5 Q. Can't you be concerned about one part of your
6 body and also concerned about another part of your
7 body?

8 A. well, my right knee at that time was swollen
9 and all pressure and stuff was on this knee and I
10 could barely move around, so that's what I told him
11 when I went in. He asked me was my right knee that
12 was hurting.

13 Q. Okay. In November of 2015 you went back to
14 see Dr. Bunn. Did you talk about your left knee at
15 that point in time?

16 A. Can't recall.

17 Q. Okay. Was your left knee still injured at
18 that time?

19 A. Repeat the question, please.

20 Q. Was your left knee still injured in November
21 of 2015?

22 A. You talking about hurting, yes.

23 Q. Okay. Well, why wouldn't you tell the doctor
24 if you didn't?

25 A. That my knee was hurting? I told him when I

1 first went in my knee was hurting, my left knee.

2 Q. But they never did anything for it, did they?

3 A. No.

4 Q. Until later; is that right? Is that right?

5 A. Repeat that again.

6 Q. I said but they never did anything for it
7 until later; is that right?

8 A. When they took the MRI, yes.

9 Q. Okay. And you went back in January of 2016.
10 Do you recall that?

11 A. Not at this time I don't.

12 Q. Okay. Was your left knee still bothering you
13 at that time?

14 A. In January 2016?

15 Q. Yes.

16 A. Can't remember.

17 Q. Are you on any medication that affect your
18 ability to answer truthfully or recall today?

19 A. No. I just don't recall January 16 if it was
20 bothering me or not. I just don't recall.

21 Q. Okay. Has there been any point in time since
22 your fall where your left knee stopped hurting you?

23 A. It goes and comes, yes.

24 Q. Okay. When it goes, how long does it go for?

25 A. It go for a little while and if I gotta stand

1 and put pressure on it, then it start hurting.

2 Q. So every time you stand, it starts hurting?

3 A. Yes. If I stand on it too long or either --
4 better yet, when it's cold outside like now, it's
5 stiff right now and it's swollen.

6 Q. That's your left knee?

7 A. Yes. My right knee too.

8 Q. So in January 2016 it would have been
9 probably cold during that time, right?

10 MR. WRIGHT: I'm going to object to that
11 question. Calls for speculation.

12 Q. Go ahead. You can answer the question.

13 A. Repeat that question again.

14 Q. In January of 2016 it was wintertime,
15 correct?

16 A. That's only --

17 Q. In winter it's colder than summer, correct?

18 A. Yes.

19 Q. Okay. And was your left knee bothering you
20 in January of 2016?

21 A. Yes.

22 Q. Okay. So when you say it comes and goes, do
23 you mean it goes for days or it goes for just a little
24 while while you're sitting or laying down or what?

25 A. It goes for a little while and then it comes

1 back.

2 Q. Okay. So but you have it every day, right?

3 A. Yes.

4 Q. And you've had it every day since your fall
5 in 2015. I'm talking about pain in your left knee.

6 A. Yes.

7 Q. Okay. And eventually you had surgery,
8 correct?

9 A. Correct.

10 Q. When did you have the surgery?

11 A. Carolina Forest Boulevard Surgery Center,
12 over there.

13 Q. When did you have surgery?

14 A. January 22nd at Carolina Surgery Center.

15 Q. Okay. And after that you were down for the
16 count for a little while; is that right?

17 A. Still down for the count.

18 Q. Okay. But you couldn't walk; is that right?
19 After the surgery?

20 A. Repeat that again.

21 Q. After the surgery could you walk?

22 A. On crutches, yes.

23 Q. Okay. And did you use a walker?

24 A. Yes, I use a walker.

25 Q. Okay.

1 A. Still using a walker.

2 Q. And you still use a cane?

3 A. And still use my cane and crutches too, yes.

4 Q. I see you're holding your cane right there --

5 A. Yes.

6 Q. -- next to your body. All right. Has the
7 pain in your left knee gotten better or worse since
8 August 19, 2015?

9 A. It's gotten worse.

10 Q. Okay. Is there anything that happened to it
11 to cause it to get worse?

12 A. Only thing I can recall is when I fell.

13 Q. When you fell on August 19, 2015?

14 A. Yes, and it wasn't bothering me but now it's
15 starting to bother me, yes.

16 Q. Wait. It wasn't bothering you when?

17 A. It wasn't -- when I fell at the school, I
18 fell on both of my knees.

19 Q. I understand.

20 A. My right knee suffered more.

21 Q. I know. I know. I'm asking -- you said "it
22 wasn't bothering me" and I'm asking you when. My
23 first -- my question -- let's start all over. Since
24 you fell on August 19, 2015, has your left knee gotten
25 better or worse?

1 A. It's gotten worse.

2 Q. Okay. Is there anything that caused it to
3 get worse?

4 A. Yes. I think I'm bearing all my pressure
5 from my right knee on my left knee.

6 Q. Okay. When did it start getting worse?

7 A. In June.

8 Q. In June of when?

9 A. June of 2016.

10 Q. What happened in June of 2016?

11 A. I was on like -- I was using a walker. I
12 was -- when I was on my crutches, I could elevate it
13 and I had it pretty much under control. Then when I
14 went to my walker, I'm putting pressure on both of my
15 legs with my walker.

16 Q. But you went to crutches in June 2016? Is
17 that what --

18 A. No. I been on crutches for a while.

19 Q. Okay.

20 A. Yeah.

21 Q. So what happened in June of 2016 that caused
22 it to get worse?

23 A. Because I was using a walker -- and I got off
24 my crutches and was in my walker and cane. When I was
25 on the crutches, it was okay; I could try to manage

1 it. Once I got off the crutches and then I got on my
2 walker and this cane, I'm putting -- bearing weight on
3 it. And due to me favoring my right knee, all this
4 weight is going on my left knee.

5 Q. You were at Dr. Tupis's deposition this
6 afternoon.

7 A. Yes, sir, I was.

8 Q. So you heard his testimony.

9 A. Yes.

10 Q. Well, what happened -- I mean, how do you
11 remember that it was June of 2016 when it got worse?

12 A. Because that's when I started going to Indigo
13 Therapy and it was hurting then. It was bothering me
14 then, and actually it was before then too, because I
15 was told they couldn't even touch my left knee, not to
16 do anything with my left knee, because I was reporting
17 it to Dr. Bunn about my left knee.

18 Q. You reported that to Dr. Bunn, and who told
19 you that they couldn't do anything with it?

20 A. Who told me that -- workmens' comp said not
21 to touch my left knee?

22 Q. Oh, you're talking about after -- after June
23 of 2016? Do you remember we were in that deposition
24 earlier?

25 A. I remember.

1 Q. He was talking about there's a note in there
2 that said workers' comp is not approving it.

3 A. That's when I found out, yes. That's when I
4 found out. It may not have been in June. Maybe I
5 have my dates mixed up. But I was told that workers'
6 comp say do not do anything with my left knee.

7 Q. I'm not asking you about what's in those
8 records. I'm asking you about what your -- what you
9 felt, okay? And you said in June of 2016 your knee
10 got worse, your left knee got worse.

11 A. Yes.

12 Q. And then you said that was because switching
13 from the crutches to the walker; is that right?

14 A. Yes.

15 Q. Okay. When did you switch from the crutches
16 to the walker?

17 A. I think sometime in May or early June.

18 Q. Okay. And when did you -- when did you first
19 get somebody from Coastal Orthopaedics to listen to
20 you and look at your left knee?

21 A. I mentioned it to Dr. Bunn, when I went to
22 see him. And prior to him getting ready to leave, I
23 had an appointment with him and he saw my leg -- my
24 knee was -- my left knee was really hurting me, was
25 really bothering me.

1 Q. When was that?

2 A. I'm trying to think of the dates because I
3 cannot remember the dates. If I had brought my
4 paperwork, then I would have, but I didn't know.

5 Q. But you remember June of 2016 pretty clearly,
6 right?

7 A. Repeat that again.

8 Q. You remember June of 2016 pretty clearly,
9 right?

10 A. Somewhat.

11 Q. Somewhat?

12 A. Um-hum.

13 Q. What do you mean by that?

14 A. Some thing I can't remember and some thing I
15 can because I get my dates mixed up.

16 Q. You remember that your left knee got worse in
17 June of 2016. You testified to that; is that correct?

18 A. Yes.

19 Q. Okay. Is that before or after you learned
20 that workers' comp wasn't covering your left knee?

21 A. Repeat the question.

22 Q. Was that before or after you learned that
23 workers' comp wasn't covering your left knee?

24 A. That was before.

25 Q. Okay. How is your right knee doing now?

1 A. It's hurting. It's hurting and it's stiff.

2 Q. Tell me what you mean by it's hurting.

3 A. Right now the pain shooting up in my knee and
4 it's stiff.

5 Q. Shooting from where to where?

6 A. From one side of it to the other side.

7 Q. And how often does that happen?

8 A. A lot.

9 Q. How often does that happen?

10 A. When I stand, be on my leg a lot and don't
11 prop my leg up, so basically that's every other day I
12 go through this with my left knee. My right knee; I'm
13 sorry.

14 Q. Tell me about the knee. How bad -- I'm sure
15 you've heard the scale of zero to ten. You know what
16 I'm talking about?

17 A. Right now it's seven.

18 Q. Seven out of ten?

19 A. Yes.

20 Q. How often does it -- is it that bad?

21 A. It gets a lot worse than that.

22 Q. Okay. Is that as good as it gets?

23 A. Yes.

24 Q. And you had a meniscal tear, right? And you
25 had it repaired?

1 A. (Witness nods head.)

2 Q. Is that right?

3 A. Yes.

4 Q. And your pain never is better than a seven
5 out of ten. You know a ten out of ten is the worst
6 pain imaginable, which I don't know, getting a knife
7 or machete through your guts.

8 A. Oh, I know. I know. Yes, it gets worse. It
9 does.

10 Q. It goes up to a ten?

11 A. Yes, it does.

12 Q. And how about your left knee? How would you
13 describe the pain there?

14 A. Right now my left knee is a five.

15 Q. Is that the least amount of pain that it has?

16 A. Yes.

17 Q. And how high does that go?

18 A. That can go up to a ten also.

19 Q. Okay. What makes both your knees or either
20 one of your knees go up to a ten?

21 A. If I'm standing, if I'm trying to cook
22 something to eat, if I'm trying to do a little bit of
23 my house to clean.

24 Q. How long can you stand?

25 A. Not long.

1 Q. How long?

2 A. Probably about 15, 20 minutes.

3 Q. And then you have to sit down for how long?

4 A. I have to sit down. I try to sit down for
5 about 30 minutes to an hour.

6 Q. What are your sources of income right now
7 other than workers' comp?

8 A. 133.86 from workmens' comp, and my daughter
9 is helping me pay my bills.

10 Q. Do you want to go back to work at some point
11 in time?

12 A. Repeat that question again.

13 Q. Do you want to go back to work at some point
14 in time? I'm sorry. I didn't hear an answer. Take
15 your time.

16 A. That's a yes.

17 Q. That seemed to be a difficult question to
18 answer.

19 A. It was -- I felt it was an insulting
20 question.

21 Q. Okay.

22 A. I thought it was an insulting question.
23 Because had I not got hurt, I would have been at work.

24 Q. Okay. Are you still employed by the school
25 district?

1 A. No, I'm not.

2 Q. Okay. How did you find out you were no
3 longer employed by the school district?

4 A. Repeat the question.

5 Q. How did you find out you were no longer
6 employed by the school district?

7 A. I received a letter saying I no longer have a
8 job.

9 Q. When was that?

10 A. Sometime in May of 2016.

11 Q. Okay. All right. So you fell on both your
12 knees on your date of accident, so both your knees are
13 part of this claim; is that right?

14 A. Repeat the question.

15 Q. You fell on both your knees on the date of
16 accident so both your knees are part of this claim; is
17 that right? In your opinion?

18 A. I don't -- I don't understand that question.

19 Q. Okay. You hurt both your knees when you
20 fell; is that right?

21 A. Yes.

22 Q. Okay. Did you hurt any other body part as a
23 result of your fall?

24 A. Just my knees.

25 Q. Okay. Has any other body part bothered you

1 that you relate to your accident or your treatment?

2 A. Lower back and my hip.

3 Q. which hip?

4 A. My left hip.

5 Q. when did your lower back and left hip start
6 bothering you?

7 A. In June.

8 Q. June 2016?

9 A. Yes.

10 Q. Did you do anything to your lower back and
11 hip?

12 A. Repeat that again?

13 Q. Did you do anything that you feel may have
14 caused the pain in your lower back and hip?

15 A. I haven't done anything.

16 Q. okay. what caused you to begin to notice the
17 pain there?

18 A. when I stand too long, it start hurting, my
19 back start hurting real bad and then right here my hip
20 all the way down, yes, pressure.

21 Q. Have you ever treated for back pain prior to
22 this?

23 A. No.

24 Q. Have you ever had back pain prior to June
25 2016?

1 A. No.

2 Q. Never had any back pain whatsoever in your
3 entire life before June 2016?

4 A. Repeat that again.

5 Q. You've never had any back pain in your entire
6 life before June of 2016?

7 A. Okay. Well, I misunderstood the question.
8 Yes, I've had back pain. Something a little Advil can
9 take care of, yes.

10 Q. Does Advil help it?

11 A. That's the only medicine I have to take for
12 my back, Advil, or either Naproxen, because I don't
13 have no money to go to the doctor so I feel like Advil
14 or either Naproxen for the pain.

15 Q. Who's prescribing Naproxen for you?

16 A. You can get it over-the-counter at Dollar
17 General.

18 Q. Okay. How much Advil do you take?

19 A. A lot. Depends on when I'm in pain.
20 Sometime I take it twice.

21 Q. How many pills do you take?

22 A. Two, two each.

23 Q. How many milligrams are they?

24 A. How many milligrams? I don't know if they're
25 three or -- I don't know if they're two or three. I

1 can't remember right now.

2 Q. Two or three hundred milligrams?

3 A. I can't remember. Yes.

4 Q. And you said when you're in pain you take
5 them up to two times a day?

6 A. Yes, I take it two times a day.

7 Q. How many times a week do you take Advil?

8 A. I go through a bottle a week of Advil.

9 Q. How big of a bottle?

10 A. Oh, that big (showing with hands).

11 Q. How big is that? Describe it for the record.

12 She's not taking a picture.

13 A. I'm trying to think.

14 Q. How many pills are in a bottle?

15 A. You have like 15, sometime 20 pills in a
16 bottle.

17 Q. So you go through one bottle of 15 to 20 a
18 week?

19 A. Yes.

20 Q. Have you applied for Social Security
21 disability?

22 A. Yes.

23 Q. When did you apply for Social Security
24 disability?

25 A. It was February 15th.

1 Q. of this year?

2 A. Yes.

3 Q. Do you have an attorney helping you with
4 that?

5 A. Allsup is helping me.

6 Q. who?

7 A. Allsup.

8 Q. what's that --

9 A. That's Social Security -- they help with
10 Social Security disability. They through the school
11 system.

12 Q. Can you spell the name?

13 A. A-L-L-S-U-P.

14 MR. WRIGHT: Can we go off the record for a
15 moment?

16 MR. KILLEN: Sure.

17 (A discussion was held off the record.)

18 BY MR. KILLEN:

19 Q. We had a short discussion. Are you receiving
20 any funds for disability from any source?

21 A. No.

22 Q. Okay. Do you know whether your application
23 for Social Security disability insurance has been
24 approved or rejected?

25 A. Right now I just know it's pending.

1 Q. Have all the answers to my questions been
2 truthful?

3 A. Repeat that again.

4 Q. Have all your answers to my questions been
5 truthful?

6 A. To my knowledge, yes, it has.

7 Q. Is there anything you would like to change or
8 modify?

9 A. Nope.

10 MR. KILLEN: Okay. That's all the questions
11 I have. Thank you.

12 MR. WRIGHT: No questions for me.

13 (This deposition was concluded 8:13 p.m.)
14
15
16
17
18
19
20
21
22
23
24
25

MICHELE E. STARKEY, Notary
Public for South Carolina
My Commission expires September 29, 2021.

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1512157
Carrier File # WC016580
Carrier Code # 0926
Employer FEIN _____

Dozier, Donna
Claimant's Name
Social Security _____
45 Split Oak Place Pawleys Island SC 29585
Address City State Zip
Home Phone # _____
Work Phone # 8432377071
James Lindler
Preparer's Name

Georgetown School District 1
Employer's Name
Address City State Zip
SC School Boards Insurance Trust
Insurance Carrier
803-988-0257
Phone #

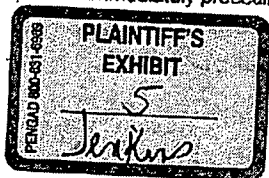
A. Total Wages Paid

1. Check Applicable Method:

Date of Injury: 8/19/2015
month day year

- Report of earnings of injured employee based on four completed quarters.
Report of earnings of injured employee who did not complete four quarters based on actual time worked.
Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire Date: 10/01/14
Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.



Quarter	Ending Date	Total Wages Paid
1st	06/30/2015	2,728.26
2nd	03/31/2015	2,373.67
3rd	12/31/2014	2,728.26
4th		

Total Paid 2. 7,830.19

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

3. _____

4. Add lines 2 and 3:

TOTAL WAGES PAID:

4. 7,830.19

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 39

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. 200.77

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. 133.86

8. The compensation rate is as follows (choose one):

When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.

When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.

When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8:

The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 133.86

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803) 737-5723.

WCC FORM # 20 REV. DATE 3/97

Forms On-A-Disk, Inc. • Dallas, Texas • (214) 340-9429

20

STATEMENT OF EARNINGS
OF INJURED EMPLOYEE

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: _____ Employer's Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: () - _____ Work Phone: () - _____ Insurance Carrier: _____
Preparer's Name: _____ Preparer's Phone #: () - _____

Date of Injury: _____
month day year

A. Total Wages Paid

1. Check Applicable Method:
 - ☐ Report of earnings of injured employee based on four completed quarters.
 - ☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
 - ☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
 - ☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).
2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	_____	\$ _____
2nd	_____	\$ _____
3rd	_____	\$ _____
4th	_____	\$ _____

Total Paid 2. \$0.00

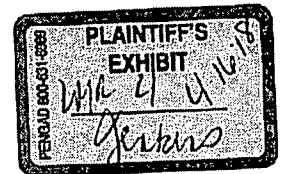
3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. \$ _____
4. Add lines 2 and 3. **TOTAL WAGES PAID:** 4. \$0.00
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. _____

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5). **AVERAGE WEEKLY WAGE:** 6. \$ _____

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. \$0.00
8. The compensation rate is as follows (choose one):
 - ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
 - ☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
 - ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
 - ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. _____
 - ☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.



WEEKLY COMPENSATION RATE: 8. \$ _____

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC Form # 20
Rev. Date 01/2014

20

STATEMENT OF EARNINGS
OF INJURED EMPLOYEE

BARNETT & WRIGHT, P.A.
ATTORNEYS AT LAW
1304 AZALEA COURT, SUITE B
MYRTLE BEACH, SOUTH CAROLINA 29577

ROBERT L. BARNETT
NEIL D. WRIGHT
MATTHEW N. WRIGHT

Telephone: (843)449-0781-Ext#3
Telecopier: (843)449-1583
E-mail: nwright@barnettandwright.com
(Not for Confidential Communication)

March 28, 2017

VIA E-MAIL and U.S. MAIL

Timothy B. Killen, Esq.
Wilson, Jones, Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

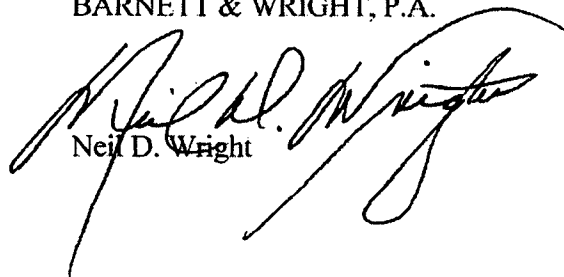
RE: Donna Dozier v. Georgetown School District 1
WCC File No. 1512151
Date of Injury: 08/19/2015

Dear Tim:

I am enclosing herewith and serving upon you the Claimant's subpoena duces tecum to the Georgetown County School District, with attached Exhibit "A". Please advise if you have any questions.

Very truly yours,

BARNETT & WRIGHT, P.A.


Neil D. Wright

NDW/nj
Enclosures



WCC File #: **1512151**
Carrier File #: **WC016580**
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Donna Dozier SSN: _____ Employer's Name: Georgetown County School District
Address: P.O. Box 139 Address: 2018 Church Street
City: Murrells Inlet State: SC Zip: 29576 City: Georgetown State: SC Zip: 29440
Home Phone: _____ Work Phone: () Insurance Carrier: SC School Boards Insurance Trust
Preparer's Name: Neil D. Wright, Esq. Law Firm: Barnett & Wright, P.A. Preparer's Phone #: (843) 449 - 0781

SUBPOENA

To: Human Resources/Personnel Records Custodian-Georgetown County School District

- ☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____

ROOM: _____

DATE AND TIME: _____

- ☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____

DATE AND TIME: _____

- ☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: See Exhibit "A" attached hereto.

PLACE: Law Offices of Barnett & Wright, P.A., 1304 Azalea Court, Suite B, Myrtle Beach, SC 29577

DATE AND TIME: April 4, 2017 at 10:00 A.M.

- ☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____

DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Neil D. Wright, Esq., Claimant's Atty.
ISSUING OFFICER'S SIGNATURE AND TITLE

(843) 449 - 0781
PHONE NUMBER

March 27, 2017
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.

EXHIBIT "A"-SUBPOENA DUCES TECUM TO
GEORGETOWN COUNTY SCHOOL DISTRICT

DEFINITIONS

The following definitions apply to this Subpoena Duces Tecum:

- A. The terms "you" and "your" when used in this Subpoena Duces Tecum refer to Georgetown County School District
- B. The terms "document" and "documents" when used in this Subpoena Duces Tecum mean all original written materials and electronically stored information of any nature whatsoever in the possession, custody or control of you, or your attorneys, or your workers compensation insurance carrier, or any of your respective investigators, agents, employees, or other representatives, including your bookkeepers and your accountants, regardless of where located, and all other written materials of which you have knowledge, and such terms specifically include, but are not limited to, employment applications, employee contracts or agreements, work schedules, payroll records, employee time cards, time sheets, or time records that accurately reflect the number of hours actually worked on a daily and/or weekly basis by the employee, school year calendars, employee earnings statements that reflect gross wages/compensation paid by you for services rendered by the employee, records of sick day and personal leave day payments made by you to employee, documents that reflect the computation of any reduction of employee gross earnings, on a per day basis, attributable to work time missed by an employee that is neither a sick day nor a personal leave day (i.e. docking employee for unexcused absence), bookkeeping work papers, computerized financial data compilations, inter office and intra office communications, memoranda, other written

communications, computer printouts, information stored on any type of magnetic or optical media (e.g. audio recordings of voice communications, videotapes, hard disks, USB storage devices [memory sticks and thumb drives], compact discs, flash drives, digital photographs, DVD, tapes, remote online data storage), and other documents as defined in Rule 34 of the Federal Rules of Civil Procedure. In all cases where the original document is not available, the terms "document" and "documents" also mean true and correct copies of the original document.

- C. The term "person" when used herein, includes natural persons, proprietorships, business corporations, municipal corporations, state agencies, other organized political bodies, non profit corporations, general partnerships, limited partnerships, limited liability companies, joint ventures, business entities, firms and associations.
1. A true and correct copy of each employment application of Donna Dozier for the position of food service worker/employee for the Georgetown County School District.
 2. A true and correct copy of each employment contract of Donna Dozier for the position of food service worker/employee for the Georgetown County School District.
 3. A true and correct copy of the school year calendar for food service worker/employees of the Georgetown County School District for the 2014-2015 school year.
 4. A true and correct copy of each document that indicates the number of days that Donna Dozier was expected to work as a food service worker/employee of the Georgetown County School District for the 2014-2015 school year.
 5. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that indicate the first date upon which Donna Dozier actually worked for you as a food service worker/employee during the 2014-2015 Georgetown County School District school year.
 6. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that accurately reflect the number of hours and/or the number of days that Donna Dozier actually worked for you as a food service worker/employee during the 2014-2015 Georgetown County School District school year.

7. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that accurately indicate the last date upon which Donna Dozier actually worked for you as a food service worker/employee during the 2014-2015 Georgetown County School District school year.
8. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross hourly pay/wage/compensation rate paid to Donna Dozier by you for each hour of her actual service as a food service worker/employee during the 2014-2015 Georgetown County School District school year.
9. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross daily pay/earnings/compensation paid to Donna Dozier by you for each day of her actual service as a food service worker/employee during the 2014-2015 Georgetown County School District school year, before deductions for South Carolina retirement system contributions, employee medical insurance premium payments, employee dental insurance premium payments, employee optional life insurance payments, employee FICA contributions, employee federal withholding tax, and South Carolina withholding tax.
10. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross weekly pay/earnings/compensation paid to Donna Dozier by you for each week of her actual service as a food service worker/employee during the 2014-2015 Georgetown County School District school year, before deductions for South Carolina retirement system contributions, employee medical insurance premium payments, employee dental insurance premium payments, employee optional life insurance payments, employee FICA contributions, employee federal withholding tax, and South Carolina withholding tax.
11. All documents that reflect the computation of any reduction of Donna Dozier's gross earnings, on a per hour or per day basis, attributable to work time missed by Donna Dozier that is neither a sick day nor a personal leave day (i.e. docking Donna Dozier's pay for an unexcused absence).
12. All documents that pertain to an increase, including the amount of such increase and the date of such increase, in pay/wages/compensation awarded to Donna Dozier during the period of her employment by you.
13. A true and correct copy of the school year calendar for food service worker/employees of the Georgetown County School District for the 2015-2016 Georgetown County School District school year.

14. All documents that indicate the first date upon which Donna Dozier actually worked for you as a food service worker/employee for the 2015-2016 Georgetown County School District school year.
15. All documents that indicate the last date upon which Donna Dozier actually worked for you as a food service worker/employee for the 2015-2016 Georgetown County School District school year.
16. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross hourly pay/wage/compensation rate paid to Donna Dozier by you for each hour of her actual service as a food service worker/employee during the 2015-2016 Georgetown County School District school year.
17. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross daily pay/earnings/compensation paid to Donna Dozier by you for each day of her actual service as a food service worker/employee during the 2015-2016 Georgetown County School District school year, before deductions for South Carolina retirement system contributions, employee medical insurance premium payments, employee dental insurance premium payments, employee optional life insurance payments, employee FICA contributions, employee federal withholding tax, and South Carolina withholding tax.
18. All documents contained in your personnel files that pertain to Donna Dozier.

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE

CHARLESTON

COLUMBIA

CHARLOTTE

RALEIGH

ATLANTA

Michelle A. Adams
Direct (843) 284-1098
Fax (843) 284-1081
mmadams@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjclaw.com

April 5, 2017

Neil D. Wright, Esquire
Barnett & Wright, P.A.
1304 Azalea Court
Myrtle Beach, SC 29577

Re: Donna Dozier v. Georgetown School District 1
WCC File No.: 1512151 DOI: 8/19/2015
Carrier: SC School Boards Insurance Trust - Claim No.: WC016580
WJC&B File No.: 0490.01526

Dear Mr. Wright:

Pursuant to your subpoena, enclosed please find the personnel records of Donna Dozier, with the exception of attorney-client materials in the above-referenced matter.

Also enclosed is our bill for expenses incurred (copies and postage). Please contact me if you have any questions or if I can be of any further assistance.

With kindest regards,

WILLSON JONES CARTER & BAXLEY, P.A.



Michelle A. Adams
Paralegal to Timothy B. Killen

MMA

Enclosures

cc (w/o enclosures): Mr. James D. Lindler (via e-mail)

WILLSON JONES CARTER & BAXLEY, P.A.

ATTORNEYS AT LAW

GREENVILLE

CHARLESTON

COLUMBIA

CHARLOTTE

RALEIGH

ATLANTA

Michelle A. Adams
Direct (843) 284-1098
Fax (843) 284-1081
mmadams@wjlaw.net

421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
www.wjclaw.com

April 5, 2017

Neil D. Wright, Esquire
Barnett & Wright, P.A.
1304 Azalea Court
Myrtle Beach, SC 29577

Re: Donna Dozier v. Georgetown School District 1
WCC File No.: 1512151 DOI: 8/19/2015
Carrier: SC School Boards Insurance Trust - Claim No.: WC016580
WJC&B File No.: 0490.01526

INVOICE

04/05/2017	One (1) copy of Donna Dozier's personnel file from Georgetown County School District (70 @ \$.30)	\$21.00
	Postage	\$5.95

Balance Due: \$26.95

****Please make check payable to Willson Jones Carter & Baxley, P.A. and return a copy of this invoice with payment to:**

Michelle A. Adams
Willson Jones Carter & Baxley, P.A.
Attorneys at Law
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464

FY 2014-2015

**GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME**

DATES: 07/01/2014 TO 06/30/2015

*****WAGES*****TAXES*****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/</u> <u>NET</u>	<u>FICA/</u> <u>MEDICARE</u>	<u>STATE/</u> <u>TAXABLE/</u> <u>RETIREMENT</u>	<u>FICA/</u> <u>MEDICARE</u>	<u>FEDERAL/</u> <u>STATE</u>
DOZIER, DONNA N							
			CLASS: CLASS	DEPT:	LOC: 629	CAT: FDS	
772662	10/15/2014	09/26/2014	454.71	375.03	338.65		
			307.40	375.03	338.65	23.25	0.00
<i>DEDUCTIONS:</i>					454.71	5.44	2.56
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	3.12	DEN PL M	15.37	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 116.06
					454.71	6290-2560-110-029-0000	
774278	10/30/2014	10/10/2014	454.71	376.59	340.21		
			308.80	376.59	340.21	23.35	0.00
<i>DEDUCTIONS:</i>					454.71	5.46	2.60
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	1.56	DEN PL M	15.37	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 114.50
					454.71	6290-2560-110-029-0000	
209171	11/14/2014	10/24/2014	454.71	376.59	340.21		
			308.80	376.59	340.21	23.35	0.00
<i>DEDUCTIONS:</i>					454.71	5.46	2.60
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	1.56	DEN PL M	15.37	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 114.50
					454.71	6290-2560-110-029-0000	
777581	11/24/2014	11/07/2014	454.71	376.59	340.21		
			308.80	376.59	340.21	23.35	0.00
<i>DEDUCTIONS:</i>					454.71	5.46	2.60
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	1.56	DEN PL M	15.37	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 114.50
					454.71	6290-2560-110-029-0000	
779231	12/15/2014	11/21/2014	454.71	391.88	355.50		
			322.50	391.88	355.50	24.30	0.00
<i>DEDUCTIONS:</i>					454.71	5.68	3.02
		SCRS	36.38	WC2	0.00	BC/BS MP	48.84
		OP LIF M	1.56	DEN PL M	12.29	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 99.21
					454.71	6290-2560-110-029-0000	

DFREDICK
pr158r06

11/21/2016 10:34:32AM

Page 1

FY 2014-2015

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
 DATES: 07/01/2014 TO 06/30/2015

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/ NET</u>	<u>FICA/ MEDICARE</u>	<u>STATE/ TAXABLE/ RETIREMENT</u>	<u>FICA/ MEDICARE</u>	<u>FEDERAL/ STATE</u>
780882	12/18/2014	12/05/2014	454.71	392.36	355.98	24.33	0.00
			322.93	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
					DED TOTAL:		98.73
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
782537	01/14/2015	12/19/2014	454.71	392.36	355.98	24.33	0.00
			282.59	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	40.34			
					DED TOTAL:		139.07
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
784079	01/30/2015	01/09/2015	354.76	292.41	264.03	18.13	0.00
			200.40	292.41	354.76	4.24	0.92
<i>DEDUCTIONS:</i>			SCRS	28.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	40.34			
					DED TOTAL:		131.07
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
			DOCKPAY	HRS -1.57 AMT	-99.95 6290-2560-110-029-0000		
785642	02/12/2015	01/23/2015	454.71	392.36	355.98	24.33	0.00
			282.59	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	40.34			
					DED TOTAL:		139.07
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
787217	02/27/2015	02/06/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03

FY 2014-2015

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
 DATES: 07/01/2014 TO 06/30/2015

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/NET</u>	<u>FICA/MEDICARE</u>	<u>STATE/TAXABLE/RETIREMENT</u>	<u>FICA/MEDICARE</u>	<u>FEDERAL/STATE</u>
<i>DEDUCTIONS:</i>							
			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	38.56			
<i>PAY TYPE/ACCT:</i> REG							
			HRS	0.00 AMT	454.71 6290-2560-110-029-0000		
					DED TOTAL:		137.29
788772	03/11/2015	02/20/2015	391.05	328.70	297.42	20.38	0.00
			232.19	328.70	391.05	4.77	1.52
<i>DEDUCTIONS:</i>							
			SCRS	31.28 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	38.56			
<i>PAY TYPE/ACCT:</i> DOCKPAY							
			HRS	-1.00 AMT	-63.66 6290-2560-110-029-0000		
			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
					DED TOTAL:		132.19
790353	03/30/2015	03/13/2015	263.73	201.38	180.28	12.49	0.00
			126.31	201.38	263.73	2.92	0.00
<i>DEDUCTIONS:</i>							
			SCRS	21.10 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	38.56			
<i>PAY TYPE/ACCT:</i> DOCKPAY							
			HRS	-3.00 AMT	-190.98 6290-2560-110-029-0000		
			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
					DED TOTAL:		122.01
791921	04/15/2015	03/27/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>							
			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	38.56			
<i>PAY TYPE/ACCT:</i> REG							
			HRS	0.00 AMT	454.71 6290-2560-110-029-0000		
					DED TOTAL:		137.29
793450	04/30/2015	04/03/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>							
			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	38.56			
<i>PAY TYPE/ACCT:</i> REG							
			HRS	0.00 AMT	454.71 6290-2560-110-029-0000		
					DED TOTAL:		137.29

DFREDICK
pr158r06

11/21/2016 10:34:32AM

Page

3

FY 2014-2015

**GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME**

DATES: 07/01/2014 TO 06/30/2015

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/NET</u>	<u>FICA/MEDICARE</u>	<u>TAXABLE/RETIREMENT</u>	<u>STATE/FICA/MEDICARE</u>	<u>FEDERAL/STATE</u>
<i>PAY TYPE/ACCT:</i> REG				HRS 0.00	AMT 454.71	6290-2560-110-029-0000	
					355.98		
795024	05/15/2015	05/01/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00	BC/BS MP	48.84
			OP LIF M	1.08 DEN PL M	12.29	FBMCFEE	0.14
			NY LIFE	38.56			
			DED TOTAL: 137.29				
<i>PAY TYPE/ACCT:</i> REG				HRS 0.00	AMT 454.71	6290-2560-110-029-0000	
					355.98		
796575	05/29/2015	05/15/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00	BC/BS MP	48.84
			OP LIF M	1.08 DEN PL M	12.29	FBMCFEE	0.14
			NY LIFE	38.56			
			DED TOTAL: 137.29				
<i>PAY TYPE/ACCT:</i> REG				HRS 0.00	AMT 454.71	6290-2560-110-029-0000	
					355.98		
798122	06/15/2015	05/29/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00	BC/BS MP	48.84
			OP LIF M	1.08 DEN PL M	12.29	FBMCFEE	0.14
			NY LIFE	38.56			
			DED TOTAL: 137.29				
<i>PAY TYPE/ACCT:</i> REG				HRS 0.00	AMT 454.71	6290-2560-110-029-0000	
					355.98		
799691	06/25/2015	06/23/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00	BC/BS MP	48.84
			OP LIF M	1.08 DEN PL M	12.29	FBMCFEE	0.14
			NY LIFE	38.56			
			DED TOTAL: 137.29				
<i>PAY TYPE/ACCT:</i> REG				HRS 0.00	AMT 454.71	6290-2560-110-029-0000	
					6,016.31		
			7,830.19	6,642.77	6,016.31	411.90	0.00
			4,993.90	6,642.77	7,830.19	96.33	46.12

DFREDICK
pr158r06

11/21/2016 10:34:32AM

Page 4

FY 2014-2015

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2014 TO 06/30/2015

*****WAGES***** *****TAXES*****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/NET</u>	<u>FICA/MEDICARE</u>	<u>STATE/TAXABLE/RETIREMENT</u>	<u>FICA/MEDICARE</u>	<u>FEDERAL/STATE</u>
					6,016.31		
			7,830.19	6,642.77	6,016.31	411.90	0.00
			4,993.90	6,642.77	7,830.19	96.33	46.12

FY 2015-2016

**GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2015 TO 06/30/2016**

***** W A G E S ***** T A X E S *****

CHECK NO	CHECK DATE	PAY DATE	GROSS/NET	FICA/MEDICARE	STATE/TAXABLE/RETIREMENT	FICA/MEDICARE	FEDERAL/STATE
DOZIER, DONNA N							
			CLASS: CLASS	DEPT:	LOC: 629	CAT: FDS	
800854	07/15/2015	06/30/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
DEDUCTIONS:			SCRS	36.38 WC2	0.00 BC/BS MP	48.84	
			OP LIF M	1.08 DEN PL M	12.29 FBMCFEE	0.14	
			NY LIFE	38.56			
			DED TOTAL: 137.29				
PAY TYPE/ACCT:			REG	HRS 0.00	AMT 454.71	6290-2560-110-029-0000	
802012	07/30/2015	06/30/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
DEDUCTIONS:			SCRS	36.38 WC2	0.00 BC/BS MP	48.84	
			OP LIF M	1.08 DEN PL M	12.29 FBMCFEE	0.14	
			NY LIFE	38.56			
			DED TOTAL: 137.29				
PAY TYPE/ACCT:			REG	HRS 0.00	AMT 454.71	6290-2560-110-029-0000	
803077	08/14/2015	06/30/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
DEDUCTIONS:			SCRS	36.38 WC2	0.00 BC/BS MP	48.84	
			OP LIF M	1.08 DEN PL M	12.29 FBMCFEE	0.14	
			NY LIFE	38.56			
			DED TOTAL: 137.29				
PAY TYPE/ACCT:			REG	HRS 0.00	AMT 454.71	6290-2560-110-029-0000	
805917	08/28/2015	08/21/2015	494.04	431.69	391.38	26.76	0.00
			315.82	431.69	494.04	6.26	3.98
DEDUCTIONS:			SCRS	40.31 WC2	0.00 BC/BS MP	48.84	
			OP LIF M	1.08 DEN PL M	12.29 FBMCFEE	0.14	
			NY LIFE	38.56			
			DED TOTAL: 141.22				
PAY TYPE/ACCT:			REG	HRS 0.00	AMT 494.04	6290-2560-110-029-0000	
836555	06/20/2016	06/16/2016	30.04	4.04	1.59	0.25	0.00
			1.28	4.04	30.04	0.06	0.00

DFREDICK
pr158r06

11/21/2016, 10:35:25AM

Page 1

FY 2014-2015

**GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME**

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2014 TO 06/30/2015

TRANS NUMBER	DATE ABSENT	DAYS/HRS POST TAKEN	FLAG	LEAVE	REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
DOZIER, DONNA N									
						Class: CLASS	Dept: Loc: 629	Pay Period: waug	
						PRIMARY ACCOUNT:	6290-2560-110-029-0000		
176853	10/15/2014	0.85	Y	MISC	SICK				
183433	10/15/2014	-0.85	Y	MISC	SICK				
183434	10/15/2014	0.85	Y	SICK	SICK				
176873	10/16/2014	1.00	Y	MISC	SICK				
183435	10/16/2014	-1.00	Y	MISC	SICK				
183437	10/16/2014	1.00	Y	SICK	SICK				
180479	12/02/2014	1.00	Y	SICK	SICK				
182795	01/05/2015	0.72	Y	SICK	SICK				
182796	01/06/2015	1.00	Y	SICK	SICK				
182797	01/07/2015	1.00	Y	SICK	SICK				
182798	01/08/2015	0.43	Y	SICK	SICK				
183724	01/08/2015	0.57	Y	SICK	SICK				
182799	01/09/2015	1.00	Y	SICK	SICK				
183653	01/12/2015	1.00	Y	SICK	SICK				
185557	02/18/2015	1.00	Y	SICK	SICK				
185558	02/19/2015	1.00	Y	SICK	SICK				
186940	03/02/2015	1.00	Y	SICK	SICK				
186941	03/03/2015	1.00	Y	SICK	SICK				
186942	03/04/2015	1.00	Y	SICK	SICK				
193248	05/11/2015	1.00	Y	SICK	SICK				
193250	05/12/2015	1.00	Y	SICK	SICK				
		15.57						0.00	0.00
				MISC	SICK	PERSONAL			
PRIOR BAL:		0.0000		0.0000	0.0000				
YTD EARNED:		0.0000		10.0000	3.0000				
DAYS DOCKED:		0.0000		5.5700	0.0000				
TOTAL USED:		0.0000		10.0000	0.0000				
BALANCE:		0.0000		0.0000	3.0000				
TOTALS:		15.57				TOTAL NUMBER OF ABSENT EMPLOYEES: 1		0.00	0.00

GEORGETOWN COUNTY SCHOOL DISTRICT

ABSENTEE REPORT BY NAME

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS DATE	DAYS/HRS POST							AMOUNT	DAYS/
NUMBER	ABSENT	TAKEN	FLAG	LEAVE	REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	PAID	HRS
DOZIER, DONNA N							Class: CLASS	Dept:	Loc: 629
							PRIMARY ACCOUNT:	6290-2560-110-029-0000	Pay Period: wang
198261	08/20/2015	1.00	Y	MISC	WC				
198262	08/21/2015	1.00	Y	MISC	WC				
198549	08/24/2015	1.00	Y	MISC	WC				
198545	08/25/2015	1.00	Y	MISC	WC				
198546	08/26/2015	1.00	Y	MISC	WC				
198547	08/27/2015	1.00	Y	MISC	WC				
198548	08/28/2015	1.00	Y	MISC	WC				
198944	08/31/2015	1.00	Y	MISC	DOPAY				
198945	09/01/2015	1.00	Y	MISC	DOPAY				
198946	09/02/2015	1.00	Y	MISC	DOPAY				
199166	09/03/2015	1.00	Y	MISC	DOPAY				
199167	09/04/2015	1.00	Y	MISC	DOPAY				
199168	09/08/2015	1.00	Y	MISC	DOPAY				
199169	09/09/2015	1.00	Y	MISC	DOPAY				
199170	09/10/2015	1.00	Y	MISC	DOPAY				
199171	09/11/2015	1.00	Y	MISC	DOPAY				
199722	09/14/2015	1.00	Y	MISC	DOPAY				
199723	09/15/2015	1.00	Y	MISC	DOPAY				
199724	09/16/2015	1.00	Y	MISC	DOPAY				
199725	09/17/2015	1.00	Y	MISC	DOPAY				
199726	09/18/2015	1.00	Y	MISC	DOPAY				
200312	09/21/2015	1.00	Y	MISC	DOPAY				
200313	09/22/2015	1.00	Y	MISC	DOPAY				
200314	09/23/2015	1.00	Y	MISC	DOPAY				
200315	09/24/2015	1.00	Y	MISC	DOPAY				
200316	09/25/2015	1.00	Y	MISC	DOPAY				
201041	09/28/2015	1.00	Y	MISC	DOPAY				
201042	09/29/2015	1.00	Y	MISC	DOPAY				
201043	09/30/2015	1.00	Y	MISC	DOPAY				
201044	10/01/2015	1.00	Y	MISC	DOPAY				
201045	10/02/2015	1.00	Y	MISC	DOPAY				
203471	10/05/2015	1.00	Y	MISC	FLOOD				
203532	10/06/2015	1.00	Y	MISC	FLOOD				
203537	10/07/2015	1.00	Y	MISC	FLOOD				
203538	10/08/2015	1.00	Y	MISC	FLOOD				
203541	10/09/2015	1.00	Y	MISC	FLOOD				
201608	10/12/2015	1.00	Y	MISC	FLOOD				
201609	10/13/2015	1.00	Y	MISC	FLOOD				
201610	10/14/2015	1.00	Y	MISC	FLOOD				
201611	10/15/2015	1.00	Y	MISC	FLOOD				
201612	10/16/2015	1.00	Y	MISC	FLOOD				
203583	10/19/2015	1.00	Y	MISC	DOPAY				
203585	10/20/2015	1.00	Y	MISC	DOPAY				
203589	10/21/2015	1.00	Y	MISC	DOPAY				
203590	10/22/2015	1.00	Y	MISC	DOPAY				
203593	10/23/2015	1.00	Y	MISC	DOPAY				
209699	10/26/2015	1.00	Y	MISC	DOPAY				
209700	10/27/2015	1.00	Y	MISC	DOPAY				
209701	10/28/2015	1.00	Y	MISC	DOPAY				
209702	10/29/2015	1.00	Y	MISC	DOPAY				
209703	10/30/2015	1.00	Y	MISC	DOPAY				

DREDICK

su186r01

11/21/2016 11:08:35AM

Page 1

**GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME**

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS/HR TAKEN	POST FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
210966	11/02/2015	1.00	Y	MISC DOPAY				
210967	11/03/2015	1.00	Y	MISC DOPAY				
210968	11/04/2015	1.00	Y	MISC DOPAY				
210969	11/05/2015	1.00	Y	MISC DOPAY				
210970	11/06/2015	1.00	Y	MISC DOPAY				
211529	11/09/2015	1.00	Y	MISC DOPAY				
211530	11/10/2015	1.00	Y	MISC DOPAY				
211531	11/12/2015	1.00	Y	MISC DOPAY				
211532	11/13/2015	1.00	Y	MISC DOPAY				
212174	11/16/2015	1.00	Y	MISC DOPAY				
212176	11/17/2015	1.00	Y	MISC DOPAY				
212178	11/18/2015	1.00	Y	MISC DOPAY				
212179	11/19/2015	1.00	Y	MISC DOPAY				
212182	11/20/2015	1.00	Y	MISC DOPAY				
212414	11/23/2015	1.00	Y	MISC DOPAY				
212415	11/24/2015	1.00	Y	MISC DOPAY				
213121	11/30/2015	1.00	Y	MISC DOPAY				
213122	12/01/2015	1.00	Y	MISC DOPAY				
213123	12/02/2015	1.00	Y	MISC DOPAY				
213124	12/03/2015	1.00	Y	MISC DOPAY				
213125	12/04/2015	1.00	Y	MISC DOPAY				
213741	12/07/2015	1.00	Y	MISC DOPAY				
213742	12/08/2015	1.00	Y	MISC DOPAY				
213743	12/09/2015	1.00	Y	MISC DOPAY				
213744	12/10/2015	1.00	Y	MISC DOPAY				
213745	12/11/2015	1.00	Y	MISC DOPAY				
214258	12/14/2015	1.00	Y	MISC DOPAY				
214259	12/15/2015	1.00	Y	MISC DOPAY				
214260	12/16/2015	1.00	Y	MISC DOPAY				
214261	12/17/2015	1.00	Y	MISC DOPAY				
214262	12/18/2015	1.00	Y	MISC DOPAY				
215038	01/04/2016	1.00	Y	MISC DOPAY				
215039	01/05/2016	1.00	Y	MISC DOPAY				
215040	01/06/2016	1.00	Y	MISC DOPAY				
215041	01/07/2016	1.00	Y	MISC DOPAY				
215042	01/08/2016	1.00	Y	MISC DOPAY				
215428	01/11/2016	1.00	Y	MISC DOPAY				
215430	01/12/2016	1.00	Y	MISC DOPAY				
215431	01/13/2016	1.00	Y	MISC DOPAY				
215433	01/14/2016	1.00	Y	MISC DOPAY				
215435	01/15/2016	0.50	Y	MISC DOPAY				
227816	01/15/2016	-0.50	Y	MISC DOPAY				
215928	01/19/2016	1.00	Y	MISC DOPAY				
215929	01/20/2016	1.00	Y	MISC DOPAY				
215930	01/21/2016	1.00	Y	MISC DOPAY				
215931	01/22/2016	1.00	Y	MISC DOPAY				
216497	01/25/2016	1.00	Y	MISC DOPAY				
216498	01/26/2016	1.00	Y	MISC DOPAY				
216499	01/27/2016	1.00	Y	MISC DOPAY				
216500	01/28/2016	1.00	Y	MISC DOPAY				
216501	01/29/2016	1.00	Y	MISC DOPAY				
216954	02/01/2016	1.00	Y	MISC DOPAY				
216955	02/02/2016	1.00	Y	MISC DOPAY				
216956	02/03/2016	1.00	Y	MISC DOPAY				

GEORGETOWN COUNTY SCHOOL DISTRICT

ABSENTEE REPORT BY NAME

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS TAKEN	HRS POST FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
216957	02/04/2016	1.00	Y	MISC DOPAY				
216958	02/05/2016	1.00	Y	MISC DOPAY				
217912	02/08/2016	1.00	Y	MISC DOPAY				
217913	02/09/2016	1.00	Y	MISC DOPAY				
217914	02/10/2016	1.00	Y	MISC DOPAY				
217915	02/11/2016	1.00	Y	MISC DOPAY				
217916	02/12/2016	1.00	Y	MISC DOPAY				
218564	02/16/2016	1.00	Y	MISC DOPAY				
218565	02/17/2016	1.00	Y	MISC DOPAY				
218566	02/18/2016	1.00	Y	MISC DOPAY				
218567	02/19/2016	1.00	Y	MISC DOPAY				
218942	02/22/2016	1.00	Y	MISC DOPAY				
218943	02/23/2016	1.00	Y	MISC DOPAY				
218945	02/25/2016	1.00	Y	MISC DOPAY				
218946	02/26/2016	1.00	Y	MISC DOPAY				
219486	02/29/2016	1.00	Y	MISC DOPAY				
219487	03/01/2016	1.00	Y	MISC DOPAY				
219488	03/02/2016	1.00	Y	MISC DOPAY				
219490	03/03/2016	1.00	Y	MISC DOPAY				
219491	03/04/2016	1.00	Y	MISC DOPAY				
220053	03/07/2016	1.00	Y	MISC DOPAY				
220054	03/08/2016	1.00	Y	MISC DOPAY				
220055	03/09/2016	1.00	Y	MISC DOPAY				
220056	03/10/2016	1.00	Y	MISC DOPAY				
220057	03/11/2016	1.00	Y	MISC DOPAY				
220878	03/14/2016	1.00	Y	MISC DOPAY				
220879	03/15/2016	1.00	Y	MISC DOPAY				
220880	03/16/2016	1.00	Y	MISC DOPAY				
220881	03/17/2016	1.00	Y	MISC DOPAY				
220882	03/18/2016	1.00	Y	MISC DOPAY				
221620	03/21/2016	1.00	Y	MISC DOPAY				
221622	03/22/2016	1.00	Y	MISC DOPAY				
221623	03/23/2016	1.00	Y	MISC DOPAY				
221624	03/24/2016	1.00	Y	MISC DOPAY				
221994	04/04/2016	1.00	Y	MISC DOPAY				
221995	04/05/2016	1.00	Y	MISC DOPAY				
221996	04/06/2016	1.00	Y	MISC DOPAY				
221997	04/07/2016	1.00	Y	MISC DOPAY				
221998	04/08/2016	1.00	Y	MISC DOPAY				
222603	04/11/2016	1.00	Y	MISC DOPAY				
222604	04/12/2016	1.00	Y	MISC DOPAY				
222605	04/13/2016	1.00	Y	MISC DOPAY				
222606	04/14/2016	1.00	Y	MISC DOPAY				
222607	04/15/2016	1.00	Y	MISC DOPAY				
223306	04/18/2016	1.00	Y	MISC DOPAY				
223307	04/19/2016	1.00	Y	MISC DOPAY				
223308	04/20/2016	1.00	Y	MISC DOPAY				
223311	04/21/2016	1.00	Y	MISC DOPAY				
223309	04/22/2016	1.00	Y	MISC DOPAY				
223830	04/25/2016	1.00	Y	MISC DOPAY				
223831	04/26/2016	1.00	Y	MISC DOPAY				
223832	04/27/2016	1.00	Y	MISC DOPAY				
223833	04/28/2016	1.00	Y	MISC DOPAY				
223834	04/29/2016	1.00	Y	MISC DOPAY				

**GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME**

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS/HRS TAKEN	POST FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
224646	05/02/2016	1.00	Y	MISC DOPAY				
224647	05/03/2016	1.00	Y	MISC DOPAY				
224648	05/04/2016	1.00	Y	MISC DOPAY				
224649	05/05/2016	1.00	Y	MISC DOPAY				
224650	05/06/2016	1.00	Y	MISC DOPAY				
225324	05/09/2016	1.00	Y	MISC DOPAY				
225325	05/10/2016	1.00	Y	MISC DOPAY				
225326	05/11/2016	1.00	Y	MISC DOPAY				
225327	05/12/2016	1.00	Y	MISC DOPAY				
225328	05/13/2016	1.00	Y	MISC DOPAY				
225961	05/16/2016	1.00	Y	MISC DOPAY				
225962	05/17/2016	1.00	Y	MISC DOPAY				
225963	05/18/2016	1.00	Y	MISC DOPAY				
225964	05/19/2016	1.00	Y	MISC DOPAY				
225965	05/20/2016	1.00	Y	MISC DOPAY				
226843	05/23/2016	1.00	Y	MISC DOPAY				
226844	05/24/2016	1.00	Y	MISC DOPAY				
226845	05/25/2016	1.00	Y	MISC DOPAY				
226848	05/26/2016	1.00	Y	MISC DOPAY				
226849	05/27/2016	1.00	Y	MISC DOPAY				
227813	05/31/2016	1.00	Y	MISC DOPAY				
227814	06/01/2016	1.00	Y	MISC DOPAY				
227815	06/02/2016	1.00	Y	MISC DOPAY				
		180.00					0.00	0.00
			MISC	SICK	PERSONAL			
PRIOR BAL:		0.0000		0.0000	3.0000			
YTD EARNED:		0.0000		0.0000	0.0000			
DAYS DOCKED:		0.0000		0.0000	0.0000			
TOTAL USED:		180.0000		0.0000	0.0000			
BALANCE:		-180.0000		0.0000	3.0000			
TOTALS:		180.00					0.00	0.00
			TOTAL NUMBER OF ABSENT EMPLOYEES: 1					

83

Georgetown County School District

J.B. Beck Administration and Education Center
Office of Human Resources
2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Director



June 1, 2016

CERTIFIED MAIL

Ms. Donna Dozier
PO Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

We are saddened to learn that you were unable to receive a medical release from your physician stating that you will be able to return to work by the deadline of June 1, 2016. Because we did not receive your release, you will not be issued an employment agreement for the upcoming school year.

Your name will be presented to the School Board at the next scheduled session as part of an updated personnel list. The Board will be notified you were unable to return to work for medical reasons.

Please contact Ms. Aisha Greene in the Benefits Office to schedule an exit interview at your earliest convenience. We appreciate all your service to the staff, administrators, and children of Georgetown County School District. In the future if you obtain a medical release, please do not hesitate to contact me regarding any open positions we have for which you are qualified. We wish you the best in all your endeavors.

Sincerely,

A handwritten signature in black ink, appearing to read "Doug", is written over the word "Sincerely,".

Mr. Douglas D. Jenkins
Director of Human Resources

am

c: Dr. Tim Carnahan
Jan Knox
Payroll/Benefits
Personnel and Medical File

Georgetown County School District

J.B. Beck Administration and Education Center
Office of Human Resources
2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Director



June 1, 2016

CERTIFIED MAIL

Ms. Donna Dozier
PO Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

We are saddened to learn that you were unable to receive a medical release from your physician stating that you will be able to return to work by the deadline of June 1, 2016. Because we did not receive your release, you will not be issued an employment agreement for the upcoming school year.

Your name will be presented to the School Board at the next scheduled session as part of an updated personnel list. The Board will be notified you were unable to return to work for medical reasons.

Please contact Ms. Aisha Greene in the Benefits Office to schedule an exit interview at your earliest convenience. We appreciate all your service to the staff, administrators, and children of Georgetown County School District. In the future if you obtain a medical release, please do not hesitate to contact me regarding any open positions we have for which you are qualified. We wish you the best in all your endeavors.

Sincerely,

A handwritten signature in black ink, appearing to read "Doug", is written over the printed name of Doug D. Jenkins.

Mr. Douglas D. Jenkins
Director of Human Resources

am

c: Dr. Tim Carnahan
Jan Knox
Payroll/Benefits
Personnel and Medical File

Georgetown County School District

J.B. Beck Administration and Education Center
Office of Human Resources

2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Director



April 15, 2016

CERTIFIED MAIL

Ms. Donna Dozier
PO Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

Upon receipt of a satisfactory statement from your physician indicating that you are fully able to resume your duties as a food service employee, you will be issued an employment agreement.

Such a statement will need to be received by me no later than June 1, 2016. Once this document has been received and accepted as satisfactory, you will be notified that you will be allowed to resume your duties with Georgetown County School District for the 2016-2017 school year.

If a medical release is not received, you will not receive an employment agreement and would need to contact Aisha Greene at 436-7144 concerning your benefits.

Sincerely,

A handwritten signature in black ink that reads "Jon R. Tester". The signature is written in a cursive style with a large, stylized "J" and "T".

Jon Tester
Executive Director for Human Resources

am

c: Dr. Randy Dozier
Dr. Tim Carnahan
Ms. Jan Knox
Payroll/Benefits
Personnel File

Employment Consideration Georgetown County School District

To: All Employees
From: Mr. Jon R. Tester, Executive Director for Human Resources
Subject: Employment Consideration for 2015-2016
Date: January 12, 2015

Please indicate your wishes regarding employment with Georgetown County Schools for the 2015-2016 school year by checking one of the statements below. Our district needs to determine our staffing needs at all levels for the next school term as soon as possible. Please return this form to your principal/department head no later than Friday, January 23, 2015.

- (1) ☒ I **WOULD** like to be considered for employment for the 2015-2016 school year.
- (2) ☐ I **DO NOT** wish to be considered for employment for the 2015-2016 school year.

Name of Employee: Donna Dozier
School/Dept. & Position WACC Intermediate School (COOK)
Signature of Employee: Donna Dozier
Social Security Number: _____
Address: P.O. BOX 139
Murrells Inlet S.C. 29576

Phone Number: 843 - (318 - 8497)

PLEASE REMEMBER TO RETURN THIS FORM TO YOUR PRINCIPAL OR DEPARTMENT SUPERVISOR NO LATER THAN JANUARY 23, 2015.

GEORGETOWN COUNTY SCHOOL DISTRICT
2018 CHURCH STREET
GEORGETOWN, S.C. 29440
E M P L O Y M E N T A G R E E M E N T

Name: DONNA N. DOZIER

Social Security No:

Address: PO BOX 139
MURRELLS INLET, SC 29576

School/Department Name: WACCAMAW INTER SCHL NUTR

This is to notify you of an offer of employment for the 2015-2016 school year as FOOD SERVICE EMPLOYEE assigned to WACCAMAW INTER SCHL NUTR.

1. You will be employed for a total of 181 work days.
2. Loss or reduction in any amount of anticipated or appropriated federal, state or local funding may, at the discretion of the District, result in a reduction in salary, a reduction in work days with a pro-rata reduction of salary, or termination of this Agreement.
3. Your daily schedule will be arranged by your principal or supervisor.
4. The assignment stated above is tentative, and all employees are subject to transfer or reassignment at any time under this Agreement.
5. Should you now indicate your desire to return to your present position and later decide not to return to the District, a letter of resignation should be immediately submitted to your principal or immediate supervisor.
6. All employees are required to perform their work duties at a level satisfactory to the District; to comply with State law and all District policies, regulations, and procedures, and to attend all school and District meetings or activities required of an employee holding this position.
7. The District has the right to terminate this Agreement for any reason deemed sufficient by the District. In case of termination of this Agreement, the employee shall only be entitled to be paid those days she/he has actually worked.
8. It is understood that your employment with the District terminates automatically at the end of the school year noted above. Any continuation of employment beyond that point must be the subject of a new offer and acceptance.

Kindly indicate your acceptance of this offer by signing the Employment Agreement and returning it no later than April 28, 2015 to the Office of Human Resources. If your acceptance is not received by this date, the position will be considered vacant.

April 15, 2015
(Date)

4/15/15
(Date)

Signed: [Signature]
(Superintendent)

Signed: [Signature]
(Employee)

I, (please print) DONNA N. DOZIER, hereby certify that I am physically and mentally able to perform the duties of this position.

Human Resources Copy

GEORGETOWN COUNTY SCHOOL DISTRICT
2018 CHURCH STREET
GEORGETOWN, S.C. 29440
E M P L O Y M E N T A G R E E M E N T

Name: DONNA DOZIER

Social Security No: _____

Address: P.O. BOX 139
MURRELLS INLET, SC 29576

School/Department Name: WACCAMAW INTERMEDIATE SCHOOL

This is to notify you of an offer of employment for the 2014-2015 school year as a FOOD SERVICE OPERATOR assigned to WACCAMAW INTERMEDIATE SCHOOL.

1. You will be employed for a total of 181 (150) work days.
2. Loss or reduction in any amount of anticipated or appropriated federal, state or local funding may, at the discretion of the District, result in a reduction in salary, a reduction in work days with a pro-rata reduction of salary, or termination of this Agreement.
3. Your daily schedule will be arranged by your principal or supervisor.
4. The assignment stated above is tentative, and all employees are subject to transfer or reassignment at any time under this Agreement.
5. Should you now indicate your desire to return to your present position and later decide not to return to the District, a letter of resignation should be immediately submitted to your principal or immediate supervisor.
6. All employees are required to perform their work duties at a level satisfactory to the District; to comply with State law and all District policies, regulations, and procedures, and to attend all school and District meetings or activities required of an employee holding this position.
7. The District has the right to terminate this Agreement for any reason deemed sufficient by the District. In case of termination of this Agreement, the employee shall only be entitled to be paid those days she/he has actually worked.
8. It is understood that your employment with the District terminates automatically at the end of the school year noted above. Any continuation of employment beyond that point must be the subject of a new offer and acceptance.

Kindly indicate your acceptance of this offer by signing the Employment Agreement and returning it no later than October 24, 2014 to the Office of Human Resources. If your acceptance is not received by this date, the position will be considered vacant.

OCTOBER 14, 2014
(Date)

Signed: _____

(Superintendent)

10-17-14
(Date)

Signed: _____

(Employee)

I, (please print) Donna Dozier, hereby certify that I am physically and mentally able to perform the duties of this position.

Human Resources Copy

Georgetown County School District

J.B. Beck Administration and Education Center
Office of Human Resources
2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Coordinator



October 14, 2014

Ms. Donna Dozier
P.O. Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

It gives me great pleasure to apprise you that at its meeting on Tuesday, October 7, 2014, the Georgetown County School District Board of Education approved your candidacy as a Food Service Operator at Waccamaw Intermediate School for the 2014-2015 school year.

I have enclosed an employment agreement for the 2014-2015 school year. Please sign and return one copy to me in the enclosed self-addressed envelope by October 24, 2014.

If my staff or I may be of assistance to you at any time, please do not hesitate to let me know.

With kind regards,

A handwritten signature in black ink, reading "Jon R. Tester". The signature is written in a cursive, slightly slanted style.

Mr. Jon R. Tester
Executive Director for Human Resources

jsz

enc.

pc: Dr. Tim Carnahan
Ms. Jan Knox
Personnel File

Georgetown County School District

J.B. Beck Administration and Education Center

Office of Human Resources

2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Coordinator



October 8, 2014

Ms. Donna Dozier
P.O. Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

It gives me great pleasure to apprise you that at its meeting on Tuesday, October 7, 2014, the Georgetown County School District Board of Education approved your candidacy as a Food Service Operator at Waccamaw Intermediate School for the 2014-2015 school year.

I have enclosed an employment agreement for the 2014-2015 school year. Please sign and return one copy to me in the enclosed self-addressed envelope by October 17, 2014.

If my staff or I may be of assistance to you at any time, please do not hesitate to let me know.

With kind regards,

A handwritten signature in black ink that reads "Jon R. Tester".

Mr. Jon R. Tester
Executive Director for Human Resources

jsz

enc.

pc: Dr. Tim Carnahan
Ms. Jan Knox
Personnel File

EMPLOYMENT RECOMMENDATION FORM

Georgetown County School District

DI

School/Dept. Waccamaw Intermediate School Available Position: Food Service Operator
GRADE LEVEL/SUBJECT/JOB TITLE

Position Accepted: 9/23/14 (Date) Account Number: 6290-2560110-029-0000
(REQUIRED)

Name of Person Who Previously Held Position: Crystal Eaddy
(REQUIRED)

Full or Part-time: Full time
(REQUIRED)

Candidates Interviewed: Sheila Jiles, Jennifer Vereen, Kiawana Deas, Donna Nesbit Dozier, Dawn Vargas,
Shulaunda Robinson

Date of Interview(s): September 18, 2014

Interview Team: Tim Carnahan, Callie Pope, Terri Freeman, Jan Knox

HR Staff
(Required for Professional Interviews)

Candidate Recommended: Donna Dozier Phone 843 318-8497 SS#: _____
Regret Letters Mailed: ☒ (Required for Background Check)

FILL IN THIS SECTION FOR TEACHER RECOMMENDATIONS ONLY.

School(s) Attended: _____

Major: _____ Degree(s): _____

Dates of Degrees: _____ Years Experience: _____

Area(s) of Certification: _____

Beginning Date for Employment: October 1, 2014
(EXACT DATE REQUIRED)

Number of Contract Days: 181 (150 days)

Other In-district employment: _____

Signature of Manager: [Signature]
Signature of Food Service Director: [Signature]
Signature of Principal/Dept. Head: [Signature]

TO BE COMPLETED BY DISTRICT ONLY

Type of Contract: Classified

H. R. Approval: [Signature]
Date: September 18, 2014

PLEASE FAX THE COMPLETED RECOMMENDATION FORM TO OFFICE OF HUMAN RESOURCES AT 436-7143

Revised: 7/29/2014

MAILED
2/28/14-ATG

Form 1100
Revised 1/14/2013
Page 1

RETIREMENT PLAN ENROLLMENT
S.C. Public Employee Benefit Authority
Retirement Benefits
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

ACTION REQUESTED (Check One):

- ☐ NEW ENROLLEE (First-time membership)
☐ OPEN ENROLLMENT (Irrevocable election from State ORP)
☐ CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
☐ CHANGE OF INFORMATION:
☐ Name (Prior Name): _____
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
☐ Address: _____
☐ SSN (Old Number): _____
☐ Date of Birth: _____

Print or type in black ink and sign in blue ink.

Please read the instructions on Page 2 before completing this form.

SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

1. Last Name & Suffix <u>Dozier</u>		2. First/ Middle Name <u>Donna</u>		3. Social Security Number (attach copy of Social Security card only if changing SSN)	
4. Address <u>P.O. Box 139</u>		5. City <u>Murrells Inlet</u>		6. State <u>SC</u>	7. ZIP+4 <u>29576</u>
8. Sex <u>F</u> M=Male F=Female	9. Date of Birth	10. Telephone Number <u>843-314-3162</u>	11. Have you ever been a member of the PEBA's retirement systems? ☐ No ☐ Yes		12. If item 11 is "Yes", indicate the name(s) of your former employer. Did you withdraw your contributions? ☐ No ☐ Yes
13. Do you currently have a pending refund request? ☐ No ☐ Yes			14. Are you now receiving or have you applied to receive a monthly benefit from any of PEBA's retirement systems? ☐ No ☐ Yes ☐ Application in Process		

15. Retirement Plan Election (CHOOSE ONE)

- ☒ SCRS ☐ PORS (See Instructions) ☐ State ORP (If State ORP, please complete item 16.)
☐ JSRS - Judge (001.00) ☐ JSRS - Solicitor (002.00) ☐ JSRS - Circuit Public Defender (003.00)

16. Select State ORP Vendor

- ☐ MassMutual ☐ MetLife
☐ TIAA-CREF ☐ VALIC

17. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), or individuals first elected to the S.C. General Assembly in and after November 2012, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (State ORP). The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until PEBA receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 15 above.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee's Signature Signature Unavailable Date 2/27/14 Witness _____
(Required only when signed by mark)

SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)

18. Employer Code <u>822-01</u>	19. Employer Name <u>GCSD</u>	20. Please indicate if you are the employee's primary or secondary employer. (Annual member statements are sent to primary employers for distribution to members.) ☐ Primary Employer ☒ Secondary Employer	
21. Original Date of Hire with Employer listed in Items 18-19 <u>12/5/2013</u>	22. Date of Membership	23. Employee's Position Title <u>Sub Teacher</u>	24. Employee's Annual Salary <u>\$55/day</u>
25. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.			
Employer Signature <u>Quake T. Greene</u>		Date <u>2/27/14</u>	Work Telephone Number <u>(843) 436-7144</u>

For more information, please contact Customer Services at 803-737-6800, 800-868-9002 (within S.C. only), or www.retirement.sc.gov

Name Donna Nesbit Dzier

☒ Mailed packet ☒ Jacket made ☒ Invited NEO ☒ Bred in Log

Position Substitute Teacher

Payroll Paperwork Checklist



Drivers License ☒

Age Requirement ☒

Social Security ☒

Tax Card ☒

Sled Report ☒

SOR ☒

TB Test Results ☒

Keyed Hire Date _____

I9 ☒

CSI _____ Date _____

Direct Deposit ☒

Education documents ☒

Degree Diploma Area _____ (classified only)

Retirement Election ☒

M Notarized if needed _____

CTS Notified ☒

(full-time only)

Reported to New Hire _____

Reported to Board _____

(am / temps : wr / full time)

Accept. Use ☒

(full-time only)

Reference ☒

(classified only)

DSS ☒

Month Mailed

Date Received

Payroll

4809
Date Sent

Direct Deposit ☒

Tax Card ☒

Retirement ☒

Handbook _____



Please complete this form. - Department of Human Resources

Substitute Teacher

SCHOOL/DEPARTMENT

Donna m Dozier
Title First Name Middle Last Name

B f
Social Security Number Race Sex

Date of Birth: _____

Are you a United States Citizen? yes

Substitutes please complete this section

Grades you prefer K-6

Schools your prefer Waccamaw Elementary
Waccamaw Intermediate
Waccamaw Middle

Days you prefer Monday - Friday

Subjects you prefer any

P.O. Box 139 Murrells Inlet S.C. 29576
Mailing Address City State Zip

Email: _____

Telephone Number: 843(314-3162) Is your telephone listed? yes

Cell Phone Number: 843(240-8063) (Optional)

Emergency Contact Name and Number: Valarie Nesbit
(not your home number) 843 (357-4272)

High School Diploma: Year 1986 High School Georgetown High School

Associates Degree: Year _____ College _____ Area _____

Bachelor's Degree: Year _____ College _____ Area _____

Master's Degree: Year _____ College _____ Area _____

Do you have a teaching certificate? No if yes what state? _____ is it current? _____

Spouse's Name: James Dozier

From: Stephanie Barrineau
To: Shanika L Stafford
Date: 4/22/2009 11:44:03 AM
Subject: Re: Start Date-Donna Nesbit Dozier

4/3/2009 - 1st Day Worked

her first day was April 3, 2009

>>> Shanika L Stafford 4/8/2009 4:29 PM >>>

I don't know the school. I will check later after payroll is processed.

Shanika Stafford
Human Resource Clerk
J.B. Beck Administration and Education Center
2018 Church Street
Georgetown, SC 29440
Phone: (843) 436-7144
Fax: (843) 436-7143
E-mail: slstafford@gcsd.k12.sc.us

>>> Stephanie Barrineau 4/8/2009 11:51 AM >>>

I do not know at this point because that payroll has not been processed. We have only processed up thru 3/20/2009. Do you know the school?

>>> Shanika L Stafford 4/8/2009 11:14 AM >>>

Stephanie,

Do you have a start date for substitute Teacher Donna Nesbit Dozier?

Shanika Stafford
Human Resource Clerk
J.B. Beck Administration and Education Center
2018 Church Street
Georgetown, SC 29440
Phone: (843) 436-7144
Fax: (843) 436-7143
E-mail: slstafford@gcsd.k12.sc.us

CC: Trevada Granberg

Form 1100
Revised 01/09/2008
Page 1

RETIREMENT PLAN ENROLLMENT
State Budget and Control Board
South Carolina Retirement Systems
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

Print or type in black ink
and sign in blue ink.
Please read the
Instructions on page 2
before completing this
form.

ACTION REQUESTED (Check One):

- ☒ NEW ENROLLEE (First-time membership)
☐ OPEN ENROLLMENT (Irrevocable election from State ORP)
☐ CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
☐ CHANGE OF INFORMATION
☐ Name (Prior Name): Donna Dozier
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
☐ Address
☐ SSN (Old Number):
☐ Date of Birth

SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

1. Last Name & Suffix <u>Dozier</u>		2. First/ Middle Name <u>Donna M</u>		3. Social Security Number (ATTACH A COPY OF YOUR SOCIAL SECURITY CARD.)	
4. Address <u>45 Split Oak Place</u>		5. City <u>Pawleys Island</u>		6. State <u>S.C.</u>	7. ZIP+4 <u>29585</u>
8. Sex <u>f</u> M=Male F=Female	9. Date of Birth	10. Telephone Number <u>(843) 314 3162</u>	11. Have you ever been a member of the South Carolina Retirement Systems? ☒ No ☐ Yes	12. If item 11 is "Yes", indicate the name(s) of your former employer: Did you withdraw your contributions? ☒ No ☐ Yes	
13. Do you currently have a pending refund request? ☒ No ☐ Yes			14. Are you now receiving or have you applied to receive a monthly benefit from any of the Retirement Systems' retirement plans? ☒ No ☐ Yes ☐ Application in Process		
15. Retirement Plan Election (CHOOSE ONE) ☒ SCRS ☐ PORS (See Instructions) ☐ State ORP (If State ORP, please complete Item 16.) ☐ GARS - Senator (100.01) ☐ GARS - Representative (100.02) ☐ JSRS - Judge (001.00) ☐ JSRS - Solicitor (002.00) ☐ JSRS - Circuit Public Defender (003.00)				16. Select ORP Vendor ☐ AIG Retirement ☐ MetLife ☐ TIAA-CREF ☐ The Hartford	

17. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until the Retirement Systems receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 15 above.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee's Signature Donna M Dozier Date 3/26/09 Witness _____
(Required only when signed by mark)

SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)

A COPY OF THE EMPLOYEE'S SOCIAL SECURITY CARD MUST BE ATTACHED TO THIS FORM TO ENROLL THE MEMBER. THE NAME ON THE SOCIAL SECURITY CARD MUST MATCH THE NAME LISTED IN ITEMS 1-2 IN SECTION I OF THIS FORM.

18. Employer Code <u>822-01</u>	19. Employer Name <u>GCSD</u>	20. Please indicate if you are the employee's primary or secondary employer. (Annual member statements are sent to primary employers for distribution to members.) ☐ Primary Employer ☒ Secondary Employer	
21. Original Date of Hire with Employer listed in Items 18-19 <u>4-3-09</u>	22. Date of Membership <u>4-3-09</u>	23. Employee's Position Title <u>Substitute Teacher</u>	24. Employee's Annual Salary <u>\$55.00 per day</u>
25. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected. Employer Signature <u>Shanika Stafford</u> Date <u>4/22/09</u> Work Telephone Number <u>843-436-7144</u>			

For more information, please contact Customer Services at (800) 868-9002 (in state only), (803) 737-6800, or cs@scrs.state.sc.us

Form 1102
Revised 03/25/2005
Page 1

ACTIVE MEMBER BENEFICIARY FORM

BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR ACTIVE MEMBERS ONLY- RETIREES USE FORM 7201

South Carolina Retirement Systems
State Budget and Control Board
Box 11960, Columbia, SC 29211-1960

Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.

CHECK ONE:

- ☒ New Enrollee
☐ Change of Beneficiary

Retirement System (check one)

- ☒ SCRS ☐ PORS
☐ GARS ☐ JSRS

Print or type in black ink

Please read the instructions on the reverse (page 2) before completing this form.

PERSONAL INFORMATION

Section I

1. Last Name & Suffix <u>Dozier</u>	2. First/Middle Name <u>Danna</u>	3. Social Security Number
4. Date of Birth	5. Address <u>45 split oak place</u>	
6. City <u>Pawley's Island</u>	7. State <u>S.C.</u>	8. ZIP+4 <u>29585</u>

ALL SECTIONS MUST BE COMPLETED

Section II-A BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following PRIMARY beneficiary(ies) to receive the Retirement Systems refund of contributions or survivor benefits if eligible.

1. Name of Beneficiary (ONE PERSON) <u>Daniella Sasha Cohen</u>	Social Security #	Sex ☐ M ☒ F	Date of Birth	Relationship <u>Daughter</u>
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship

Section II-B Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(ies) to receive the Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your contingent beneficiary.

1. Name of Beneficiary (ONE PERSON) <u>Darnell C. Cohen Jr</u>	Social Security #	Sex ☒ M ☐ F	Date of Birth	Relationship <u>Son</u>
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship

Section III BENEFICIARY(IES) FOR GROUP LIFE INSURANCE (You may not designate contingent beneficiaries for Group Life) I designate the following beneficiary(ies) to receive the Retirement Systems Group Life Insurance:

1. Name of Beneficiary (ONE PERSON) <u>Daniella Sasha Cohen</u>	Social Security #	Sex ☐ M ☒ F	Date of Birth	Relationship <u>Daughter</u>
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex ☐ M ☐ F	Date of Birth	Relationship

Section IV

CERTIFICATION AND CONDITIONS

IMPORTANT: Please read the Certification and Conditions sections of the instructions on the reverse (page 2) before signing this form. I hereby certify I have read and understand the information on the reverse (page 2), including the certification and conditions, and I agree to the provisions stated.

MEMBER'S SIGNATURE

Danna M Dozier

WITNESS

Shanika Stafford
(Required only when signed by mark)

STATE OF

South Carolina

COUNTY OF

Charleston

Acknowledged before me this date

3/26/09

NOTARY NAME

Shanika Stafford

My Commission Expires

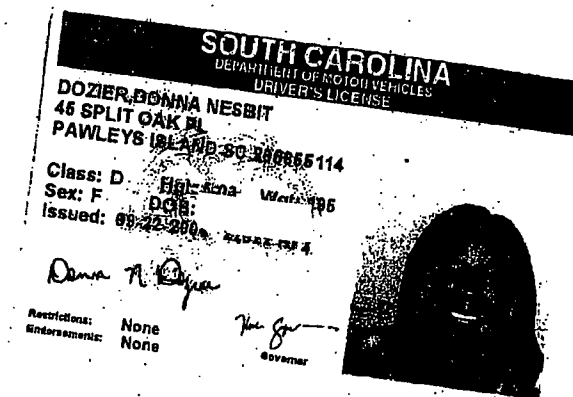
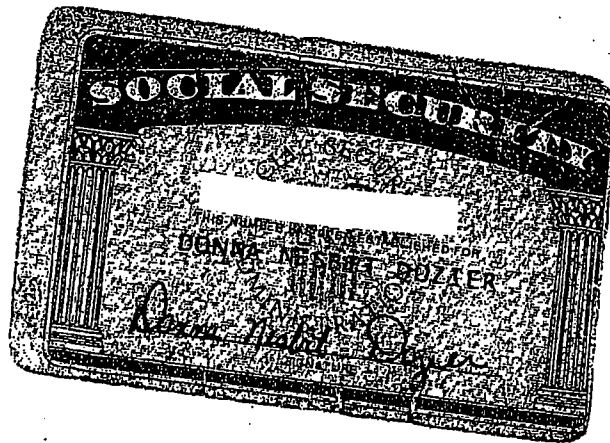
April 26, 2015

NOTARY SIGNATURE

Shanika Stafford
(Out of state, requires seal)

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

PAGE ____ OF ____



Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0047

2009

Use for Paperwork Reduction Act Notice, see instruction.

1 Print your first name and middle initial Donna M		2 Print your last name Dozier	
3 Home Address (number and street or rural route) 45 split oak place		4 City or town, state and ZIP code Pawleys Island S.C. 29585	
5 Total number of allowances you are claiming (from line 6 above or from the Worksheets on back if they apply) 2		6 Additional amount, if any, you want deducted from each paycheck 0	
7 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had no tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have no tax liability; AND • If you meet all of the above conditions, enter the year effective and "EXEMPT" here Are you a full-time student? (Note: Full-time students are not automatically exempt.) 7/09			
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status. ☒ Yes ☐ No			

Employee's Signature

Donna M Dozier

Date: 4/3/09

8 **Employer's name and address (Employer: Complete 9 and 11 only if sending to the IRS)**

GEORGETOWN COUNTY SCHOOLS
OFFICE OF HUMAN RESOURCES
2018 CHURCH STREET
GEORGETOWN, SC 29440

10 **Office use only (optional)**

11 **Employer identification number**

COPY

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Dozier</u>	First <u>Donna</u>	Middle Initial <u>m</u>	Maiden Name <u>Donna m Nesbit</u>
Address (Street Name and Number) <u>45 split Oak Place S.C.</u>		Apt. # <u>29585</u>	Date of Birth (month/day/year)
City <u>Pawleys Island</u>	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #)
☐ An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Donna m Dozier
Employee's Signature

Date (month/day/year) 3/26/09

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		<u>SC Drivers License</u>		<u>Social Security</u>
Issuing authority: _____		<u>007435356</u>		
Document #: _____		<u>12-11-2014</u>		
Expiration Date (if any): _____				
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 4/3/09 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Shanika Stafford</u>	Print Name <u>Shanika Stafford</u>	Title <u>HR Clerk</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>J.B. Beck Administration and Education Center</u>		Date (month/day/year) <u>3-26-09</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)
Georgetown, South Carolina 29440

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title:

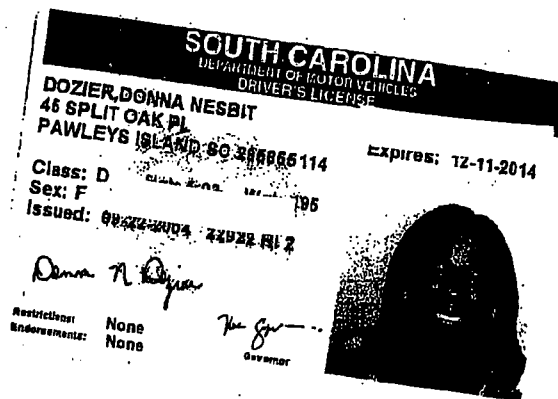
Document #:

Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)





THE PRAXIS S E R I E S™

Telephone: 800-772-9476 or 609-771-7395

R M582

*Donna
Dozier*

DESIGNATED INSTITUTION SCORE REPORT

PERSONAL INFORMATION

Examinee's Name:	DOZIER, DONNA
Candidate ID Number:	04045704
Social Security Number:	
Sex:	F
Date of Birth:	

EDUCATIONAL INFORMATION

College Where Relevant Training Was Received:	(I)
Undergraduate Major:	(I)
Graduate Major:	(I)
Educational Level:	(I)
GPA:	(I)

SCORE RECIPIENT INFORMATION

Code #	Recipient Name
RM582	GEORGETOWN CO SCHOOL DISTRICT

DONNA DOZIER
P.O. BOX 139
MURRELLS INLET SC 29576

TEST DATE		09/14/2006	Test Name	Examinee's Score	Possible Score Range
Test Code	Test Name				
1755	C-PARAPRO ASSESSMENT			436	420 - 480

Sub Tch.
DO

Test Date	Test Code	Test Name	Examinee's Highest Score	Possible Score Range
09/14/2006	1755	C-PARAPRO ASSESSMENT	436	420 - 480

MESSAGE CODES
INFORMATION NOT PROVIDED OR INCORRECTLY GRIDDED.



CLASSIFIED APPLICATION
GEORGETOWN COUNTY SCHOOLS
624 FRONT STREET
GEORGETOWN, SOUTH CAROLINA 29440

Date: 9-1-98

NAME Donna Marie Nesbit
First Middle Last

Social Security Number: _____

Phone Number: Home 235-9820

Address: P.O. Box 139 Murrells Inlet S.C. 29576
Street City State Zipcode

Position(s) Applying For: (1) Substitute Teacher
(2) Teacher Aid
(3) _____

EDUCATIONAL INFORMATION

High School, College Tech School, etc.	City	State	Degree or Diploma	Major Course	Date
<u>Winyah School</u>	<u>Georgetown</u>	<u>S.C.</u>	<u>No</u>	<u>Math English Economics</u>	<u>83 to 85</u>
<u>Georgetown High</u>	<u>Georgetown</u>	<u>S.C.</u>	<u>Yes</u>	<u>All</u>	<u>85 to 86</u>

EMPLOYMENT INFORMATION

Have you ever been employed by Georgetown County Schools? _____ YES

☒ NO

Office Use Only RNF
9-1-98

Place	Type of Work	Date(s)	Supervisor
<u>Seabree Restaurant</u>	<u>prep/cook</u>	<u>Still Employed</u>	<u>Arthur Duncan</u>
<u>Wache Saw</u>	<u>Babysit Handicapp working</u>	<u>Anytime needed</u>	<u>Mary Bryant</u>
<u>National Health Care Center</u>	<u>Dietary Aid with Elderly people</u>	<u>Steve Smith</u>	<u>Steve Smith</u>

REFERENCES
(Including Last Supervisor)

Name	Address	Telephone
<u>Arthur Duncan</u>	<u>Bys 17 murrells Inlet</u>	<u>651-7666</u>
<u>Craig Henry</u>	<u>P.O. Box 1292</u>	<u>546-5162</u>
<u>By Mary Bryant</u>	<u>P.O. 14860 Surfside Beach</u>	<u>29587 651-6143</u>

State briefly why you feel that you are qualified for this work:

I have 2 kids of my own and I love kids, I want
to get more into what's going on with our kids. Now
I would like the chance to show how much I love to work + be

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

P. O. BOX 1477

COLUMBIA, S.C. 29202

REQUEST TO EMPLOYER FOR SEPARATION INFORMATION

MAILED

9-19-00

In order to comply with the U. S. Supreme Court decision in the case of California Department of Human Resources Development vs. Judith Java, benefit payments are no longer withheld pending a determination of employer liability. You may receive a Form UCB-103, Determination By Claims Adjudicator On Claim For Benefits about the time this request for information reaches you. You should proceed to furnish the information requested below within the time provided for a reply. A determination of liability will then be made. If the resultant determination relieves you of liability for benefit payments on this claim, you will be notified and all benefits previously paid and charged to your Experience Rating Account will automatically be removed. NOTE: Reimbursable employers are not subject to the charge removal provisions.

The records in our office indicate that you were the most recent liable employer by whom the subject claimant was paid as much as eight times his weekly benefit amount. The information requested below will be used in making a determination as to the proper charging of benefits, which may affect your experience rate under the South Carolina Employment Security Law.

If the information requested below is not received by the Commission within nine (9) days from the date of this notice, as required by Regulation 47-19 A 1 (c), a determination will be issued from which no protest can be considered.

The Law provides that benefits paid to a claimant shall be charged to the Experience Rating Account of the most recent liable employer by whom the claimant was paid as much as eight times his weekly benefit amount unless it is determined that the claimant (a) voluntarily left his most recent employment with that employer without good cause, (b) was discharged from his most recent employment by that employer for cause connected with his work or (c) subsequent to his most recent employment refused without good cause to accept an offer of suitable work made by that employer, if in any such case, the employer furnishes the Commission with such notices regarding the separation of the individual from work as required by Regulation 47-19, or the refusal of the individual to accept an offer of suitable work as required by Regulation 47-23 of the Commission Rules and Regulations.

Please give full details concerning the separation to insure that a fair determination may be made.

BENEFIT DIVISION
NONMONETARY UNIT.

EMPLOYER'S STATEMENT

GEORGETOWN COUNTY DEPARTMENT OF
(EDUCATION)

DATE OF NOTICE 09/13/00

CLAIMANT'S NAME: DONNA M NESBIT
SOCIAL SECURITY NI

624 FRONT STREET
GEORGETOWN

SC 29440

E.A. NO: 125403

1. Reason for Separation (Explain Fully):

Ms. Nesbit is on our list as a substitute teacher. She is not required to notify us if she is not available to work.

2. Dates of Employment: From *11/13/98* to *Current* (Last Day Worked)

3. Enter the total amount of earnings which you paid the claimant during:

a. The current quarter \$ *0*

b. The last completed calendar quarter \$ *540.00*

4. Date

9/19/00

Signed

Title

Bette Bryson
Personnel Clerk

MAIL TO: SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

POST OFFICE BOX 1477

COLUMBIA, S. C. 29202

FAX TO: (803) 737-0499

UCB-214

REV May 2000

UCB-315
2/89

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
INITIAL DETERMINATION OF STATUS AS AN INSURED WORKER

NOTICE TO EMPLOYER WHICH HAS ELECTED TO MAKE PAYMENTS IN LIEU OF CONTRIBUTIONS FOR AN AMOUNT EQUAL TO THE FULL AMOUNT OF REGULAR BENEFITS PLUS APPROPRIATE EXTENDED BENEFITS PAID TO AN ELIGIBLE CLAIMANT THAT IS ATTRIBUTABLE TO SERVICE IN THE EMPLOY OF SUCH EMPLOYER.

The individual whose name is shown in item 3 has filed an initial claim for unemployment benefits and we have issued a determination of his/her status as an insured worker. As provided in Section 41-35-40 of the South Carolina Employment Security Law, this determination is based on the total wages paid to the claimant by all employers for insured employment during the base period of one year as indicated in item 7.

Benefits will be paid only if claimant files weekly claims and continues to meet eligibility requirements of the Law. You will receive a bill for the amount due within thirty days after the close of the calendar quarter in which benefits are paid.

1. DATE 09/13/00	2. LOCAL OFFICE 261
3. CLAIMANT'S NAME DONNA M NESBIT	
4. SOCIAL SECURITY NUMBER	
5. EFFECTIVE DATE 09/10/00	6. BENEFIT YEAR ENDS 09/09/01
7. BASE PERIOD FROM: APR./99 TO: JAN./00	

GEORGETOWN COUNTY DEPARTMENT OF
(EDUCATION)

624 FRONT STREET
GEORGETOWN SC 29440

EMPLOYER ACCOUNT NUMBER: 125403

☒ LAST SEPARATION WAS FROM ANOTHER EMPLOYER

CLAIMANT'S NAME DONNA M NESBIT

S.S. NUMBER :

BENEFIT RIGHTS FOR WHICH CLAIMANT IS ELIGIBLE: MONETARY DETERMINATION

WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL BENEFITS	YOUR WAGES USED	POTENTIAL AMOUNT OF BENEFITS ATTRIBUTABLE TO YOU
\$ 102.00	\$ 2309.00	\$ 1010.90	\$ 336.93

WILLIAM E. FULMER
DIVISION DIRECTOR, BENEFITS

BY: GERALDINE HILLIAN

FROM: BENEFIT DIVISION
S.C. EMPLOYMENT SECURITY COMMISSION
P.O. BOX 1477
COLUMBIA, S.C. 29202

SEE BACK FOR EXPLANATION OF DETERMINATION

-103
MAY 2000

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. BOX 995, COLUMBIA, S.C. 29202

70

DATE OF THIS NOTICE 09/28/00

GEORGETOWN COUNTY DEPARTMENT OF
(EDUCATION)

324 FRONT STREET
GEORGETOWN SC 29440

CLAIMANT'S NAME				SOCIAL SECURITY NUMBER	EFFECTIVE DATE	DISQUALIFICATION ENDS		
DONNA M NESBIT					09/10/00			
O. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS	
261	I	01	\$ 102.00	\$ 2309.00	\$ 0.00	\$ 2207.00	09/09/01	

RECONSIDERATION

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

☒ You are eligible for benefits from the above effective date.

☐ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

YOU ARE WORKING AS NEEDED WITH YOUR MOST RECENT BONA FIDE EMPLOYER AND FILING FOR PARTIAL BENEFITS. YOU ARE ELIGIBLE FOR BENEFITS FOR EACH WEEK IN WHICH YOU ACCEPT ALL AVAILABLE WORK OFFERED TO YOU, MAKE LESS THAN YOUR WEEKLY BENEFIT AMOUNT, ACTIVELY SEEK OTHER FULL TIME EMPLOYMENT AND OTHERWISE MEET THE AVAILABILITY REQUIREMENTS OF THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW.

TO SHOW CORRECT EMPLOYER (ACCOUNT NUMBER 335323).

LAST SEPARATION FROM NON-LIABLE EMPLOYER

JOHN LEWIS
UI CLAIMS ADJUDICATOR

MAILING DATE 09/29/2000

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE, OR BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

103
MAY 2000

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
P.O. BOX 995, COLUMBIA, S.C. 29202

DATE OF THIS NOTICE 09/27/00

GEORGETOWN COUNTY DEPARTMENT OF
(EDUCATION)

24 FRONT STREET
GEORGETOWN

SC 29440

CLAIMANT'S NAME			SOCIAL SECURITY NUMBER		EFFECTIVE DATE	DISQUALIFICATION ENDS	
DONNA M NESBIT					09/10/00		
D. NO.	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS	BENEFIT YEAR ENDS
261	I	01	\$ 102.00	\$ 2308.00	\$ 0.00	\$ 2207.00	09/09/01

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

☒ You are eligible for benefits from the above effective date.

☐ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).

YOU ARE WORKING AS NEEDED WITH YOUR MOST RECENT BONA FIDE EMPLOYER AND FILING FOR PARTIAL BENEFITS. YOU ARE ELIGIBLE FOR BENEFITS FOR EACH WEEK IN WHICH YOU ACCEPT ALL AVAILABLE WORK OFFERED TO YOU, MAKE LESS THAN YOUR WEEKLY BENEFIT AMOUNT, ACTIVELY SEEK OTHER FULL TIME EMPLOYMENT AND OTHERWISE MEET THE AVAILABILITY REQUIREMENTS OF THE SOUTH CAROLINA EMPLOYMENT SECURITY LAW.

LAST SEPARATION FROM NON-LIABLE EMPLOYER

JOHN LEWIS
UI CLAIMS ADJUDICATOR

MAILING DATE 09/28/2000

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE COMMISSION UNLESS YOU FILE AN APPEAL SETTING FORTH IN DETAIL THE GROUNDS FOR APPEAL WITHIN TEN (10) CALENDAR DAYS, INCLUDING WEEKENDS AND HOLIDAYS, FROM THE MAILING DATE SHOWN ABOVE. IF THE TENTH DAY FALLS ON A SATURDAY, SUNDAY, OR HOLIDAY, THE APPEAL PERIOD IS EXTENDED TO THE NEXT BUSINESS DAY. YOUR APPEAL MAY BE FILED IN PERSON AT ANY EMPLOYMENT SECURITY OFFICE, OR BY MAIL, ADDRESSED TO THE "APPEAL TRIBUNAL," P.O. BOX 995, COLUMBIA, SOUTH CAROLINA 29202. FOR ADDITIONAL INFORMATION OR ASSISTANCE IN FILING AN APPEAL, CONTACT YOUR LOCAL EMPLOYMENT SECURITY OFFICE.

The School District of Georgetown County

EMPLOYMENT REFERENCE CHECK FORM FOR A CLASSIFIED POSITION

Your assistance in evaluating the suitability of the below-named applicant for employment with The School District of Georgetown County will be appreciated. Please be assured that any information you provide will be held in strictest confidence. A self-addressed envelope is enclosed for your convenience.

I, the undersigned, waive the right to personal access to review this reference form.

Applicant's Signature: Donna Marie Nesbit

APPLICANT'S NAME: Donna Marie Nesbit

Candidate for Position of: _____

Former Employer Please Fill Out:

Formerly Employed As: sitter

as needed, not full time (Position Held)

Date of Employment: From: 1990

To: 9-1998

Relationship to Applicant:

(☒) One

(☒) Employer or Former Employer

() Supervisor or Former Supervisor

() Co-worker or Former Co-worker

() Other _____

Please (☒) Check Appropriately:

	Excellent	Good	Average	Fair	Poor	No Knowledge
Performance of assigned duties	☒					
Relationships with Others	☒					
Attendance	☒					
Punctuality	☒					
Safety Practices	☒					
Appearances	☒					

(OVER)

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

Employer:

Please be advised that this form is not a claim for benefits. This is an audit and the week(s) listed below are the week(s) this individual claimed unemployment benefits. This form does not mean that the benefits claimed were charged against your account. The purpose of this form is to determine if this individual earned wages during the seven(7) consecutive days of the benefit week(s) listed below:

READ INSTRUCTIONS BEFORE COMPLETION AND RECORD WAGE INFORMATION CAREFULLY AS IT MAY BE THE BASIS FOR LEGAL ACTION AGAINST THE INDIVIDUAL.

NOTE: IF THE INDIVIDUAL ON THIS FORM HAS NEVER WORKED FOR YOUR COMPANY, PLEASE INDICATE THIS ON THE FORM AND RETURN IT IN THE ENCLOSED ENVELOPE.

1. COMPLETE DATE EMPLOYED, LAST DAY WORKED, SIGNATURE, TITLE AND DATE. IF DATE EMPLOYED IS AFTER WEEKS SHOWN OR LAST DAY WORKED IS PRIOR TO WEEKS SHOWN, RETURN THE FORM IN THE ENCLOSED ENVELOPE.
2. CHECK TYPE OF PAY PERIOD.
3. CIRCLE DAY(S) WORKED IN WEEK(S) BELOW.
4. ENTER GROSS WEEKLY WAGES. ENTER WAGES EARNED FOR THAT WEEK REGARDLESS OF WHEN PAID. DO NOT ENTER WAGES FOR ANY WEEK THAT THE PERSON WAS NOT EMPLOYED.
5. CHECK IF OTHER THAN REGULAR PAY AS
V-VACATION PAY S-SEVERANCE PAY H-HOLIDAY PAY

MAILED

10/15/99

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT:

BENEFIT PAYMENT CONTROL UNIT 803-737-2490

70

3. CIRCLE DAYS WORKED IN WEEKS BELOW									4. ENTER GROSS WEEKLY WAGES		5. CHECK IF OTHER THAN REGULAR PAY			1. THIS INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE	
SUN	MON	TUES	WED	THUR	FRI	SAT	MONTH	CD			V	S	H	DATE EMPLOYED	LAST DAY WORKED
28	29	30	31	01	02	03	APR	A						11/13/98	
04	05	06	07	08	09	10	APR	B	40.00						
11	12	13	14	15	16	17	APR	C							
18	19	20	21	22	23	24	APR	D							
25	26	27	28	29	30	01	MAY	E	40.00						
02	03	04	05	06	07	08	MAY	F							
09	10	11	12	13	14	15	MAY	G	20.00						
16	17	18	19	20	21	22	MAY	H							
23	24	25	26	27	28	29	MAY	I							

2. CHECK TYPE OF PAY PERIOD			SOCIAL SECURITY NUMBER		
☐ MONTHLY	☐ SEMI-MONTHLY		8		
☐ WEEKLY	☐ BI-WEEKLY				
NAME OF EMPLOYEE					
DONNA M NESBIT					
EMPLOYER ACCOUNT		WAGES REPORTED		QUARTER	
125403 3 01		\$230		2 99	
10/06/99					
EMPLOYER					
GEORGETOWN COUNTY DEPARTMENT OF (EDUCATION)					
624 FRONT STREET GEORGETOWN				SC 29440-3624	

04716

BPC-179
REV. 1-95

UPON COMPLETION, DETACH & RETURN THIS SECTION IN THE ENCLOSED ENVELOPE

SOUTH CAROLINA
EMPLOYMENT SECURITY COMMISSION

Georgetown County School District

624 Front Street • Georgetown, S.C. 29440 • Phone (843) 546-2561



MAILED
1-27-99

January 27, 1999

Habitat For Humanity

To Whom It May Concern:

This letter is to verify that Ms. Donna Nesbit is employed for The School District of Georgetown as a substitute teacher. She earns \$40.00 for each day that she works. Her first day of employment with us was November 13, 1998.

If I can provide any further assistance, please give me a call at 546-2561 ext. 275. Thank you.

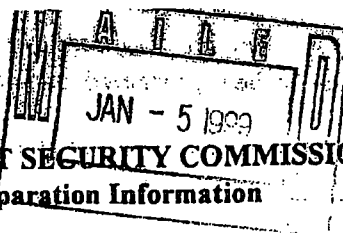
Sincerely,

A handwritten signature in cursive script that reads "Bette Bryson".

Bette Bryson
Personnel Clerk

UCB-101-S
REV-04/96
CAT#-08086

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION
Request To Employer For Separation Information



JAN - 4

CLAIMANT'S NAME Leonard Nesbitt SOCIAL SECURITY # _____

The claimant named above has stated that he/she is a former/current employee of the following employer:

EMPLOYER INFORMATION	
NAME	<u>Georgetown County Dept. of Education</u>
ADDRESS	<u>624 Front St.</u> <u>Georgetown SC 29440</u>
ACCT#	<u>125403</u> TELEPHONE# _____

1. Dates Worked:

From 11-13-78 To 12-18-98

2. Total Earnings: \$ 510

3. Claimant's Reason for Separation:

- ☒ Still Working
☐ Lack of Work
☐ Voluntarily Quit
☐ Discharged

4. Explanation of Separation:

on as needed basis

Leonard Nesbitt
CLAIMANT'S SIGNATURE

This claimant has named you as a former employer for whom he/she worked before filing this claim. The information requested must be given in detail and returned within seven (7) days or it cannot be considered in making a determination. If you keep this form and reply by letter, you must include all information requested and the name and social security number of the claimant. If you do not wish to reply in writing, you may appear in person to present the information requested. If you wish to appear in person, you have the right to representation, however, any person designated to appear at the proceeding to present information on your behalf should either have direct knowledge of the circumstances surrounding the issue or be able to present the written statement of a person who has such knowledge and/or pertinent written records.

ATTENTION EMPLOYER

Separation information concerning this claim is needed from you even though you may not be the claimant's very last employer.

Please complete the reverse side and return. It must be returned no later than the seventh (7) day from the date shown below.

<u>12</u> Month	<u>21</u> Day	<u>98</u> Year

Date Employer Reply Sent

PLEASE RETURN TO:

JOB SERVICE
S.C. STATE EMPLOYMENT SERVICE
FAX: (803) 527-6586
P.O. BOX 956
GEORGETOWN, S.C. 29442

1st Scheduled Class Oct. 1
2nd Scheduled Class _____
3rd Scheduled Class _____

Substitute Paper Work Check Off List

Name Nesbit, Donna

Began paper work on 9-1-98

Completed Tax Card ☒
T.B. Test Results ☒
Copy of Drivers License ☒
Copy of Social Security ☒

	(Requested/Mailed)	(Received)
Sled Report	<u>9-1-98</u>	<u>9-10-98</u>
References	<u>[REDACTED]</u>	<u>9-22-98</u>
Direct Deposit	_____	

Training Information

Degree GHS Diploma

Training Needed All

Completed All

Please Pay \$30.00

Comments:

9-1- welcome/ needed documents
9-10- n/a 10:50

The School District of Georgetown County

624 Front Street Georgetown, S.C. 29440 Phone (803) 546-2561



September 1, 1998

Ms. Donna Nesbitt
P.O. Box 139
Murrells Inlet SC 29576

Dear Ms. Nesbit:

We are pleased to welcome you to our world of education, and substitute teaching. You will find fulfillment in giving your time and effort to assist with the molding of the backbone of society, education.

In compliance with our guidelines for substitute teaching, you must complete all paperwork prior to your 12 hour training program. It is imperative that you complete and submit all of the necessary paperwork to the Office of Personnel by September 28, 1998 in order to attend the next training session on October 1, 1998.

To find out the status of your substitute paperwork call Alicia Mercer at 546-2561, ext. 205. Please see the highlighted areas on the attached substitute teacher instructions sheet for needed documents to complete your paperwork.

Educationally,

M. Grate Morant, Director of Personnel
Lynn Kirtley, Director of Adult Education

Enclosure
MGM:am

The School District of Georgetown County

624 Front Street Georgetown, S.C. 29440 Phone (803) 546-2561



September 23, 1998

Ms. Donna Nesbit
P.O. Box 139
Murrells Inlet SC 29576

Dear Ms. Nesbit:

We are pleased to welcome you to our world of education, and substitute teaching. As you embark upon the many facets of our curriculum and educational centers, you will find a need to converse with educators and prepare yourself for the many challenges ahead.

In compliance with our guidelines for substitute teacher preparation, you must attend twelve (12) hours of training. Our training dates for October are below:

<u>Dates</u>	<u>Time</u>	<u>Component'(s)</u>
October 1	1:00- 4:30	Induction & Assessment
October 8	1:00 - 4:30	Basic Training
October 15	2:00 - 4:00	Basic Training
October 29	1:00 - 4:00	IIS Training

In order for your training as a substitute teacher to be completed, it is **imperative** that you attend these sessions at the Howard Adult Education Campus on the above dates. You will be compensated for your time and effort by being paid a \$30.00 stipend if all classes are completed and passed, and after you have substituted one time in the classroom. Contact Alicia Mercer, ext. 205 if you have any questions.

We wish you the best as you embrace our educational world.

With kind regards,

M. Grate Morant, Director of Personnel
Lynn Kirtley, Director of Adult Education

MGM:am

**Substitute Teacher Training
for October, 1998 Sessions
Please Initial for Attendance**

	Name	Social Security Number	10/1/98	10/8/98	10/15/98	10/29/98	Reason for IIS Only		
	Edith Ariail		Reschedule			*	Certified in Art		
	Barrington, Carl		Completed	All					
	Edith Brown		Completed	All					
	Lillie Brown		Completed						
	Jondelyn Carlos		only 1 st class Completed	Reschedule for 2.3+ hrs					
	Fredrick Cohens		1 st class mon. t.o.k. to only IIS-						
	Queen Duncan		Reschedule for NOV.						
	Antionette Finney		Completed	All					
	Gina Godon		Completed	hrs		*	Certified in English		
	Barbara Holcomb		Aded to be removed			*	Reschedule		
	Ann Hymes		Completed	hrs		*	BA in English		
	Leon Jackson		Completed	All					
	Albertha Johnson		Purged			*	Missed Aug. & Sep. IIS Class		
	Valecia McCray		only attended 2nd	Reschedule					
	Donna Nesbit		Completed	All					
	Ulysses Rhue								
	Cindy Richard					*	Veteran Substitute		
	Runion, Nina					*	SC Certified Expired/Elem		
	Daphne Smith								
	Barbara Thames	Stried from Charleston County							
	McCoy Joseph					*	Has completed all but IIS		

Please forward this information to Office of Personnel on the morning of Oct 30, 1998

* Needs only that class

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

DAVID M. BEASLEY
Governor



ROBERT M. STEWART
Chief

CRIMINAL RECORD HISTORY FOR INITIALLY EMPLOYMENT For Teachers, Substitutes, and Teachers' Aides

(PLEASE TYPE OR PRINT CLEARLY)

A. NAME(S): NESBITT, DONNA

DATE OF BIRTH: _____
RACE: BLACK
SEX: FEMALE
SOCIAL SECURITY #: _____
SCHOOL DISTRICT: GEORGETOWN COUNTY

B. TO BE COMPLETED BY SLED: DATE: _____

The above individual, using the criteria listed above, has no conviction data in the Criminal Records Section of the South Carolina Law Enforcement Division as of the above date.

NO CONVICTION
IN ACCORDANCE WITH
SEARCH CRITERIA SUBMITTED
S. C. Law Enforcement Division

The above individual has the attached conviction data listed in the Criminal Records Section of the South Carolina Law Enforcement Division as of the above date.

NOTE: Part A is to be filled out by the school district and a form for each teacher is to be sent to SLED.
SLED will conduct the record check, fill out Part B and return it to the school district.



An Accredited Law Enforcement Agency
P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7041

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers cannot specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last <u>Nesbit</u>	First <u>Donna</u>	Middle Initial <u>M</u>	Maiden Name <u>Nesbit</u>
Address (Street Name and Number) <u>15682 Ocean Highway</u>			Date of Birth (month/day/year) _____
City <u>Pawleys Island</u>	State <u>S.C.</u>	Zip Code <u>29585</u>	Special Security # _____

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
☒ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien # A)
☐ An alien authorized to work until _____ (Alien # or Admission #)
 Date (month/day/year) _____

Employee's Signature
Donna Marie Nesbit

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____	Date (month/day/year) _____
Address (Street Name and Number, City, State, Zip Code) _____		

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		<u>SC Beginning Permit</u>		<u>Social Security</u>
Issuing authority: _____		<u>00743556</u>		_____
Document #: _____		<u>3/21/99</u>		_____
Expiration Date (if any): <u>1/1</u>				_____
Document #: _____				_____
Expiration Date (if any): <u>1/1</u>				_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative <u>Alia Mercer</u>	Print Name <u>Alia Mercer</u>	Title <u>Personnel Recpt.</u>
Business or Organization Name <u>Georgetown County Schools</u>		Date (month/day/year) <u>9-1-98</u>
Address (Street Name and Number, City, State, Zip Code) <u>624 Front Street</u> <u>Georgetown SC 29440</u>		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____	B. Date of rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): <u>1/1</u>	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

up13877

SOUTH CAROLINA

HIGH SCHOOL DIPLOMA



*The State Board of Education, on the recommendation of state officials,
and the administrators and faculty of*

Georgetown High School

awards this diploma to

Donna Marie Nesbit

who has completed a minimum credit of eighteen units.

Given at **Georgetown,** *South Carolina, this* **8th** *day of* **August, 1986.**

C. B. Dodson

Jonathan Moultrie

Superintendent

Calvin R. Burleson

Principal

Chief Supervisor, Office of Accreditation

Richard W. Riley

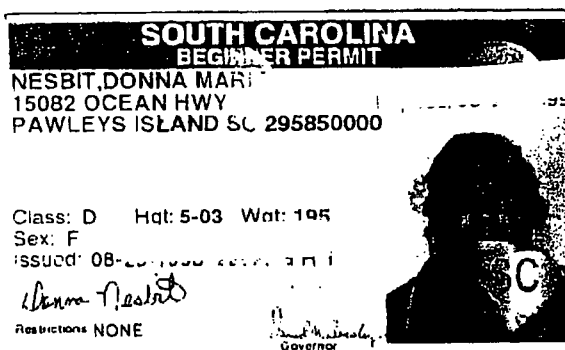
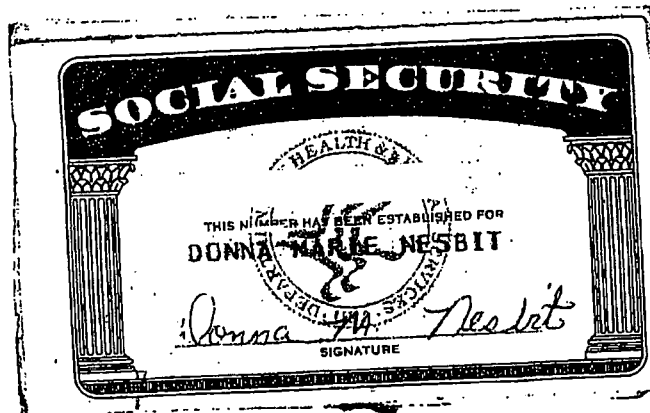
Governor

Walter E. Cavell

Chairman, State Board of Education

Charlie G. Williams

State Superintendent of Education



We lack the information listed below to update your personnel file and for preparation of a profile sheet.

Personnel Department

Waccamaw Elementary & Waccamaw
SCHOOL/DEPARTMENT High

Nesbit
Last Name

Donna
First Name

Social Security Number _____ Race B Sex F Date of Birth _____

Address:

P.O. Box 139 Murrells Inlet S.C. 29576
Box/Street Address City State Zip

Telephone Number: 235-9020

Bachelor's Degree:

Master's Degree:

Year _____ College _____ Year _____ College _____

Spouse's Name: _____

Is your home telephone listed yes or unlisted _____

SOUTH CAROLINA RETIREMENT SYSTEMS

NON-ELECTION BLANK

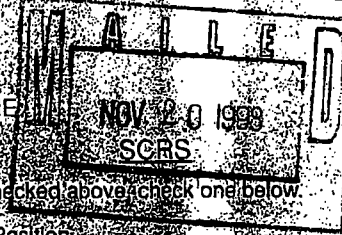
(Print or Type in Black Ink)

CHECK ONE:

☒ SCRS
☐ PORS

IF YOU CURRENTLY HAVE FUNDS ON DEPOSIT IN THE RETIREMENT SYSTEM, YOU ARE NOT ELIGIBLE FOR NON-ELECTION STATUS. AN ENROLLMENT FORM MUST BE COMPLETED.

CHECK ONE:



If SCRS box is checked above, check one below.

Non-Permanent Position ☒

Optional Membership authorized under the Retirement Act _____

Retired Member _____

Elected Official earning \$9000.00 or less per year _____

ORP Member _____

PORS

If PORS box is checked above, check one below.

Earning less than \$2000.00 and working less than 1600 hours in a year _____

Retired Member _____

APR 19 1998

Employer Code No. 323 D

I hereby notify you that I am an employee of the State of South Carolina or its political subdivisions, and that I meet the requirements not to become a member of the South Carolina Retirement System or the Police Officers Retirement System, and I hereby exercise my option to become a non-member.

I make this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment since employee and employer contributions shall not be forwarded to the Retirement System.

Name Denise Marie Nesbit Social Security Number _____Address PO Box 139 Nurrell's Inlet S.C. 29576
(street) (city) (State) (zip)Employed by (Name of Agency) GEORGETOWN COUNTY SCHOOLSPosition Substitute Teacher Present Monthly Salary \$902 per dayDate of Employment 11-13-98 Date of Birth (MO) 12 (DAY) 71 (YR) 66

The above statements are true to the best of my knowledge and belief.

Signature Denise M. Nesbit

EMPLOYER

I hereby certify the above person meets the requirements to be a non-member of the Retirement System.

Signature Bette Bryson Title Benefit Clerk

RETURN COMPLETED FORM TO: SC RETIREMENT SYSTEMS, PO BOX 11960, COLUMBIA, SC 29211



CLASSIFIED APPLICATION
GEORGETOWN COUNTY SCHOOLS
624 FRONT STREET
GEORGETOWN, SOUTH CAROLINA 29440

Date: 9-1-98

NAME Donna Maria Nesbit
First Middle Last

Social Security Number: _____ Phone Number: Home 235-9620

Address: P.O. Box 139 Murrells Inlet S.C. 29576
Street City State Zipcode

Position(s) Applying For: (1) Substitute Teacher
(2) Teacher Aid
(3) _____

EDUCATIONAL INFORMATION

High School, College Tech School, etc.	City	State	Degree or Diploma	Major Course	Date
<u>Waccamaw School</u>	<u>Georgetown</u>	<u>S.C.</u>	<u>No</u>	<u>Math English Economics</u>	<u>83 to 85</u>
<u>Georgetown High</u>	<u>Georgetown</u>	<u>S.C.</u>	<u>Yes</u>	<u>All</u>	<u>85 to 86</u>

EMPLOYMENT INFORMATION

Have you ever been employed by Georgetown County Schools? _____ YES _____ X NO Office Use Only RNF
9-1-98

Place	Type of Work	Date(s)	Supervisor
<u>Seabree Restaurant</u>	<u>prep/cook</u>	<u>Still Employed</u>	<u>Arthur Duncan</u>
<u>Wache Saw</u>	<u>Babysit Handicapp</u> (son working)	<u>Anytime needed</u> 2 yrs EXP	<u>Mary Bryant</u>
<u>National Health Care Center</u>	<u>Dietary Aid with Elderly people</u>	<u>Steve Smith</u>	<u>Steve Smith</u>

REFERENCES
(Including Last Supervisor)

Name	Address	Telephone
<u>Arthur Duncan</u>	<u>Bys 17 murrells Inlet</u> <u>G.C.S.O</u>	<u>651-7666</u>
<u>Craig Henry</u>	<u>P.O. Box 1292</u> <u>29442</u>	<u>546-5162</u>
<u>By Mary Bryant</u>	<u>P.O. 14860 Surfside Beach</u> <u>29587</u>	<u>651-6143</u>

State briefly why you feel that you are qualified for this work:

I have 2 kids of my own and I love kids, I want
to get more into what's going on with our kids. Now
I would like the chance to show how much I love to work +
with kids

The School District of Georgetown County

EMPLOYMENT REFERENCE CHECK FORM FOR A CLASSIFIED POSITION

Your assistance in evaluating the suitability of the below-named applicant for employment with The School District of Georgetown County will be appreciated. Please be assured that any information you provide will be held in strictest confidence. A self-addressed envelope is enclosed for your convenience.

I, the undersigned, waive the right to personal access to review this reference form.

Applicant's Signature: Donna Marie Nesbit

APPLICANT'S NAME: Donna Marie Nesbit
Candidate for Position of: _____

Former Employer Please Fill Out:

Formerly Employed As: sitter
as needed, not full time (Position Held)

Date of Employment: From: 1990 To: 9-1998

Relationship to Applicant:

(☒) One

- (☒) Employer or Former Employer
() Supervisor or Former Supervisor
() Co-worker or Former Co-worker
() Other _____

Please (☒) Check Appropriately:

	Excellent	Good	Average	Fair	Poor	No Knowledge
Performance of assigned duties	✓					
Relationships with Others	✓					
Attendance	✓					
Punctuality	✓					
Safety Practices	✓					
Appearances	✓					

(OVER)

5
SOUTH CAROLINA LAW ENFORCEMENT DIVISION

DAVID M. BEASLEY
Governor



ROBERT M. STEWART
Chief

CRIMINAL RECORD HISTORY FOR INITIALLY EMPLOYMENT
For Teachers, Substitutes, and Teachers' Aides

(PLEASE TYPE OR PRINT CLEARLY)

A. NAME(S): NESBITT, DONNA

DATE OF BIRTH: _____
RACE: BLACK
SEX: FEMALE
SOCIAL SECURITY #: _____
SCHOOL DISTRICT: GEORGETOWN COUNTY

B. TO BE COMPLETED BY SLED: DATE: _____

The above individual, using the criteria listed above, has no conviction data in the Criminal Records Section of the South Carolina Law Enforcement Division as of the above date.

NO CONVICTION
IN ACCORDANCE WITH
SEARCH CRITERIA SUBMITTED
S. C. Law Enforcement Division

The above individual has the attached conviction data listed in the Criminal Records Section of the South Carolina Law Enforcement Division as of the above date.

NOTE: Part A is to be filled out by the school district and a form for each teacher is to be sent to SLED. SLED will conduct the record check, fill out Part B and return it to the school district.



An Accredited Law Enforcement Agency
P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7041

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **ANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last <u>Nesbit</u>	First <u>Donna</u>	Middle Initial <u>M</u>	Maiden Name <u>Nesbit</u>
Address (Street Name and Number) <u>15682 Ocean Highway</u>		Apt. # <u></u>	City (State and Zip Code) <u>Pawleys Island S.C. 29585</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
☒ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien #)
☐ An alien authorized to work until 1/1 (Alien # or Admission #)

Employee's Signature Donna Marie Nesbit Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature Print Name
Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, the document(s)

List A	OR	List B	AND	List C
Document title: <u></u>	OR	<u>SC Beginners</u>	AND	<u>Social Security</u>
Issuing authority: <u></u>		<u>Permit</u>		<u></u>
Document #: <u></u>		<u>00743556</u>		<u></u>
Expiration Date (if any): <u>1/1</u>		<u>8.21.99</u>		<u>1/1</u>
Document #: <u></u>				
Expiration Date (if any): <u>1/1</u>				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1/1 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative Alicia Mercer Print Name Alicia Mercer Title Personnel Recpt.
Business or Organization Name Georgetown County Schools Address (Street Name and Number, City, State, Zip Code) 624 Front Street Georgetown SC 29440 Date (month/day/year) 9-1-98

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable) B. Date of rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employer eligibility.

Document Title: Document #: Expiration Date (if any): 1/1

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Date (month/day/year)

EX-103-00000

SOUTH CAROLINA

HIGH SCHOOL DIPLOMA



*The State Board of Education, on the recommendation of state officials,
and the administrators and faculty of*

Georgetown High School

awards this diploma to

Donna Marie Nesbit

who has completed a minimum credit of eighteen units.

Given at Georgetown, South Carolina, this 8th day of August, 1986.

C. B. Dodson

Johnathan Moultrie

Superintendent

Calvin R. Burlington

Principal

Chief Supervisor, Office of Accreditation

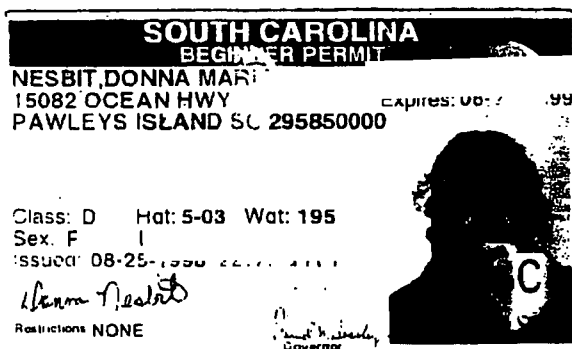
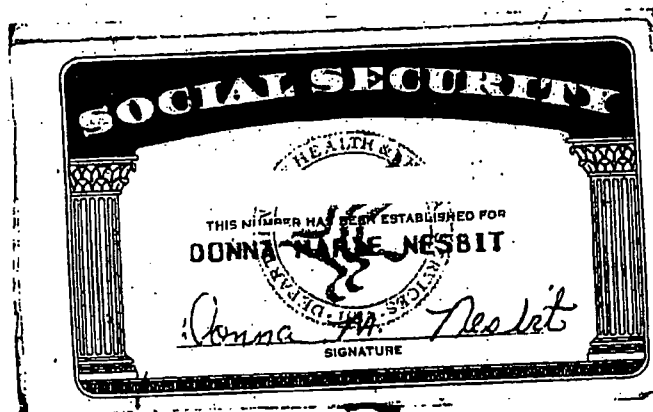
Richard W. Riley

Walter E. Cavell

Chairman, State Board of Education

Charlie G. Williams

State Superintendent of Education



We lack the information listed below to update your personnel file and for preparation of a profile sheet.

Personnel Department

Waccamaw Elementary & Waccamaw
SCHOOL/DEPARTMENT High

Nesbit
Last Name

Donna
First Name

Social Security Number _____ Race B Sex f Date of Birth _____

Address:

P.O. Box 139 Murrells Inlet S.C. 29576
Box/Street Address City State Zip

Telephone Number: 235-9020

Bachelor's Degree:

Master's Degree:

Year _____ College _____ Year _____ College _____

Spouse's Name: _____

Is your home telephone listed yes or unlisted _____

SOUTH CAROLINA RETIREMENT SYSTEMS

NON-ELECTION BLANK

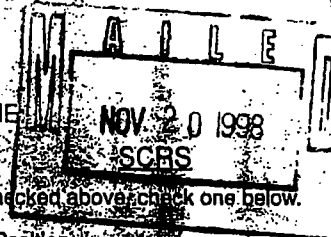
(Print or Type in Black Ink)

CHECK ONE:

☒ SCRS☐ PORS

IF YOU CURRENTLY HAVE FUNDS
ON DEPOSIT IN THE RETIREMENT
SYSTEM, YOU ARE NOT ELIGIBLE
FOR NON-ELECTION STATUS. AN
ENROLLMENT FORM MUST BE
COMPLETED.

CHECK ONE:



If SCRS box is checked above, check one below.

Non-Permanent Position ☒Optional Membership authorized
under the Retirement Act _____

Retired Member _____

Elected Official earning \$9000.00
or less per year _____

ORP Member _____

PORS

If PORS box is checked above, check one below.

Earning less than \$2000.00 and working
less than 1600 hours in a year _____

Retired Member _____

Date: _____ 19 98

Election Code No. 82201

I hereby certify that I am an employee of the State of South Carolina or its political subdivisions, and that I meet the
requirements not to become a member of the South Carolina Retirement System or the Police Officers Retirement
System, and I hereby exercise my option to become a non-member.

I make this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement
service for this period of employment since employer and employee contributions shall not be forwarded to the
Retirement System.

Name: Wanda M. Nesbit Social Security Number: _____Address: Box 139 (street) Murrells Inlet (city) SC (state) 29576 (zip)Employed by (Name of Agency): GEORGETOWN COUNTY SCHOOLSPosition: Substitute Teacher Present Monthly Salary: \$10 per dayDate of employment: 11/1/98 Date of Birth (MO) 12 (DAY) 11 (YR) 66

The above statements are true to the best of my knowledge and belief.

Signature: Wanda M. Nesbit

EMPLOYER

I hereby certify that the above person meets the requirements to be a non-member of the Retirement System.

Signature: Patricia Bryson Title: Benefit Clerk

RETURN COMPLETED FORM TO SC RETIREMENT SYSTEMS, PO BOX 11960, COLUMBIA, SC 29211

RETIREMENT ELECTION
GEORGETOWN COUNTY SCHOOLS

NAME

Donna M Dozier

SS#

POSITION

Sub. Tch

All substitutes and temporary employees can choose not to be a member of any retirement plan or they can select participation between one of two retirement plans offered through the state. The State Optional Retirement Plan (ORP) or the traditional South Carolina Retirement System (SCRS) plan must be decided on within 30 days of hire date. If a timely election is not made, the employee will automatically become a member of SCRS.

SCRS (Defined Benefit Plan)

Participants contribute 6.50 percent of total pay and are provided with a guaranteed monthly pension benefit. Funds are invested under the supervision of the trustees. If investment results are poor, the employer must make additional contributions to make up for the shortfall.

 (R) RETIRED member of South Carolina Retirement System
(complete form 1114; Notification of Employed Retiree)

✓ (M) Member of South Carolina Retirement System
(Complete gray enrollment form and blue beneficiary form)

ORP (Defined Contribution Plan)

Participants contribute 6.50 percent of total pay into an established account in the employee's name with an investment provider. Participants invest their funds within the plan's investment choices and then bear the risk, or enjoy the benefit, based on the performance of their investments.

 (V) Valic/AIG

 (A) The Hartford/Edward Jones

 (C) MetLife

 (T) TIAA Cref

(If you choose ORP you must select one of the above companies to become your investment provider. You must complete the enrollment packet located in the Human Resources Office and complete the gray enrollment form)

 (N) Non-Election (I do not wish to contribute to any retirement plan; complete Form 1104; Election of Non-Membership Only)
(Do Not Complete Gray and Blue form with the non-election option)

8/22/2006

subs/temps



April 7, 2009

Re: Donna Marie Dozier

Direct Deposit

I understand this information is needed for her future direct deposit.

Please call me with any questions at 843-651-8135.

Sandy Fusco
Sandy Fusco

Customer Service Representative

**GEORGETOWN COUNTY SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)
AND DEPOSIT REVERSALS (DEBITS)**

Have you ever been on direct deposit with our School District Yes: ☐ No: ☒
☐ Check here if changes are to be made. If checked, please complete below exactly as you wish your total payroll check(s) to be deposited.

TO CANCEL DIRECT DEPOSIT COMPLETELY, CHECK HERE ☐

I (We) hereby authorize Georgetown County Schools, hereinafter called the COMPANY, to initiate credit entries to my (our) checking and/or savings account(s) listed below and the bank named below, hereinafter called the DEPOSITORY, to credit the same to such account. In the event of overpayment to my account. I (we) authorize the COMPANY to make any adjusting debit entry to my (our) account up to the amount of overpayment.

For deposit into SAVINGS ACCOUNT Copy of Deposit Slip or ID Card **REQUIRED****

Depository (BANK) Name: Conway National Bank
City: Murrells Inlet State: S.C.

Branch: Murrells Inlet

If you wish to deposit remainder of check, enter "NET" below. If not, specify the amount you wish to deposit: Net

Savings Account Number: _____

DO NOT WRITE IN THIS SPACE
PERSONNEL USE ONLY

Routing Number: _____
Account Number: _____

For deposit into CHECKING ACCOUNT COPY OF VOIDED Check **REQUIRED*******

Depository (BANK) Name: _____
City: _____ State: _____

Branch: _____

If you wish to deposit remainder of check, enter "NET" below
Amt. of Deposit: _____

Checking Account Number: _____

DO NOT WRITE IN THIS SPACE
PERSONNEL USE ONLY

Routing Number: _____
Account Number: _____

For Deposit into OTHER ACCOUNT Copy of VOIDED CHECK, Account ID, etc. **REQUIRED****

Depository (BANK) Name: _____
City: _____ State: _____
Account Number: _____

Branch: _____

If you wish to deposit remainder of check, enter "NET" below
Amt. of Deposit: _____

DO NOT WRITE IN THIS SPACE
PERSONNEL USE ONLY

Routing Number: _____
Account Number: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Employee SIGNATURE (REQUIRED): Donna M Dozier SS# _____

Print Name: Donna M Dozier School/Dept _____

Home Address: 45 Split Oak place, Powleys Island Date of Application 3/26/09

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate > For Privacy Act and Paperwork Reduction Act Notice, see reverse.	OMB No. 1545-0010 2009
> For Privacy Act and Paperwork Reduction Act Notice, see reverse.		
1 Type or print your first name and middle initial Donna M		Last name Dozier
Home Address (number and street) or rural route 45 split oak place		3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the single box.
City or town, state and ZIP code Pawley's Island S.C. 29585		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information... ☐
5 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply) 6 Additional amount, if any, you want deducted from each paycheck		5 2 6 \$ 0
7 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND • This year if my income exceeds \$600 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter the year effective and "EXEMPT" here 7 20		
8 Are you a full-time student? (Note: Full-time students are not automatically exempt.) 8 ☐ Yes ☒ No		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate.		
Employee's Signature <i>Donna M Dozier</i>		Date <i>Don't Date</i>
9 Employer's name and address (Employer: Complete 9 and 11 only if sending to the IRS) GEORGETOWN COUNTY SCHOOLS OFFICE OF HUMAN RESOURCES 2018 CHURCH STREET GEORGETOWN, SC 29440		10 Office (or)



4345 Hwy 17 Bypass
Murrells Inlet, SC 29576

FAX COVER SHEET

Number of Pages
(including cover sheet):

2

Date:

4-7-09

Transmitted To:

Shaniqua

Fax Number:

434-7143

From:

J. Ady

Phone (843) 651-8135

Fax (843) 651-2611

RE:

D. M. D. Zick

*Please advise if this transmission is incomplete or unsatisfactory

Confidentiality Notice

This transmission is intended only for the use of the individual or entity to which is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution, or copying of this transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the original documents to us at the address below via the United States Postal Service

Universal Name/Address Change Form

Retirement systems require a copy of new social security card for name changes.
PRINT OR TYPE - USE BLACK INK

Department Name _____

Effective Date _____

TYPE OF CHANGE: ☒ Name ☐ Address ☐ Both

1. Social Security # _____

2. Name Donna M Dozier
First Middle Initial Last

3. Street P.O. Box 139 Apartment # _____

4. City Murrells Inlet State S. C. Zip Code 29576

5. Home Phone (843) 314-3162 Work Phone (843) 240-8063 County Code _____
(OIS, if applicable)

6. Previous Name (if applicable)

First Middle Initial Last

7. Previous Address (if applicable)

Street Apartment

City State Zip Code

<u>Donna M Dozier</u> Employee's Signature	_____ Date
_____ Benefits Administrator's Signature	_____ Date

Distribution:

- Human Resource Office
- Payroll
- Employee Insurance Program
P.O. Box 11661
Columbia, SC 29211-1661

- State Retirement Systems
P.O. Box 11960
Columbia, SC 29211-1960

FY 2008-2009

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE MASTER SHEETS

DONNA N DOZIER
PO BOX 139
MURRELLS INLET, SC 29576

NICKNAME: 3974
PHONE: 843-314-3162
2ND PHONE: 843-240-8063

Demographics & Salary Tax Information

DATE OF BIRTH		PAY RATE	55.00
RACE	B	ANNUAL TAX SALARY	
SEX	F	OVERTIME FACTOR	
DATE OF EMPLOYMENT	11/13/1998	EMPLOYMENT STATUS	T
PR DATE INACTIVATED		TAX STATUS	S
CLASS	CLASS	CLASSIFIED	
DEPARTMENT		FEDERAL EXEMPTIONS	2
LOCATION	070	STATE EXEMPTIONS	2
CATEGORY	SUBT	ADD'L FEDERAL TAX	
SALARY CLASS		ADD'L STATE TAX	
TOTAL YEARS EXP	0	FICA WITHHOLDING	Y
TYPE OF EMPLOYEE	DAILY	EARNED INCOME CREDIT	0
PAY PERIOD	SUBS	CONTRACT DAYS - STD:	CURR:
HRS/PAY PERIOD	SUBS	BUDGETED ANNUAL SALARY	
		DAILY RATE	55.00
		DAILY HOURS	0.00
		RATE	0.00

Deduction Information

DED CODE/DESC	EMPLOYER COST	STD AMT	CURRENT AMT
RET M SCRS	12.89%	6.50%	6.50%
WC1 WORKERS COMP .0092	0.92		

Account Distribution

ACCOUNT NUMBER	BUDGET	FYTD AMT	PAY RATE	FTE	FRINGE	STD HRS	STD AMT

RETIREMENT ELECTION

GEORGETOWN COUNTY SCHOOLS

NAME

Donna M Dozier

SS#

POSITION

Sub. Tch

All substitutes and temporary employees can choose not to be a member of any retirement plan or they can select participation between one of two retirement plans offered through the state. The State Optional Retirement Plan (ORP) or the traditional South Carolina Retirement System (SCRS) plan must be decided on within 30 days of hire date. If a timely election is not made, the employee will automatically become a member of SCRS.

SCRS (Defined Benefit Plan)

Participants contribute 6.50 percent of total pay and are provided with a guaranteed monthly pension benefit. Funds are invested under the supervision of the trustees. If investment results are poor, the employer must make additional contributions to make up for the shortfall.

 (R) RETIRED member of South Carolina Retirement System
(complete form 1114; Notification of Employed Retiree)

✓ (M) Member of South Carolina Retirement System
(complete gray enrollment form and blue beneficiary form)

ORP (Defined Contribution Plan)

Participants contribute 6.50 percent of total pay into an established account in the employee's name with an investment provider. Participants invest their funds within the plan's investment choices and then bear the risk, or enjoy the benefit, based on the performance of their investments.

 (V) Valic/AIG

 (A) The Hartford/Edward Jones

 (C) MetLife

 (T) TIAA Cref

(If you choose ORP you must select one of the above companies to become your investment provider. You must complete the enrollment packet located in the Human Resources Office and complete the gray enrollment form.)

 (N) Non-Election (I do not wish to contribute to any retirement plan; complete Form 1104; Election of Non-Membership Only)
(Do Not Complete Gray and Blue form with the non-election option)

8/22/2006

subs/temps

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0046

2009

For Privacy Act and Paperwork Reduction Act Notice, see reverse.

1 Type or print your first name and middle initial Donna M		Last name Dozier	
Home Address (number and street or rural route) 45 split oak place		3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the single box.	
City or town, state and ZIP code Pawleys Island S.C. 29585		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information. ☐	
5 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply)		5 2	
6 Additional amount, if any, you want deducted from each paycheck		6 \$ 0	
7 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND • This year if my income exceeds \$800 and includes nonwage income, another person cannot claim me as a dependent. If you meet all of the above conditions, enter the year effective and "EXEMPT" here 7/20			
8 Are you a full-time student? (Note: Full-time students are not automatically exempt.) ☐ Yes ☒ No			

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's Signature Donna M Dozier	Date Don't Date
9 Employer's name and address (Employer: Complete 9 and 11 only if sending to the IRS) GEORGETOWN COUNTY SCHOOLS OFFICE OF HUMAN RESOURCES 2018 CHURCH STREET GEORGETOWN, SC 29440	10 Office (or other contact person) Don't Date

Form 1100
Revised 08/24/2011
Page 1

Print or type in black ink
and sign in blue ink.
Please read the
instructions on Page 2
before completing this
form.

RETIREMENT PLAN ENROLLMENT
SC Budget and Control Board
South Carolina Retirement Systems
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

ACTION REQUESTED (Check One):

- ☐ NEW ENROLLEE (First-time membership)
☐ OPEN ENROLLMENT (Irrevocable election from State ORP)
☐ CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
☐ CHANGE OF INFORMATION
☐ Name (Prior Name)
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
☐ Address
☐ SSN (Old Number):
☐ Date of Birth

SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

1. Last Name & Suffix Dozier		2. First/ Middle Name Donna N.		3. Social Security Number (attach copy of Social Security card only if changing SSN)	
4. Address P.O. Box 139		5. City Murrells Inlet		6. State SC	7. ZIP+4 29576
8. Sex F M=Male F=Female	9. Date of Birth 1	10. Telephone Number 843-314-3162 843-240-8063	11. Have you ever been a member of the South Carolina Retirement Systems? ☒ No ☐ Yes	12. If item 11 is "Yes", indicate the name(s) of your former employer: Did you withdraw your contributions? ☒ No ☐ Yes	
13. Do you currently have a pending refund request? ☒ No ☐ Yes			14. Are you now receiving or have you applied to receive a monthly benefit from any of the Retirement Systems' retirement plans? ☒ No ☐ Yes ☐ Application in Process		
15. Retirement Plan Election (CHOOSE ONE) ☒ SCRS ☐ PORS (See Instructions) ☐ State ORP (If State ORP, please complete item 16.) ☐ GARS - Senator (100.01) ☐ GARS - Representative (100.02) ☐ JSRS - Judge (001.00) ☐ JSRS - Solicitor (002.00) ☐ JSRS - Circuit Public Defender (003.00)				16. Select ORP Vendor ☐ VALIC ☐ MetLife ☐ TIAA-CREF ☐ The Hartford	

17. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (State ORP). The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until the Retirement Systems receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 15 above.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee's Signature Signature Un-Available Date 2/6/12 Witness _____
(Required only when signed by mark)

SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)

18. Employer Code 822-01	19. Employer Name GCSB	20. Please indicate if you are the employee's primary or secondary employer. (Annual member statements are sent to primary employers for distribution to members.) ☐ Primary Employer ☒ Secondary Employer	
21. Original Date of Hire with Employer listed in Items 18-19 11/13/1998	22. Date of Membership 11/22/11	23. Employee's Position Title Substitute Teacher	24. Employee's Annual Salary \$55.00 per day
25. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.			
Employer Signature <u>Shamika Starks</u>		Date <u>2/6/12</u>	Work Telephone Number <u>(843) 436-7144</u>

For more information, please contact Customer Services at 803-737-6800, 800-868-9002 (within SC only), or www.retirement.sc.gov

MAILED

10/10/14-ATG

You must also complete a Tobacco Certification form within 31 days of enrolling in health coverage and whenever the status of tobacco use changes for you or a dependent covered under your health insurance.

ACTIVE EMPLOYEE NOTICE OF ELECTION (NOE) SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY INSURANCE BENEFITS

See Instructions - If Completing By Hand Use Black Ink

ACTION	Select One: ☒ New Hire ☐ Transfer ☐ Change		Type of Change Enrollment: Other (specify) _____ Date of Change Event: _____		BA Use Only Effective Date: 10/1/2014 Group ID #: 522-01 Group Name: GCSP		☐ Permanent P/T EE (20 hrs.)		MoneyPlus Pretax Premiums ☐ Refuse ☒ Yes																					
	1. Social Security Number (SSN)		2. Last Name Dozier		3. Suffix		4. First Name Donna		5. M.I. N																					
ENROLLEE INFO	7. Sex ☒ M ☐ F	8. Marital Status ☐ Single ☒ Married	☐ Widowed ☒ Divorced ☐ Separated		9. Home Phone # (843) 240-8063		10. Work Phone # ()		11. E-mail Address																					
	12. Mailing Address P.O. Box 139				13. Apt. Murrells Inlet SC		14. City 29576		15. State 22																					
MEDICARE & OTHER COVERAGE	16. Zip Code																													
	17. County Code																													
	18. Annual Salary 11,522																													
	19. Date of Hire 10/1/2014																													
20. List yourself and any other persons to be covered who are eligible for Part A and/or Part B of Medicare.																														
<table border="1"> <thead> <tr> <th>Name</th> <th>Medicare #</th> <th>Eligible Due To</th> <th colspan="2">Effective Date</th> </tr> <tr> <th></th> <th></th> <th></th> <th>Part A MM/DD/YYYY</th> <th>Part B MM/DD/YYYY</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>☐ Age ☐ Disability ☐ Renal Disease</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>☐ Age ☐ Disability ☐ Renal Disease</td> <td></td> <td></td> </tr> </tbody> </table>											Name	Medicare #	Eligible Due To	Effective Date					Part A MM/DD/YYYY	Part B MM/DD/YYYY			☐ Age ☐ Disability ☐ Renal Disease					☐ Age ☐ Disability ☐ Renal Disease		
Name	Medicare #	Eligible Due To	Effective Date																											
			Part A MM/DD/YYYY	Part B MM/DD/YYYY																										
		☐ Age ☐ Disability ☐ Renal Disease																												
		☐ Age ☐ Disability ☐ Renal Disease																												
21. Do you or any of your dependent(s) have other health coverage? ☐ YES ☐ NO Does this coverage include prescription drug benefits? ☐ YES ☐ NO																														
<table border="1"> <thead> <tr> <th>Dependent Name</th> <th>Insurance Company</th> <th>Policy Holder Date of Birth</th> <th>Effective Date of Policy</th> <th>Termination Date (If Applicable)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Dependent Name	Insurance Company	Policy Holder Date of Birth	Effective Date of Policy	Termination Date (If Applicable)															
Dependent Name	Insurance Company	Policy Holder Date of Birth	Effective Date of Policy	Termination Date (If Applicable)																										
COVERAGE	22. HEALTH PLAN (Refuse or select one plan and one level of coverage)					23. STATE DENTAL PLAN (Select One)			24. DENTAL PLUS (Select One)																					
	☒ Standard ☐ Refuse ☐ BlueChoice HMO ☐ Savings ☐ TRICARE Supplement ☒ Employee ☐ Employee/Child(ren) ☐ Basic Life and Basic Long Term Disability Included automatically with Standard, Savings and BlueChoice HMO ☐ Employee/Spouse ☐ Family					☐ Refuse ☐ Employee/Spouse ☒ Employee ☐ Employee/Child(ren) ☐ Family			☐ Refuse ☐ Employee/Spouse ☒ Employee ☐ Employee/Child(ren) ☐ Family																					
	25. DEPENDENT LIFE - Child(ren) (Select One)		26. DEPENDENT LIFE - Spouse (Select One)		27. OPTIONAL LIFE (Select One)		28. SUPPLEMENTAL LTD (Select One)		29. VISION CARE (Select One)																					
	☒ Refuse ☐ \$15,000		☒ Refuse ☐ Coverage Level (Must be in increments of \$10,000)		☐ Refuse ☒ Coverage Level \$20,000 (Must be in increments of \$10,000)		☒ Refuse ☐ Plan One - 90-day benefit waiting period ☐ Plan Two - 180-day benefit waiting period		☒ Refuse ☐ Employee/Spouse ☐ Employee ☐ Employee/Child(ren) ☐ Family																					
BENEFICIARIES	In blocks 30 and 31, if there are additional beneficiaries or dependents, list on separate sheet, signed and dated by employee.																													
	30. Basic Life/Optional Life (Select one or both)		SSN#		Last Name		First Name		Relationship																					
	☒ Basic Life				Cohen Jr.		Darnell		son																					
	☒ Optional Life				Cohen		Danielle		daughter																					
If beneficiary is an estate or trust, complete the following: Estate/Trust _____ Address _____ If Trust, Date Signed _____																														
DEPENDENTS	31. Always list spouse. List eligible children to be covered. If they are not listed, they will not be covered. For a child age 18-24 to be eligible for Dependent Life-Child coverage, your child must be eligible according to the requirements on the reverse of this NOE.																													
	Add (A) or Delete (D)	Dependent SSN#	Last Name	First Name	Sex M/F	Relationship	Date of Birth MM/DD/YYYY	Indicate Special Status																						
		Spouse						Does PEBA Insurance Benefits already cover your spouse? ☐ Yes ☐ No																						
		Child						☐ Full-time Student ☐ Incapacitated																						
CERTIFICATION & AUTHORIZATION	32. CERTIFICATION: I have read this NOE and made authorizations herein and selected the coverage noted. I have provided Social Security numbers and documentation establishing my dependent(s)' eligibility for the plan(s) selected. I certify that any child enrolled in Dependent Life/Child insurance is eligible according to the requirements on the reverse of this NOE. I also understand that proof of eligibility (at the time of enrollment and at the time of the claim) will be required before any Dependent Life/Child insurance claim is paid. I understand that unless otherwise provided in the Plan, I may cancel coverage for me or my dependent(s) only during an open enrollment period (every two years). Should I refuse any coverage or fail to enroll all eligible dependents when first eligible, I and/or all eligible dependents may only enroll during an open enrollment period (every two years) unless otherwise provided by the Plan. I understand and agree that all selected plans will not be effective unless and until the NOE is approved. I understand that the State reserves the right to alter benefits or premiums at any time to preserve the financial stability of the Plan. I further acknowledge that the eligibility status of any covered individual is subject to audit at any time.																													
	AUTHORIZATION: I hereby authorize my employer to deduct from my salary premiums necessary to pay for all plans selected and verify my salary for enrollment. I authorize any healthcare provider, prescription drug dispenser and claims administrator to release any information necessary to evaluate, administer and process claims for any benefits.																													
	DISCLAIMER: THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.																													
	Employee Signature: Donna Dozier Date: 10-9-2014																													
33. I hereby attest the employee meets eligibility requirements, proper premiums are being collected, this form is complete and accurate and all required documentation is attached to process NOE form.																														
Benefits Administrator Signature: Alisha T. Greene Date: 10/9/14																														

FY 2014-2015

**GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME**

DATES: 07/01/2014 TO 06/30/2015

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/</u> <u>NET</u>	<u>FICA/</u> <u>MEDICARE</u>	<u>STATE/</u> <u>TAXABLE/</u> <u>RETIREMENT</u>	<u>FICA/</u> <u>MEDICARE</u>	<u>FEDERAL/</u> <u>STATE</u>
DOZIER, DONNA N							
				CLASS: CLASS	DEPT:	LOC: 629	CAT: FDS
772662	10/15/2014	09/26/2014	454.71	375.03	338.65		
			307.40	375.03	338.65	23.25	0.00
<i>DEDUCTIONS:</i>					454.71	5.44	2.56
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	3.12	DEN PL M	15.37	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 116.06
					454.71	6290-2560-110-029-0000	
774278	10/30/2014	10/10/2014	454.71	376.59	340.21		
			308.80	376.59	340.21	23.35	0.00
<i>DEDUCTIONS:</i>					454.71	5.46	2.60
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	1.56	DEN PL M	15.37	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 114.50
					454.71	6290-2560-110-029-0000	
209171	11/14/2014	10/24/2014	454.71	376.59	340.21		
			308.80	376.59	340.21	23.35	0.00
<i>DEDUCTIONS:</i>					454.71	5.46	2.60
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	1.56	DEN PL M	15.37	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 114.50
					454.71	6290-2560-110-029-0000	
777581	11/24/2014	11/07/2014	454.71	376.59	340.21		
			308.80	376.59	340.21	23.35	0.00
<i>DEDUCTIONS:</i>					454.71	5.46	2.60
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	1.56	DEN PL M	15.37	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 114.50
					454.71	6290-2560-110-029-0000	
779231	12/15/2014	11/21/2014	454.71	391.88	355.50		
			322.50	391.88	355.50	24.30	0.00
<i>DEDUCTIONS:</i>					454.71	5.68	3.02
		SCRS	36.38	WC2	0.00	BC/BS MP	48.84
		OP LIF M	1.56	DEN PL M	12.29	FBMCFEE	0.14
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 99.21
					454.71	6290-2560-110-029-0000	

DFREDICK
pr158r06

11/21/2016 10:34:32AM

Page 1

FY 2014-2015

**GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2014 TO 06/30/2015**

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/ NET</u>	<u>FICA/ MEDICARE</u>	<u>STATE/ TAXABLE/ RETIREMENT</u>	<u>FICA/ MEDICARE</u>	<u>FEDERAL/ STATE</u>
780882	12/18/2014	12/05/2014	454.71	392.36	355.98	24.33	0.00
			322.93	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			DED TOTAL: 98.73				
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
782537	01/14/2015	12/19/2014	454.71	392.36	355.98	24.33	0.00
			282.59	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	40.34			
			DED TOTAL: 139.07				
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
784079	01/30/2015	01/09/2015	354.76	292.41	264.03	18.13	0.00
			200.40	292.41	354.76	4.24	0.92
<i>DEDUCTIONS:</i>			SCRS	28.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	40.34			
			DED TOTAL: 131.07				
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
			DOCKPAY	HRS -1.57 AMT	-99.95 6290-2560-110-029-0000		
785642	02/12/2015	01/23/2015	454.71	392.36	355.98	24.33	0.00
			282.59	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	40.34			
			DED TOTAL: 139.07				
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
787217	02/27/2015	02/06/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03

FY 2014-2015

**GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2014 TO 06/30/2015**

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/NET</u>	<u>FICA/MEDICARE</u>	<u>STATE/TAXABLE/RETIREMENT</u>	<u>FICA/MEDICARE</u>	<u>FEDERAL/STATE</u>
<i>DEDUCTIONS:</i>							
			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
						DED TOTAL:	137.29
<i>PAY TYPE/ACCT:</i>		REG	HRS	0.00	AMT	454.71 6290-2560-110-029-0000	
297.42							
788772	03/11/2015	02/20/2015	391.05	328.70		20.38	0.00
			232.19	328.70		4.77	1.52
<i>DEDUCTIONS:</i>							
			SCRS	31.28	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
						DED TOTAL:	132.19
<i>PAY TYPE/ACCT:</i>		DOCKPAY	HRS	-1.00	AMT	-63.66 6290-2560-110-029-0000	
		REG	HRS	0.00	AMT	454.71 6290-2560-110-029-0000	
180.28							
790353	03/30/2015	03/13/2015	263.73	201.38		12.49	0.00
			126.31	201.38		2.92	0.00
<i>DEDUCTIONS:</i>							
			SCRS	21.10	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
						DED TOTAL:	122.01
<i>PAY TYPE/ACCT:</i>		DOCKPAY	HRS	-3.00	AMT	-190.98 6290-2560-110-029-0000	
		REG	HRS	0.00	AMT	454.71 6290-2560-110-029-0000	
355.98							
791921	04/15/2015	03/27/2015	454.71	392.36		24.33	0.00
			284.37	392.36		5.69	3.03
<i>DEDUCTIONS:</i>							
			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
						DED TOTAL:	137.29
<i>PAY TYPE/ACCT:</i>		REG	HRS	0.00	AMT	454.71 6290-2560-110-029-0000	
355.98							
793450	04/30/2015	04/03/2015	454.71	392.36		24.33	0.00
			284.37	392.36		5.69	3.03
<i>DEDUCTIONS:</i>							
			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
						DED TOTAL:	137.29

DFREDICK
pr158r06

11/21/2016 10:34:32AM

Page 3

FY 2014-2015

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
 DATES: 07/01/2014 TO 06/30/2015

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/ NET</u>	<u>FICA/ MEDICARE</u>	<u>TAXABLE/ RETIREMENT</u>	<u>STATE/ FICA/ MEDICARE</u>	<u>FEDERAL/ STATE</u>
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71 6290-2560-110-029-0000	
						355.98	
795024	05/15/2015	05/01/2015	454.71	392.36		355.98	0.00
			284.37	392.36		24.33	3.03
						5.69	
			<i>DEDUCTIONS:</i>				
			SCRS	36.38 WC2	0.00	BC/BS MP	48.84
			OP LIF M	1.08 DEN PL M	12.29	FBMCFEE	0.14
			NY LIFE	38.56			
						DED TOTAL:	137.29
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71 6290-2560-110-029-0000	
						355.98	
796575	05/29/2015	05/15/2015	454.71	392.36		355.98	0.00
			284.37	392.36		24.33	3.03
						5.69	
			<i>DEDUCTIONS:</i>				
			SCRS	36.38 WC2	0.00	BC/BS MP	48.84
			OP LIF M	1.08 DEN PL M	12.29	FBMCFEE	0.14
			NY LIFE	38.56			
						DED TOTAL:	137.29
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71 6290-2560-110-029-0000	
						355.98	
798122	06/15/2015	05/29/2015	454.71	392.36		355.98	0.00
			284.37	392.36		24.33	3.03
						5.69	
			<i>DEDUCTIONS:</i>				
			SCRS	36.38 WC2	0.00	BC/BS MP	48.84
			OP LIF M	1.08 DEN PL M	12.29	FBMCFEE	0.14
			NY LIFE	38.56			
						DED TOTAL:	137.29
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71 6290-2560-110-029-0000	
						355.98	
799691	06/25/2015	06/23/2015	454.71	392.36		355.98	0.00
			284.37	392.36		24.33	3.03
						5.69	
			<i>DEDUCTIONS:</i>				
			SCRS	36.38 WC2	0.00	BC/BS MP	48.84
			OP LIF M	1.08 DEN PL M	12.29	FBMCFEE	0.14
			NY LIFE	38.56			
						DED TOTAL:	137.29
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71 6290-2560-110-029-0000	
						6,016.31	
			7,830.19	6,642.77		6,016.31	0.00
			4,993.90	6,642.77		7,830.19	46.12
						411.90	
						96.33	

DFREDICK
pr158r06

11/21/2016 10:34:32AM

Page 4

FY 2014-2015

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2014 TO 06/30/2015

***** WAGES ***** TAXES *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/ NET</u>	<u>FICA/ MEDICARE</u>	<u>STATE/ TAXABLE/ RETIREMENT</u>	<u>FICA/ MEDICARE</u>	<u>FEDERAL/ STATE</u>
					6,016.31		
			7,830.19	6,642.77	6,016.31	411.90	0.00
			4,993.90	6,642.77	7,830.19	96.33	46.12

FY 2015-2016

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2015 TO 06/30/2016

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/NET</u>	<u>FICA/MEDICARE</u>	<u>STATE/TAXABLE/RETIREMENT</u>	<u>FICA/MEDICARE</u>	<u>FEDERAL/STATE</u>
DOZIER, DONNA N							
				CLASS: CLASS	DEPT:	LOC: 629	CAT: FDS
800854	07/15/2015	06/30/2015	454.71	392.36	355.98		
			284.37	392.36	355.98	24.33	0.00
<i>DEDUCTIONS:</i>					454.71	5.69	3.03
		SCRS	36.38	WC2	0.00	BC/BS MP	48.84
		OP LIF M	1.08	DEN PL M	12.29	FBMCFEE	0.14
		NY LIFE	38.56				
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 137.29
							454.71 6290-2560-110-029-0000
802012	07/30/2015	06/30/2015	454.71	392.36	355.98		
			284.37	392.36	355.98	24.33	0.00
<i>DEDUCTIONS:</i>					454.71	5.69	3.03
		SCRS	36.38	WC2	0.00	BC/BS MP	48.84
		OP LIF M	1.08	DEN PL M	12.29	FBMCFEE	0.14
		NY LIFE	38.56				
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 137.29
							454.71 6290-2560-110-029-0000
803077	08/14/2015	06/30/2015	454.71	392.36	355.98		
			284.37	392.36	355.98	24.33	0.00
<i>DEDUCTIONS:</i>					454.71	5.69	3.03
		SCRS	36.38	WC2	0.00	BC/BS MP	48.84
		OP LIF M	1.08	DEN PL M	12.29	FBMCFEE	0.14
		NY LIFE	38.56				
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 137.29
							454.71 6290-2560-110-029-0000
805917	08/28/2015	08/21/2015	494.04	431.69	391.38		
			315.82	431.69	391.38	26.76	0.00
<i>DEDUCTIONS:</i>					494.04	6.26	3.98
		SCRS	40.31	WC2	0.00	BC/BS MP	48.84
		OP LIF M	1.08	DEN PL M	12.29	FBMCFEE	0.14
		NY LIFE	38.56				
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00	AMT	DED TOTAL: 141.22
							494.04 6290-2560-110-029-0000
836555	06/20/2016	06/16/2016	30.04	4.04	1.59		
			1.28	4.04	1.59	0.25	0.00
					30.04	0.06	0.00

DFREDICK
pr158r06

11/21/2016 10:35:25AM

Page 1

**GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME**

FY 2014-2015

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2014 TO 06/30/2015

TRANS DATE	DAYS/HRS POST						AMOUNT	DAYS/
NUMBER	ABSENT	TAKEN	FLAG	LEAVE	REASON	SUBSTITUTE NAME	PAID	HRS
DOZIER, DONNA N								
					Class: CLASS	Dept: Loc: 629	Pay Period: waug	
					PRIMARY ACCOUNT:	6290-2560-110-029-0000		
176853	10/15/2014	0.85	Y	MISC	SICK			
183433	10/15/2014	-0.85	Y	MISC	SICK			
183434	10/15/2014	0.85	Y	SICK	SICK			
176873	10/16/2014	1.00	Y	MISC	SICK			
183435	10/16/2014	-1.00	Y	MISC	SICK			
183437	10/16/2014	1.00	Y	SICK	SICK			
180479	12/02/2014	1.00	Y	SICK	SICK			
182795	01/05/2015	0.72	Y	SICK	SICK			
182796	01/06/2015	1.00	Y	SICK	SICK			
182797	01/07/2015	1.00	Y	SICK	SICK			
182798	01/08/2015	0.43	Y	SICK	SICK			
183724	01/08/2015	0.57	Y	SICK	SICK			
182799	01/09/2015	1.00	Y	SICK	SICK			
183653	01/12/2015	1.00	Y	SICK	SICK			
185557	02/18/2015	1.00	Y	SICK	SICK			
185558	02/19/2015	1.00	Y	SICK	SICK			
186940	03/02/2015	1.00	Y	SICK	SICK			
186941	03/03/2015	1.00	Y	SICK	SICK			
186942	03/04/2015	1.00	Y	SICK	SICK			
193248	05/11/2015	1.00	Y	SICK	SICK			
193250	05/12/2015	1.00	Y	SICK	SICK			
		15.57					0.00	0.00
				MISC	SICK	PERSONAL		
PRIOR BAL:		0.0000		0.0000	0.0000			
YTD EARNED:		0.0000		10.0000	3.0000			
DAYS DOCKED:		0.0000		5.5700	0.0000			
TOTAL USED:		0.0000		10.0000	0.0000			
BALANCE:		0.0000		0.0000	3.0000			
TOTALS:		15.57					0.00	0.00
					TOTAL NUMBER OF ABSENT EMPLOYEES: 1			

GEORGETOWN COUNTY SCHOOL DISTRICT

ABSENTEE REPORT BY NAME

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS/HRS POST TAKEN	FLAG	LEAVE	REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
DOZIER, DONNA N							Class: CLASS PRIMARY ACCOUNT:	Dept: 6290-2560-110-029-0000	Loc: 629 Pay Period: waug
198261	08/20/2015	1.00	Y	MISC	WC				
198262	08/21/2015	1.00	Y	MISC	WC				
198549	08/24/2015	1.00	Y	MISC	WC				
198545	08/25/2015	1.00	Y	MISC	WC				
198546	08/26/2015	1.00	Y	MISC	WC				
198547	08/27/2015	1.00	Y	MISC	WC				
198548	08/28/2015	1.00	Y	MISC	WC				
198944	08/31/2015	1.00	Y	MISC	DOPAY				
198945	09/01/2015	1.00	Y	MISC	DOPAY				
198946	09/02/2015	1.00	Y	MISC	DOPAY				
199166	09/03/2015	1.00	Y	MISC	DOPAY				
199167	09/04/2015	1.00	Y	MISC	DOPAY				
199168	09/08/2015	1.00	Y	MISC	DOPAY				
199169	09/09/2015	1.00	Y	MISC	DOPAY				
199170	09/10/2015	1.00	Y	MISC	DOPAY				
199171	09/11/2015	1.00	Y	MISC	DOPAY				
199722	09/14/2015	1.00	Y	MISC	DOPAY				
199723	09/15/2015	1.00	Y	MISC	DOPAY				
199724	09/16/2015	1.00	Y	MISC	DOPAY				
199725	09/17/2015	1.00	Y	MISC	DOPAY				
199726	09/18/2015	1.00	Y	MISC	DOPAY				
200312	09/21/2015	1.00	Y	MISC	DOPAY				
200313	09/22/2015	1.00	Y	MISC	DOPAY				
200314	09/23/2015	1.00	Y	MISC	DOPAY				
200315	09/24/2015	1.00	Y	MISC	DOPAY				
200316	09/25/2015	1.00	Y	MISC	DOPAY				
201041	09/28/2015	1.00	Y	MISC	DOPAY				
201042	09/29/2015	1.00	Y	MISC	DOPAY				
201043	09/30/2015	1.00	Y	MISC	DOPAY				
201044	10/01/2015	1.00	Y	MISC	DOPAY				
201045	10/02/2015	1.00	Y	MISC	DOPAY				
203471	10/05/2015	1.00	Y	MISC	FLOOD				
203532	10/06/2015	1.00	Y	MISC	FLOOD				
203537	10/07/2015	1.00	Y	MISC	FLOOD				
203538	10/08/2015	1.00	Y	MISC	FLOOD				
203541	10/09/2015	1.00	Y	MISC	FLOOD				
201608	10/12/2015	1.00	Y	MISC	FLOOD				
201609	10/13/2015	1.00	Y	MISC	FLOOD				
201610	10/14/2015	1.00	Y	MISC	FLOOD				
201611	10/15/2015	1.00	Y	MISC	FLOOD				
201612	10/16/2015	1.00	Y	MISC	FLOOD				
203583	10/19/2015	1.00	Y	MISC	DOPAY				
203585	10/20/2015	1.00	Y	MISC	DOPAY				
203589	10/21/2015	1.00	Y	MISC	DOPAY				
203590	10/22/2015	1.00	Y	MISC	DOPAY				
203593	10/23/2015	1.00	Y	MISC	DOPAY				
209699	10/26/2015	1.00	Y	MISC	DOPAY				
209700	10/27/2015	1.00	Y	MISC	DOPAY				
209701	10/28/2015	1.00	Y	MISC	DOPAY				
209702	10/29/2015	1.00	Y	MISC	DOPAY				
209703	10/30/2015	1.00	Y	MISC	DOPAY				

**GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME**

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS/HRS POST TAKEN	FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
210966	11/02/2015	1.00	Y	MISC DOPAY				
210967	11/03/2015	1.00	Y	MISC DOPAY				
210968	11/04/2015	1.00	Y	MISC DOPAY				
210969	11/05/2015	1.00	Y	MISC DOPAY				
210970	11/06/2015	1.00	Y	MISC DOPAY				
211529	11/09/2015	1.00	Y	MISC DOPAY				
211530	11/10/2015	1.00	Y	MISC DOPAY				
211531	11/12/2015	1.00	Y	MISC DOPAY				
211532	11/13/2015	1.00	Y	MISC DOPAY				
212174	11/16/2015	1.00	Y	MISC DOPAY				
212176	11/17/2015	1.00	Y	MISC DOPAY				
212178	11/18/2015	1.00	Y	MISC DOPAY				
212179	11/19/2015	1.00	Y	MISC DOPAY				
212182	11/20/2015	1.00	Y	MISC DOPAY				
212414	11/23/2015	1.00	Y	MISC DOPAY				
212415	11/24/2015	1.00	Y	MISC DOPAY				
213121	11/30/2015	1.00	Y	MISC DOPAY				
213122	12/01/2015	1.00	Y	MISC DOPAY				
213123	12/02/2015	1.00	Y	MISC DOPAY				
213124	12/03/2015	1.00	Y	MISC DOPAY				
213125	12/04/2015	1.00	Y	MISC DOPAY				
213741	12/07/2015	1.00	Y	MISC DOPAY				
213742	12/08/2015	1.00	Y	MISC DOPAY				
213743	12/09/2015	1.00	Y	MISC DOPAY				
213744	12/10/2015	1.00	Y	MISC DOPAY				
213745	12/11/2015	1.00	Y	MISC DOPAY				
214258	12/14/2015	1.00	Y	MISC DOPAY				
214259	12/15/2015	1.00	Y	MISC DOPAY				
214260	12/16/2015	1.00	Y	MISC DOPAY				
214261	12/17/2015	1.00	Y	MISC DOPAY				
214262	12/18/2015	1.00	Y	MISC DOPAY				
215038	01/04/2016	1.00	Y	MISC DOPAY				
215039	01/05/2016	1.00	Y	MISC DOPAY				
215040	01/06/2016	1.00	Y	MISC DOPAY				
215041	01/07/2016	1.00	Y	MISC DOPAY				
215042	01/08/2016	1.00	Y	MISC DOPAY				
215428	01/11/2016	1.00	Y	MISC DOPAY				
215430	01/12/2016	1.00	Y	MISC DOPAY				
215431	01/13/2016	1.00	Y	MISC DOPAY				
215433	01/14/2016	1.00	Y	MISC DOPAY				
215435	01/15/2016	0.50	Y	MISC DOPAY				
227816	01/15/2016	-0.50	Y	MISC DOPAY				
215928	01/19/2016	1.00	Y	MISC DOPAY				
215929	01/20/2016	1.00	Y	MISC DOPAY				
215930	01/21/2016	1.00	Y	MISC DOPAY				
215931	01/22/2016	1.00	Y	MISC DOPAY				
216497	01/25/2016	1.00	Y	MISC DOPAY				
216498	01/26/2016	1.00	Y	MISC DOPAY				
216499	01/27/2016	1.00	Y	MISC DOPAY				
216500	01/28/2016	1.00	Y	MISC DOPAY				
216501	01/29/2016	1.00	Y	MISC DOPAY				
216954	02/01/2016	1.00	Y	MISC DOPAY				
216955	02/02/2016	1.00	Y	MISC DOPAY				
216956	02/03/2016	1.00	Y	MISC DOPAY				

GEORGETOWN COUNTY SCHOOL DISTRICT

ABSENTEE REPORT BY NAME

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS/HRS POST TAKEN	FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
216957	02/04/2016	1.00	Y	MISC DOPAY				
216958	02/05/2016	1.00	Y	MISC DOPAY				
217912	02/08/2016	1.00	Y	MISC DOPAY				
217913	02/09/2016	1.00	Y	MISC DOPAY				
217914	02/10/2016	1.00	Y	MISC DOPAY				
217915	02/11/2016	1.00	Y	MISC DOPAY				
217916	02/12/2016	1.00	Y	MISC DOPAY				
218564	02/16/2016	1.00	Y	MISC DOPAY				
218565	02/17/2016	1.00	Y	MISC DOPAY				
218566	02/18/2016	1.00	Y	MISC DOPAY				
218567	02/19/2016	1.00	Y	MISC DOPAY				
218942	02/22/2016	1.00	Y	MISC DOPAY				
218943	02/23/2016	1.00	Y	MISC DOPAY				
218945	02/25/2016	1.00	Y	MISC DOPAY				
218946	02/26/2016	1.00	Y	MISC DOPAY				
219486	02/29/2016	1.00	Y	MISC DOPAY				
219487	03/01/2016	1.00	Y	MISC DOPAY				
219488	03/02/2016	1.00	Y	MISC DOPAY				
219490	03/03/2016	1.00	Y	MISC DOPAY				
219491	03/04/2016	1.00	Y	MISC DOPAY				
220053	03/07/2016	1.00	Y	MISC DOPAY				
220054	03/08/2016	1.00	Y	MISC DOPAY				
220055	03/09/2016	1.00	Y	MISC DOPAY				
220056	03/10/2016	1.00	Y	MISC DOPAY				
220057	03/11/2016	1.00	Y	MISC DOPAY				
220878	03/14/2016	1.00	Y	MISC DOPAY				
220879	03/15/2016	1.00	Y	MISC DOPAY				
220880	03/16/2016	1.00	Y	MISC DOPAY				
220881	03/17/2016	1.00	Y	MISC DOPAY				
220882	03/18/2016	1.00	Y	MISC DOPAY				
221620	03/21/2016	1.00	Y	MISC DOPAY				
221622	03/22/2016	1.00	Y	MISC DOPAY				
221623	03/23/2016	1.00	Y	MISC DOPAY				
221624	03/24/2016	1.00	Y	MISC DOPAY				
221994	04/04/2016	1.00	Y	MISC DOPAY				
221995	04/05/2016	1.00	Y	MISC DOPAY				
221996	04/06/2016	1.00	Y	MISC DOPAY				
221997	04/07/2016	1.00	Y	MISC DOPAY				
221998	04/08/2016	1.00	Y	MISC DOPAY				
222603	04/11/2016	1.00	Y	MISC DOPAY				
222604	04/12/2016	1.00	Y	MISC DOPAY				
222605	04/13/2016	1.00	Y	MISC DOPAY				
222606	04/14/2016	1.00	Y	MISC DOPAY				
222607	04/15/2016	1.00	Y	MISC DOPAY				
223306	04/18/2016	1.00	Y	MISC DOPAY				
223307	04/19/2016	1.00	Y	MISC DOPAY				
223308	04/20/2016	1.00	Y	MISC DOPAY				
223311	04/21/2016	1.00	Y	MISC DOPAY				
223309	04/22/2016	1.00	Y	MISC DOPAY				
223830	04/25/2016	1.00	Y	MISC DOPAY				
223831	04/26/2016	1.00	Y	MISC DOPAY				
223832	04/27/2016	1.00	Y	MISC DOPAY				
223833	04/28/2016	1.00	Y	MISC DOPAY				
223834	04/29/2016	1.00	Y	MISC DOPAY				

**GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME**

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS/HRS POST TAKEN	FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
224646	05/02/2016	1.00	Y	MISC	DOPAY			
224647	05/03/2016	1.00	Y	MISC	DOPAY			
224648	05/04/2016	1.00	Y	MISC	DOPAY			
224649	05/05/2016	1.00	Y	MISC	DOPAY			
224650	05/06/2016	1.00	Y	MISC	DOPAY			
225324	05/09/2016	1.00	Y	MISC	DOPAY			
225325	05/10/2016	1.00	Y	MISC	DOPAY			
225326	05/11/2016	1.00	Y	MISC	DOPAY			
225327	05/12/2016	1.00	Y	MISC	DOPAY			
225328	05/13/2016	1.00	Y	MISC	DOPAY			
225961	05/16/2016	1.00	Y	MISC	DOPAY			
225962	05/17/2016	1.00	Y	MISC	DOPAY			
225963	05/18/2016	1.00	Y	MISC	DOPAY			
225964	05/19/2016	1.00	Y	MISC	DOPAY			
225965	05/20/2016	1.00	Y	MISC	DOPAY			
226843	05/23/2016	1.00	Y	MISC	DOPAY			
226844	05/24/2016	1.00	Y	MISC	DOPAY			
226845	05/25/2016	1.00	Y	MISC	DOPAY			
226848	05/26/2016	1.00	Y	MISC	DOPAY			
226849	05/27/2016	1.00	Y	MISC	DOPAY			
227813	05/31/2016	1.00	Y	MISC	DOPAY			
227814	06/01/2016	1.00	Y	MISC	DOPAY			
227815	06/02/2016	1.00	Y	MISC	DOPAY			
		180.00					0.00	0.00
				MISC	SICK	PERSONAL		
PRIOR BAL:		0.0000		0.0000	3.0000			
YTD EARNED:		0.0000		0.0000	0.0000			
DAYS DOCKED:		0.0000		0.0000	0.0000			
TOTAL USED:		180.0000		0.0000	0.0000			
BALANCE:		-180.0000		0.0000	3.0000			
TOTALS:		180.00					0.00	0.00
				TOTAL NUMBER OF ABSENT EMPLOYEES: 1				

GEORGETOWN COUNTY SCHOOL DISTRICT
2018 CHURCH STREET
GEORGETOWN, S.C. 29440
E M P L O Y M E N T A G R E E M E N T

Name: DONNA DOZIER

Social Security No:

Address: P.O. BOX 139
MURRELLS INLET, SC 29576

School/Department Name: WACCAMAW INTERMEDIATE SCHOOL

This is to notify you of an offer of employment for the 2014-2015 school year as a FOOD SERVICE OPERATOR assigned to WACCAMAW INTERMEDIATE SCHOOL.

1. You will be employed for a total of 181 (150) work days.
2. Loss or reduction in any amount of anticipated or appropriated federal, state or local funding may, at the discretion of the District, result in a reduction in salary, a reduction in work days with a pro-rata reduction of salary, or termination of this Agreement.
3. Your daily schedule will be arranged by your principal or supervisor.
4. The assignment stated above is tentative, and all employees are subject to transfer or reassignment at any time under this Agreement.
5. Should you now indicate your desire to return to your present position and later decide not to return to the District, a letter of resignation should be immediately submitted to your principal or immediate supervisor.
6. All employees are required to perform their work duties at a level satisfactory to the District; to comply with State law and all District policies, regulations, and procedures, and to attend all school and District meetings or activities required of an employee holding this position.
7. The District has the right to terminate this Agreement for any reason deemed sufficient by the District. In case of termination of this Agreement, the employee shall only be entitled to be paid those days she/he has actually worked.
8. It is understood that your employment with the District terminates automatically at the end of the school year noted above. Any continuation of employment beyond that point must be the subject of a new offer and acceptance.

Kindly indicate your acceptance of this offer by signing the Employment Agreement and returning it no later than October 24, 2014 to the Office of Human Resources. If your acceptance is not received by this date, the position will be considered vacant.

OCTOBER 14, 2014
(Date)

Signed: [Signature]

(Superintendent)

10-17-14
(Date)

Signed: [Signature]

(Employee)

I, (please print) Donna Dozier, hereby certify that I am physically and mentally able to perform the duties of this position.

Human Resources Copy

Georgetown County School District

J.B. Beck Administration and Education Center

Office of Human Resources

2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Coordinator



October 8, 2014

Ms. Donna Dozier
P.O. Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

It gives me great pleasure to apprise you that at its meeting on Tuesday, October 7, 2014, the Georgetown County School District Board of Education approved your candidacy as a Food Service Operator at Waccamaw Intermediate School for the 2014-2015 school year.

I have enclosed an employment agreement for the 2014-2015 school year. Please sign and return one copy to me in the enclosed self-addressed envelope by October 17, 2014.

If my staff or I may be of assistance to you at any time, please do not hesitate to let me know.

With kind regards,

A handwritten signature in cursive script that reads "Jon R. Tester".

Mr. Jon R. Tester
Executive Director for Human Resources

jsz

enc.

pc: Dr. Tim Carnahan
Ms. Jan Knox
Personnel File

Georgetown County School District

J.B. Beck Administration and Education Center

Office of Human Resources

2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Coordinator



October 14, 2014

Ms. Donna Dozier
P.O. Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

It gives me great pleasure to apprise you that at its meeting on Tuesday, October 7, 2014, the Georgetown County School District Board of Education approved your candidacy as a Food Service Operator at Waccamaw Intermediate School for the 2014-2015 school year.

I have enclosed an employment agreement for the 2014-2015 school year. Please sign and return one copy to me in the enclosed self-addressed envelope by October 24, 2014.

If my staff or I may be of assistance to you at any time, please do not hesitate to let me know.

With kind regards,

A handwritten signature in cursive script that reads "Jon R. Tester".

Mr. Jon R. Tester
Executive Director for Human Resources

jsz

enc.

pc: Dr. Tim Carnahan
Ms. Jan Knox
Personnel File

EMPLOYMENT RECOMMENDATION FORM
Georgetown County School District

DI

School/Dept. Waccamaw Intermediate School Available Position: Food Service Operator
GRADE LEVEL/SUBJECT/JOB TITLE
Position Accepted: 9/23/14 (Date)
Account Number: 6290-2560110-029-0000
(REQUIRED)
Name of Person Who
Previously Held Position Crystal Eaddy
(REQUIRED)
Full or Part-time: Full time
(REQUIRED)

Candidates Interviewed: Sheila Jiles, Jennifer Vereen, Kiawana Deas, Donna Nesbit Dozier, Dawn Vargas,
Shulaunda Robinson
Date of Interview(s): September 18, 2014
Interview Team: Tim Carnahan, Callie Pope, Terri Freeman, Jan Knox

HR Staff
(Required for Professional Interviews)

Candidate Recommended: Donna Dozier Phone 843 318-8497
Regret Letters Mailed: ☒ (Required for Background Check)

FILL IN THIS SECTION FOR TEACHER RECOMMENDATIONS ONLY.

School(s) Attended: _____
Major: _____ Degree(s): _____
Dates of Degrees: _____ Years Experience: _____
Area(s) of Certification: _____

Beginning Date
for Employment: October 1, 2014
(EXACT DATE REQUIRED)

Number of
Contract Days: 181 (150 days)

Other In-district
employment: _____

CPope
Signature of Manager
Jennifer P. Perry
Signature of Food Service Director
an
Signature of Principal/Dept. Head

TO BE COMPLETED BY DISTRICT ONLY

Type of Contract: Classified

H. R. Approval

September 18, 2014
Date

PLEASE FAX THE COMPLETED RECOMMENDATION FORM TO OFFICE OF HUMAN RESOURCES AT 436-7143

Revised: 7/29/2014

**THE SCHOOL DISTRICT OF
GEORGETOWN COUNTY**

Office of Business Services/Payroll
2018 CHURCH STREET
GEORGETOWN, SC 29440



**DONNA N. DOZIER
PO BOX 139
MURRELLS INLET, SC 29576**

AUGUST 28, 2015

Dear Donna N. Dozier,

Listed below is your salary for the 2015-2016 school year:

\$11,857.00

**We appreciate the efforts that the School Board has taken to reward
each employee for
their service to the children of Georgetown County.**

**If you have any additional questions, please feel free to call Kathy
Smith at 436-7082.**

Sincerely,

**Lisa Johnson
Associate Superintendent for Finance and Operations**

Lisa O. Johnson

Exhibit 1

Claimant's Exhibit 2

GEORGETOWN COUNTY SCHOOL DISTRICT
2018 CHURCH STREET
GEORGETOWN, S.C. 29440
EMPLOYMENT AGREEMENT

Name: DONNA DOZIER

Social Security No: _____

Address: P.O. BOX 139
MURRELLS INLET, SC 29576

School/Department Name: WACCAMAW INTERMEDIATE SCHOOL

This is to notify you of an offer of employment for the 2014-2015 school year as a FOOD SERVICE OPERATOR assigned to WACCAMAW INTERMEDIATE SCHOOL.

1. You will be employed for a total of 181 (150) work days.
2. Loss or reduction in any amount of anticipated or appropriated federal, state or local funding may, at the discretion of the District, result in a reduction in salary, a reduction in work days with a pro-rata reduction of salary, or termination of this Agreement.
3. Your daily schedule will be arranged by your principal or supervisor.
4. The assignment stated above is tentative, and all employees are subject to transfer or reassignment at any time under this Agreement.
5. Should you now indicate your desire to return to your present position and later decide not to return to the District, a letter of resignation should be immediately submitted to your principal or immediate supervisor.
6. All employees are required to perform their work duties at a level satisfactory to the District; to comply with State law and all District policies, regulations, and procedures, and to attend all school and District meetings or activities required of an employee holding this position.
7. The District has the right to terminate this Agreement for any reason deemed sufficient by the District. In case of termination of this Agreement, the employee shall only be entitled to be paid those days she/he has actually worked.
8. It is understood that your employment with the District terminates automatically at the end of the school year noted above. Any continuation of employment beyond that point must be the subject of a new offer and acceptance.

Kindly indicate your acceptance of this offer by signing the Employment Agreement and returning it no later than October 24, 2014 to the Office of Human Resources. If your acceptance is not received by this date, the position will be considered vacant.

OCTOBER 14, 2014
(Date)

Signed: _____

(Superintendent)

10-17-14
(Date)

Signed: _____

(Employee)

I, (please print) Donna Dozier, hereby certify that I am physically and mentally able to perform the duties of this position.

Human Resources Copy

Claimant's Exhibit 3

MAILED

10/10/14-ATG

You must also complete a Tobacco Certification form within 31 days of enrolling in health coverage and whenever the status of tobacco use changes for you or a dependent covered under your health insurance.

ACTIVE EMPLOYEE NOTICE OF ELECTION (NOE) SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY INSURANCE BENEFITS

See Instructions - If Completing By Hand Use Block 1a

ACTION	Select One: ☒ New Hire ☐ Transfer ☐ Change		Type of Change ☐ Enrollment Other (specify) _____ Date of Change Event: _____		BA Use Only Effective Date: <u>10/1/2014</u> Group ID #: <u>522-01</u> Group Name: <u>GCSD</u>		☐ Permanent P/T EE (20 hrs.)		MoneyPlus Pretax Premiums ☐ Refuse ☒ Yes	
	1. SSN: _____		2. Last Name: <u>Dozier</u>		3. Suffix: _____		4. First Name: <u>Donna</u>		5. M.I.: _____ 6. Date of Birth: _____	
ENROLLEE INFO	7. Sex: ☒ M ☒ F		8. Marital Status: ☐ Single ☒ Married ☐ Widowed ☐ Divorced ☐ Separated		9. Home Phone #: <u>(843) 240-8063</u>		10. Work Phone #: _____		11. E-mail Address: _____	
	12. Mailing Address: <u>P.O. Box 139</u>		13. Apt.: _____ 14. City: <u>Murrells Inlet</u>		15. State: <u>SC</u>		16. Zip Code: <u>29576</u>		17. County Code: <u>22</u>	
MEDICARE & OTHER COVERAGE	18. Annual Salary: <u>11,522</u>		19. Date of Hire: <u>10/1/2014</u>		20. List yourself and any other persons to be covered who are eligible for Part A and/or Part B of Medicare.					
	Name		Medicare #		Eligible Due To		Effective Date			
					☐ Age ☐ Disability ☐ Renal Disease		Part A MM/DD/YYYY		Part B MM/DD/YYYY	
					☐ Age ☐ Disability ☐ Renal Disease					
COVERAGE	21. Do you or any of your dependent(s) have other health coverage? ☐ YES ☐ NO Does this coverage include prescription drug benefits? ☐ YES ☐ NO									
	Dependent Name		Insurance Company		Policy Holder Date of Birth		Effective Date of Policy		Termination Date (if Applicable)	
COVERAGE	22. HEALTH PLAN (Refuse or select one plan and one level of coverage)									
	PLAN: ☒ Standard ☐ Savings ☐ TRICARE Supplement ☐ Refuse ☐ BlueChoice HMO ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Employee/Spouse ☐ Family					23. STATE DENTAL PLAN (Select One): ☒ Employee/Spouse ☐ Employee/Child(ren) ☐ Family				
	24. DENTAL PLUS (Select One): ☒ Refuse ☐ Yes					25. DEPENDENT LIFE - Child(ren) (Select One): ☒ Refuse ☐ \$16,000				
	26. DEPENDENT LIFE - Spouse (Select One): ☒ Refuse ☐ Coverage Level \$ _____ (Must be in increments of \$10,000)					27. OPTIONAL LIFE (Select One): ☒ Refuse ☐ Coverage Level \$ <u>20,000</u> (Must be in increments of \$10,000)				
BENEFICIARIES	28. SUPPLEMENTAL LTD (Select One): ☒ Refuse ☐ Plan One - 90-day benefit waiting period ☐ Plan Two - 180-day benefit waiting period									
	29. VISION CARE (Select One): ☒ Refuse ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Family									
	30. Basic Life/Optional Life (Select one or both): ☒ Basic Life ☒ Optional Life									
	31. Always list spouse. List eligible children to be covered. If they are not listed, they will not be covered. For a child age 18-24 to be eligible for Dependent Life-Child coverage, your child must be eligible according to the requirements on the reverse of this NOE.									
DEPENDENTS	Add (A) or Delete (D)									
	Dependent SSN#		Last Name		First Name		Sex M/F		Relationship	
			<u>Cohen Jr.</u>		<u>Darnell</u>				<u>son</u>	
			<u>Cohen</u>		<u>Daniella</u>				<u>daughter</u>	
CERTIFICATION & AUTHORIZATION	32. CERTIFICATION: I have read this NOE and made authorizations herein and selected the coverage noted. I have provided Social Security numbers and documentation establishing my dependent(s) eligibility for the plan(s) selected. I certify that any child enrolled in Dependent Life/Child insurance is eligible according to the requirements on the reverse of this NOE. I also understand that proof of eligibility (at the time of enrollment and at the time of the claim) will be required before any Dependent Life/Child insurance claim is paid. I understand that unless otherwise provided in the Plan, I may cancel coverage for me or my dependent(s) only during an open enrollment period (every two years). Should I refuse any coverage or fail to enroll all eligible dependents when first eligible, I and/or all eligible dependents may only enroll during an open enrollment period (every two years) unless otherwise provided by the Plan. I understand and agree that all selected plans will not be effective unless and until the NOE is approved. I understand that the State reserves the right to alter benefits or premiums at any time to preserve the financial stability of the Plan. I further acknowledge that the eligibility status of any covered individual is subject to audit at any time.									
	33. I hereby attest the employee meets eligibility requirements, proper premiums are being collected, this form is complete and accurate and all required documentation is attached to process NOE form.									
	Employee Signature: <u>Donna Dozier</u> Date: <u>10-9-2014</u>									
	Benefits Administrator Signature: <u>Dishe T. Greene</u> Date: <u>10/9/14</u>									

FY 2014-2015

**GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2014 TO 06/30/2015**

***** W A G E S ***** T A X E S *****

CHECK NO	CHECK DATE	PAY DATE	GROSS/NET	FICA/MEDICARE	STATE/TAXABLE/RETIREMENT	FICA/MEDICARE	FEDERAL/STATE
DOZIER, DONNA N							
			CLASS:	CLASS	DEPT:	LOC: 629	CAT: FDS
772662	10/15/2014	09/26/2014	454.71	375.03	338.65		
			307.40	375.03	338.65	23.25	0.00
DEDUCTIONS:					454.71	5.44	2.56
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	3.12	DEN PL M	15.37	FBMCFEE	0.14
PAY TYPE/ACCT:			REG	HRS	0.00	AMT	DED TOTAL: 116.06
					454.71	6290-2560-110-029-0000	
774278	10/30/2014	10/10/2014	454.71	376.59	340.21		
			308.80	376.59	340.21	23.35	0.00
DEDUCTIONS:					454.71	5.46	2.60
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	1.56	DEN PL M	15.37	FBMCFEE	0.14
PAY TYPE/ACCT:			REG	HRS	0.00	AMT	DED TOTAL: 114.50
					454.71	6290-2560-110-029-0000	
209171	11/14/2014	10/24/2014	454.71	376.59	340.21		
			308.80	376.59	340.21	23.35	0.00
DEDUCTIONS:					454.71	5.46	2.60
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	1.56	DEN PL M	15.37	FBMCFEE	0.14
PAY TYPE/ACCT:			REG	HRS	0.00	AMT	DED TOTAL: 114.50
					454.71	6290-2560-110-029-0000	
777581	11/24/2014	11/07/2014	454.71	376.59	340.21		
			308.80	376.59	340.21	23.35	0.00
DEDUCTIONS:					454.71	5.46	2.60
		SCRS	36.38	WC2	0.00	BC/BS MP	61.05
		OP LIF M	1.56	DEN PL M	15.37	FBMCFEE	0.14
PAY TYPE/ACCT:			REG	HRS	0.00	AMT	DED TOTAL: 114.50
					454.71	6290-2560-110-029-0000	
779231	12/15/2014	11/21/2014	454.71	391.88	355.50		
			322.50	391.88	355.50	24.30	0.00
DEDUCTIONS:					454.71	5.68	3.02
		SCRS	36.38	WC2	0.00	BC/BS MP	48.84
		OP LIF M	1.56	DEN PL M	12.29	FBMCFEE	0.14
PAY TYPE/ACCT:			REG	HRS	0.00	AMT	DED TOTAL: 99.21
					454.71	6290-2560-110-029-0000	

DFREDICK
pr158r06

11/21/2016 10:34:32AM

Page 1

FY 2014-2015

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2014 TO 06/30/2015

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/NET</u>	<u>FICA/MEDICARE</u>	<u>STATE/TAXABLE/RETIREMENT</u>	<u>FICA/MEDICARE</u>	<u>FEDERAL/STATE</u>
780882	12/18/2014	12/05/2014	454.71	392.36	355.98	24.33	0.00
			322.93	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			DED TOTAL: 98.73				
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
782537	01/14/2015	12/19/2014	454.71	392.36	355.98	24.33	0.00
			282.59	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	40.34			
			DED TOTAL: 139.07				
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
784079	01/30/2015	01/09/2015	354.76	292.41	264.03	18.13	0.00
			200.40	292.41	354.76	4.24	0.92
<i>DEDUCTIONS:</i>			SCRS	28.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	40.34			
			DED TOTAL: 131.07				
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
			DOCKPAY	HRS -1.57 AMT	-99.95 6290-2560-110-029-0000		
785642	02/12/2015	01/23/2015	454.71	392.36	355.98	24.33	0.00
			282.59	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	40.34			
			DED TOTAL: 139.07				
<i>PAY TYPE/ACCT:</i>			REG	HRS 0.00 AMT	454.71 6290-2560-110-029-0000		
787217	02/27/2015	02/06/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03

FY 2014-2015

**GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME**

DATES: 07/01/2014 TO 06/30/2015

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/NET</u>	<u>FICA/MEDICARE</u>	<u>STATE/TAXABLE/RETIREMENT</u>	<u>FICA/MEDICARE</u>	<u>FEDERAL/STATE</u>
<i>DEDUCTIONS:</i>							
			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
<i>DED TOTAL:</i>							137.29
<i>PAY TYPE/ACCT:</i>		REG	HRS	0.00	AMT	454.71	6290-2560-110-029-0000
788772	03/11/2015	02/20/2015	391.05	328.70		297.42	
			232.19	328.70		297.42	0.00
						20.38	1.52
<i>DEDUCTIONS:</i>							
			SCRS	31.28	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
<i>DED TOTAL:</i>							132.19
<i>PAY TYPE/ACCT:</i>		DOCKPAY	HRS	-1.00	AMT	-63.66	6290-2560-110-029-0000
		REG	HRS	0.00	AMT	454.71	6290-2560-110-029-0000
790353	03/30/2015	03/13/2015	263.73	201.38		180.28	
			126.31	201.38		180.28	0.00
						12.49	0.00
<i>DEDUCTIONS:</i>							
			SCRS	21.10	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
<i>DED TOTAL:</i>							122.01
<i>PAY TYPE/ACCT:</i>		DOCKPAY	HRS	-3.00	AMT	-190.98	6290-2560-110-029-0000
		REG	HRS	0.00	AMT	454.71	6290-2560-110-029-0000
791921	04/15/2015	03/27/2015	454.71	392.36		355.98	
			284.37	392.36		355.98	0.00
						24.33	3.03
<i>DEDUCTIONS:</i>							
			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
<i>DED TOTAL:</i>							137.29
<i>PAY TYPE/ACCT:</i>		REG	HRS	0.00	AMT	454.71	6290-2560-110-029-0000
793450	04/30/2015	04/03/2015	454.71	392.36		355.98	
			284.37	392.36		355.98	0.00
						24.33	3.03
<i>DEDUCTIONS:</i>							
			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
<i>DED TOTAL:</i>							137.29

DFREDICK
pr158r06

11/21/2016 10:34:32AM

Page 3

FY 2014-2015

**GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2014 TO 06/30/2015**

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/NET</u>	<u>FICA/MEDICARE</u>	<u>TAXABLE/RETIREMENT</u>	<u>FICA/MEDICARE</u>	<u>FEDERAL/STATE</u>
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71	6290-2560-110-029-0000
						355.98	
795024	05/15/2015	05/01/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
			<i>DED TOTAL:</i>				137.29
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71	6290-2560-110-029-0000
						355.98	
796575	05/29/2015	05/15/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
			<i>DED TOTAL:</i>				137.29
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71	6290-2560-110-029-0000
						355.98	
798122	06/15/2015	05/29/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
			<i>DED TOTAL:</i>				137.29
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71	6290-2560-110-029-0000
						355.98	
799691	06/25/2015	06/23/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38	WC2	0.00	BC/BS MP 48.84
			OP LIF M	1.08	DEN PL M	12.29	FBMCFEE 0.14
			NY LIFE	38.56			
			<i>DED TOTAL:</i>				137.29
<i>PAY TYPE/ACCT:</i> REG			HRS	0.00	AMT	454.71	6290-2560-110-029-0000
						6,016.31	
			7,830.19	6,642.77	6,016.31	411.90	0.00
			4,993.90	6,642.77	7,830.19	96.33	46.12

DFREDICK
pr158r06

11/21/2016 10:34:32AM

Page 4

FY 2014-2015

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2014 TO 06/30/2015

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/</u> <u>NET</u>	<u>FICA/</u> <u>MEDICARE</u>	<u>STATE/</u> <u>TAXABLE/</u> <u>RETIREMENT</u>	<u>FICA/</u> <u>MEDICARE</u>	<u>FEDERAL/</u> <u>STATE</u>
					6,016.31		
			7,830.19	6,642.77	6,016.31	411.90	0.00
			4,993.90	6,642.77	7,830.19	96.33	46.12

FY 2015-2016

GEORGETOWN COUNTY SCHOOL DISTRICT
EMPLOYEE CHECK DETAIL REPORT BY NAME
DATES: 07/01/2015 TO 06/30/2016

***** W A G E S ***** T A X E S *****

<u>CHECK NO</u>	<u>CHECK DATE</u>	<u>PAY DATE</u>	<u>GROSS/NET</u>	<u>FICA/MEDICARE</u>	<u>STATE/TAXABLE/RETIREMENT</u>	<u>FICA/MEDICARE</u>	<u>FEDERAL/STATE</u>
DOZIER, DONNA N							
				CLASS: CLASS	DEPT:	LOC: 629	CAT: FDS
800854	07/15/2015	06/30/2015	454.71	392.36	355.98		
			284.37	392.36	355.98	24.33	0.00
					454.71	5.69	3.03
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	38.56			
			DED TOTAL:				137.29
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00 AMT	454.71 6290-2560-110-029-0000	
802012	07/30/2015	06/30/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	355.98	5.69	3.03
					454.71		
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	38.56			
			DED TOTAL:				137.29
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00 AMT	454.71 6290-2560-110-029-0000	
803077	08/14/2015	06/30/2015	454.71	392.36	355.98	24.33	0.00
			284.37	392.36	355.98	5.69	3.03
					454.71		
<i>DEDUCTIONS:</i>			SCRS	36.38 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	38.56			
			DED TOTAL:				137.29
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00 AMT	454.71 6290-2560-110-029-0000	
805917	08/28/2015	08/21/2015	494.04	431.69	391.38	26.76	0.00
			315.82	431.69	391.38	6.26	3.98
					494.04		
<i>DEDUCTIONS:</i>			SCRS	40.31 WC2	0.00 BC/BS MP		48.84
			OP LIF M	1.08 DEN PL M	12.29 FBMC FEE		0.14
			NY LIFE	38.56			
			DED TOTAL:				141.22
<i>PAY TYPE/ACCT:</i>			REG	HRS	0.00 AMT	494.04 6290-2560-110-029-0000	
836555	06/20/2016	06/16/2016	30.04	4.04	1.59	0.25	0.00
			1.28	4.04	1.59	0.06	0.00
					30.04		

DFREDICK
pr158r06

11/21/2016 10:35:25AM

Page 1

**GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME**

FY 2014-2015

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2014 TO 06/30/2015

TRANS NUMBER	DATE ABSENT	DAYS/HRS POST TAKEN	FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
DOZIER, DONNA N						Class: CLASS PRIMARY ACCOUNT: 6290-2560-110-029-0000	Dept: 629 Loc: 629	Pay Period: waug
176853	10/15/2014	0.85	Y	MISC SICK				
183433	10/15/2014	-0.85	Y	MISC SICK				
183434	10/15/2014	0.85	Y	SICK SICK				
176873	10/16/2014	1.00	Y	MISC SICK				
183435	10/16/2014	-1.00	Y	MISC SICK				
183437	10/16/2014	1.00	Y	SICK SICK				
180479	12/02/2014	1.00	Y	SICK SICK				
182795	01/05/2015	0.72	Y	SICK SICK				
182796	01/06/2015	1.00	Y	SICK SICK				
182797	01/07/2015	1.00	Y	SICK SICK				
182798	01/08/2015	0.43	Y	SICK SICK				
183724	01/08/2015	0.57	Y	SICK SICK				
182799	01/09/2015	1.00	Y	SICK SICK				
183653	01/12/2015	1.00	Y	SICK SICK				
185557	02/18/2015	1.00	Y	SICK SICK				
185558	02/19/2015	1.00	Y	SICK SICK				
186940	03/02/2015	1.00	Y	SICK SICK				
186941	03/03/2015	1.00	Y	SICK SICK				
186942	03/04/2015	1.00	Y	SICK SICK				
193248	05/11/2015	1.00	Y	SICK SICK				
193250	05/12/2015	1.00	Y	SICK SICK				
		15.57					0.00	0.00
				MISC	SICK	PERSONAL		
PRIOR BAL:		0.0000		0.0000	0.0000			
YTD EARNED:		0.0000		10.0000	3.0000			
DAYS DOCKED:		0.0000		5.5700	0.0000			
TOTAL USED:		0.0000		10.0000	0.0000			
BALANCE:		0.0000		0.0000	3.0000			
TOTALS:		15.57					0.00	0.00
TOTAL NUMBER OF ABSENT EMPLOYEES: 1								

GEORGETOWN COUNTY SCHOOL DISTRICT

FY 2015-2016

ABSENTEE REPORT BY NAME

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS DATE	DAYS/HRS POST						AMOUNT	DAYS/
NUMBER ABSENT	TAKEN FLAG	LEAVE	REASON	SUBSTITUTE NAME	ACCOUNT NUMBER		PAID	HRS
DOZIER, DONNA N					Class: CLASS	Dept:	Loc: 629	Pay Period: waug
					PRIMARY ACCOUNT:	6290-2560-110-029-0000		
198261	08/20/2015	1.00	Y	MISC WC				
198262	08/21/2015	1.00	Y	MISC WC				
198549	08/24/2015	1.00	Y	MISC WC				
198545	08/25/2015	1.00	Y	MISC WC				
198546	08/26/2015	1.00	Y	MISC WC				
198547	08/27/2015	1.00	Y	MISC WC				
198548	08/28/2015	1.00	Y	MISC WC				
198944	08/31/2015	1.00	Y	MISC DOPAY				
198945	09/01/2015	1.00	Y	MISC DOPAY				
198946	09/02/2015	1.00	Y	MISC DOPAY				
199166	09/03/2015	1.00	Y	MISC DOPAY				
199167	09/04/2015	1.00	Y	MISC DOPAY				
199168	09/08/2015	1.00	Y	MISC DOPAY				
199169	09/09/2015	1.00	Y	MISC DOPAY				
199170	09/10/2015	1.00	Y	MISC DOPAY				
199171	09/11/2015	1.00	Y	MISC DOPAY				
199722	09/14/2015	1.00	Y	MISC DOPAY				
199723	09/15/2015	1.00	Y	MISC DOPAY				
199724	09/16/2015	1.00	Y	MISC DOPAY				
199725	09/17/2015	1.00	Y	MISC DOPAY				
199726	09/18/2015	1.00	Y	MISC DOPAY				
200312	09/21/2015	1.00	Y	MISC DOPAY				
200313	09/22/2015	1.00	Y	MISC DOPAY				
200314	09/23/2015	1.00	Y	MISC DOPAY				
200315	09/24/2015	1.00	Y	MISC DOPAY				
200316	09/25/2015	1.00	Y	MISC DOPAY				
201041	09/28/2015	1.00	Y	MISC DOPAY				
201042	09/29/2015	1.00	Y	MISC DOPAY				
201043	09/30/2015	1.00	Y	MISC DOPAY				
201044	10/01/2015	1.00	Y	MISC DOPAY				
201045	10/02/2015	1.00	Y	MISC DOPAY				
203471	10/05/2015	1.00	Y	MISC FLOOD				
203532	10/06/2015	1.00	Y	MISC FLOOD				
203537	10/07/2015	1.00	Y	MISC FLOOD				
203538	10/08/2015	1.00	Y	MISC FLOOD				
203541	10/09/2015	1.00	Y	MISC FLOOD				
201608	10/12/2015	1.00	Y	MISC FLOOD				
201609	10/13/2015	1.00	Y	MISC FLOOD				
201610	10/14/2015	1.00	Y	MISC FLOOD				
201611	10/15/2015	1.00	Y	MISC FLOOD				
201612	10/16/2015	1.00	Y	MISC FLOOD				
203583	10/19/2015	1.00	Y	MISC DOPAY				
203585	10/20/2015	1.00	Y	MISC DOPAY				
203589	10/21/2015	1.00	Y	MISC DOPAY				
203590	10/22/2015	1.00	Y	MISC DOPAY				
203593	10/23/2015	1.00	Y	MISC DOPAY				
209699	10/26/2015	1.00	Y	MISC DOPAY				
209700	10/27/2015	1.00	Y	MISC DOPAY				
209701	10/28/2015	1.00	Y	MISC DOPAY				
209702	10/29/2015	1.00	Y	MISC DOPAY				
209703	10/30/2015	1.00	Y	MISC DOPAY				

GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS/HR TAKEN	POST FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
210966	11/02/2015	1.00	Y	MISC	DOPAY			
210967	11/03/2015	1.00	Y	MISC	DOPAY			
210968	11/04/2015	1.00	Y	MISC	DOPAY			
210969	11/05/2015	1.00	Y	MISC	DOPAY			
210970	11/06/2015	1.00	Y	MISC	DOPAY			
211529	11/09/2015	1.00	Y	MISC	DOPAY			
211530	11/10/2015	1.00	Y	MISC	DOPAY			
211531	11/12/2015	1.00	Y	MISC	DOPAY			
211532	11/13/2015	1.00	Y	MISC	DOPAY			
212174	11/16/2015	1.00	Y	MISC	DOPAY			
212176	11/17/2015	1.00	Y	MISC	DOPAY			
212178	11/18/2015	1.00	Y	MISC	DOPAY			
212179	11/19/2015	1.00	Y	MISC	DOPAY			
212182	11/20/2015	1.00	Y	MISC	DOPAY			
212414	11/23/2015	1.00	Y	MISC	DOPAY			
212415	11/24/2015	1.00	Y	MISC	DOPAY			
213121	11/30/2015	1.00	Y	MISC	DOPAY			
213122	12/01/2015	1.00	Y	MISC	DOPAY			
213123	12/02/2015	1.00	Y	MISC	DOPAY			
213124	12/03/2015	1.00	Y	MISC	DOPAY			
213125	12/04/2015	1.00	Y	MISC	DOPAY			
213741	12/07/2015	1.00	Y	MISC	DOPAY			
213742	12/08/2015	1.00	Y	MISC	DOPAY			
213743	12/09/2015	1.00	Y	MISC	DOPAY			
213744	12/10/2015	1.00	Y	MISC	DOPAY			
213745	12/11/2015	1.00	Y	MISC	DOPAY			
214258	12/14/2015	1.00	Y	MISC	DOPAY			
214259	12/15/2015	1.00	Y	MISC	DOPAY			
214260	12/16/2015	1.00	Y	MISC	DOPAY			
214261	12/17/2015	1.00	Y	MISC	DOPAY			
214262	12/18/2015	1.00	Y	MISC	DOPAY			
215038	01/04/2016	1.00	Y	MISC	DOPAY			
215039	01/05/2016	1.00	Y	MISC	DOPAY			
215040	01/06/2016	1.00	Y	MISC	DOPAY			
215041	01/07/2016	1.00	Y	MISC	DOPAY			
215042	01/08/2016	1.00	Y	MISC	DOPAY			
215428	01/11/2016	1.00	Y	MISC	DOPAY			
215430	01/12/2016	1.00	Y	MISC	DOPAY			
215431	01/13/2016	1.00	Y	MISC	DOPAY			
215433	01/14/2016	1.00	Y	MISC	DOPAY			
215435	01/15/2016	0.50	Y	MISC	DOPAY			
227816	01/15/2016	-0.50	Y	MISC	DOPAY			
215928	01/19/2016	1.00	Y	MISC	DOPAY			
215929	01/20/2016	1.00	Y	MISC	DOPAY			
215930	01/21/2016	1.00	Y	MISC	DOPAY			
215931	01/22/2016	1.00	Y	MISC	DOPAY			
216497	01/25/2016	1.00	Y	MISC	DOPAY			
216498	01/26/2016	1.00	Y	MISC	DOPAY			
216499	01/27/2016	1.00	Y	MISC	DOPAY			
216500	01/28/2016	1.00	Y	MISC	DOPAY			
216501	01/29/2016	1.00	Y	MISC	DOPAY			
216954	02/01/2016	1.00	Y	MISC	DOPAY			
216955	02/02/2016	1.00	Y	MISC	DOPAY			
216956	02/03/2016	1.00	Y	MISC	DOPAY			

GEORGETOWN COUNTY SCHOOL DISTRICT

ABSENTEE REPORT BY NAME

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS/HRS POST TAKEN	FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
216957	02/04/2016	1.00	Y	MISC	DOPAY			
216958	02/05/2016	1.00	Y	MISC	DOPAY			
217912	02/08/2016	1.00	Y	MISC	DOPAY			
217913	02/09/2016	1.00	Y	MISC	DOPAY			
217914	02/10/2016	1.00	Y	MISC	DOPAY			
217915	02/11/2016	1.00	Y	MISC	DOPAY			
217916	02/12/2016	1.00	Y	MISC	DOPAY			
218564	02/16/2016	1.00	Y	MISC	DOPAY			
218565	02/17/2016	1.00	Y	MISC	DOPAY			
218566	02/18/2016	1.00	Y	MISC	DOPAY			
218567	02/19/2016	1.00	Y	MISC	DOPAY			
218942	02/22/2016	1.00	Y	MISC	DOPAY			
218943	02/23/2016	1.00	Y	MISC	DOPAY			
218945	02/25/2016	1.00	Y	MISC	DOPAY			
218946	02/26/2016	1.00	Y	MISC	DOPAY			
219486	02/29/2016	1.00	Y	MISC	DOPAY			
219487	03/01/2016	1.00	Y	MISC	DOPAY			
219488	03/02/2016	1.00	Y	MISC	DOPAY			
219490	03/03/2016	1.00	Y	MISC	DOPAY			
219491	03/04/2016	1.00	Y	MISC	DOPAY			
220053	03/07/2016	1.00	Y	MISC	DOPAY			
220054	03/08/2016	1.00	Y	MISC	DOPAY			
220055	03/09/2016	1.00	Y	MISC	DOPAY			
220056	03/10/2016	1.00	Y	MISC	DOPAY			
220057	03/11/2016	1.00	Y	MISC	DOPAY			
220878	03/14/2016	1.00	Y	MISC	DOPAY			
220879	03/15/2016	1.00	Y	MISC	DOPAY			
220880	03/16/2016	1.00	Y	MISC	DOPAY			
220881	03/17/2016	1.00	Y	MISC	DOPAY			
220882	03/18/2016	1.00	Y	MISC	DOPAY			
221620	03/21/2016	1.00	Y	MISC	DOPAY			
221622	03/22/2016	1.00	Y	MISC	DOPAY			
221623	03/23/2016	1.00	Y	MISC	DOPAY			
221624	03/24/2016	1.00	Y	MISC	DOPAY			
221994	04/04/2016	1.00	Y	MISC	DOPAY			
221995	04/05/2016	1.00	Y	MISC	DOPAY			
221996	04/06/2016	1.00	Y	MISC	DOPAY			
221997	04/07/2016	1.00	Y	MISC	DOPAY			
221998	04/08/2016	1.00	Y	MISC	DOPAY			
222603	04/11/2016	1.00	Y	MISC	DOPAY			
222604	04/12/2016	1.00	Y	MISC	DOPAY			
222605	04/13/2016	1.00	Y	MISC	DOPAY			
222606	04/14/2016	1.00	Y	MISC	DOPAY			
222607	04/15/2016	1.00	Y	MISC	DOPAY			
223306	04/18/2016	1.00	Y	MISC	DOPAY			
223307	04/19/2016	1.00	Y	MISC	DOPAY			
223308	04/20/2016	1.00	Y	MISC	DOPAY			
223311	04/21/2016	1.00	Y	MISC	DOPAY			
223309	04/22/2016	1.00	Y	MISC	DOPAY			
223830	04/25/2016	1.00	Y	MISC	DOPAY			
223831	04/26/2016	1.00	Y	MISC	DOPAY			
223832	04/27/2016	1.00	Y	MISC	DOPAY			
223833	04/28/2016	1.00	Y	MISC	DOPAY			
223834	04/29/2016	1.00	Y	MISC	DOPAY			

DREDICK

su186r01

11/21/2016 11:08:35AM

Page 3

**GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME**

FY 2015-2016

TRANS NO: - 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 07/01/2015 TO 06/30/2016

TRANS NUMBER	DATE ABSENT	DAYS/HRS TAKEN	POST FLAG	LEAVE REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
224646	05/02/2016	1.00	Y	MISC	DOPAY			
224647	05/03/2016	1.00	Y	MISC	DOPAY			
224648	05/04/2016	1.00	Y	MISC	DOPAY			
224649	05/05/2016	1.00	Y	MISC	DOPAY			
224650	05/06/2016	1.00	Y	MISC	DOPAY			
225324	05/09/2016	1.00	Y	MISC	DOPAY			
225325	05/10/2016	1.00	Y	MISC	DOPAY			
225326	05/11/2016	1.00	Y	MISC	DOPAY			
225327	05/12/2016	1.00	Y	MISC	DOPAY			
225328	05/13/2016	1.00	Y	MISC	DOPAY			
225961	05/16/2016	1.00	Y	MISC	DOPAY			
225962	05/17/2016	1.00	Y	MISC	DOPAY			
225963	05/18/2016	1.00	Y	MISC	DOPAY			
225964	05/19/2016	1.00	Y	MISC	DOPAY			
225965	05/20/2016	1.00	Y	MISC	DOPAY			
226843	05/23/2016	1.00	Y	MISC	DOPAY			
226844	05/24/2016	1.00	Y	MISC	DOPAY			
226845	05/25/2016	1.00	Y	MISC	DOPAY			
226848	05/26/2016	1.00	Y	MISC	DOPAY			
226849	05/27/2016	1.00	Y	MISC	DOPAY			
227813	05/31/2016	1.00	Y	MISC	DOPAY			
227814	06/01/2016	1.00	Y	MISC	DOPAY			
227815	06/02/2016	1.00	Y	MISC	DOPAY			
		180.00					0.00	0.00
				MISC	SICK	PERSONAL		
PRIOR BAL:		0.0000		0.0000	3.0000			
YTD EARNED:		0.0000		0.0000	0.0000			
DAYS DOCKED:		0.0000		0.0000	0.0000			
TOTAL USED:		180.0000		0.0000	0.0000			
BALANCE:		-180.0000		0.0000	3.0000			
TOTALS:		180.00					0.00	0.00
				TOTAL NUMBER OF ABSENT EMPLOYEES: 1				

GEORGETOWN COUNTY SCHOOL DISTRICT
2018 CHURCH STREET
GEORGETOWN, S.C. 29440
E M P L O Y M E N T A G R E E M E N T

Name: DONNA DOZIER

Social Security No:

Address: P.O. BOX 139
MURRELLS INLET, SC 29576

School/Department Name: WACCAMAW INTERMEDIATE SCHOOL

This is to notify you of an offer of employment for the 2014-2015 school year as a FOOD SERVICE OPERATOR assigned to WACCAMAW INTERMEDIATE SCHOOL.

1. You will be employed for a total of 181 (150) work days.
2. Loss or reduction in any amount of anticipated or appropriated federal, state or local funding may, at the discretion of the District, result in a reduction in salary, a reduction in work days with a pro-rata reduction of salary, or termination of this Agreement.
3. Your daily schedule will be arranged by your principal or supervisor.
4. The assignment stated above is tentative, and all employees are subject to transfer or reassignment at any time under this Agreement.
5. Should you now indicate your desire to return to your present position and later decide not to return to the District, a letter of resignation should be immediately submitted to your principal or immediate supervisor.
6. All employees are required to perform their work duties at a level satisfactory to the District; to comply with State law and all District policies, regulations, and procedures, and to attend all school and District meetings or activities required of an employee holding this position.
7. The District has the right to terminate this Agreement for any reason deemed sufficient by the District. In case of termination of this Agreement, the employee shall only be entitled to be paid those days she/he has actually worked.
8. It is understood that your employment with the District terminates automatically at the end of the school year noted above. Any continuation of employment beyond that point must be the subject of a new offer and acceptance.

Kindly indicate your acceptance of this offer by signing the Employment Agreement and returning it no later than October 24, 2014 to the Office of Human Resources. If your acceptance is not received by this date, the position will be considered vacant.

OCTOBER 14, 2014
(Date)

Signed:

P. Radford Dyer
(Superintendent)

10-17-14
(Date)

Signed:

Donna Dozier
(Employee)

I, (please print) Donna Dozier, hereby certify that I am physically and mentally able to perform the duties of this position.

Human Resources Copy

Georgetown County School District

J.B. Beck Administration and Education Center

Office of Human Resources

2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Coordinator



October 8, 2014

Ms. Donna Dozier
P.O. Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

It gives me great pleasure to apprise you that at its meeting on Tuesday, October 7, 2014, the Georgetown County School District Board of Education approved your candidacy as a Food Service Operator at Waccamaw Intermediate School for the 2014-2015 school year.

I have enclosed an employment agreement for the 2014-2015 school year. Please sign and return one copy to me in the enclosed self-addressed envelope by October 17, 2014.

If my staff or I may be of assistance to you at any time, please do not hesitate to let me know.

With kind regards,

A handwritten signature in cursive script that reads "Jon R. Tester".

Mr. Jon R. Tester
Executive Director for Human Resources

jsz

enc.

pc: Dr. Tim Carnahan
Ms. Jan Knox
Personnel File

Georgetown County School District

J.B. Beck Administration and Education Center

Office of Human Resources

2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Coordinator



October 14, 2014

Ms. Donna Dozier
P.O. Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

It gives me great pleasure to apprise you that at its meeting on Tuesday, October 7, 2014, the Georgetown County School District Board of Education approved your candidacy as a Food Service Operator at Waccamaw Intermediate School for the 2014-2015 school year.

I have enclosed an employment agreement for the 2014-2015 school year. Please sign and return one copy to me in the enclosed self-addressed envelope by October 24, 2014.

If my staff or I may be of assistance to you at any time, please do not hesitate to let me know.

With kind regards,

A handwritten signature in cursive script that reads "Jon R. Tester".

Mr. Jon R. Tester
Executive Director for Human Resources

jsz

enc.

pc: Dr. Tim Carnahan
Ms. Jan Knox
Personnel File

EMPLOYMENT RECOMMENDATION FORM

Georgetown County School District

DI

School/Dept. Waccamaw Intermediate School Available Position: Food Service Operator
GRADE LEVEL/SUBJECT/JOB TITLE
Position Accepted: 9/23/14 (Date)
Account Number: 6290-2560110-029-0000
(REQUIRED)
Name of Person Who
Previously Held Position Crystal Eaddy
(REQUIRED)
Full or Part-time: Full time
(REQUIRED)

Candidates Interviewed: Sheila Jiles, Jennifer Vereen, Kiawana Deas, Donna Nesbit Dozier, Dawn Vargas,
Shulaunda Robinson
Date of Interview(s): September 18, 2014
Interview Team: Tim Carnahan, Callie Pope, Terri Freeman, Jan Knox

HR Staff

(Required for Professional Interviews)

Candidate Recommended: Donna Dozier Phone 843 318-8497 SS
Regret Letters Mailed: ☒ (Required for Background Check)

FILL IN THIS SECTION FOR TEACHER RECOMMENDATIONS ONLY.

School(s) Attended: _____
Major: _____ Degree(s): _____
Dates of Degrees: _____ Years Experience: _____
Area(s) of Certification: _____

Beginning Date
for Employment: October 1, 2014
(EXACT DATE REQUIRED)

Number of
Contract Days: 181 (150 days)

Other In-district
employment: _____

Signature of Manager

Signature of Food Service Director

Signature of Principal/Dept. Head

TO BE COMPLETED BY DISTRICT ONLY

Type of Contract: Classified

H. R. Approval

Date

September 18, 2014

PLEASE FAX THE COMPLETED RECOMMENDATION FORM TO OFFICE OF HUMAN RESOURCES AT 436-7143

Revised: 7/29/2014

BARNETT & WRIGHT, P.A.
ATTORNEYS AT LAW
1304 AZALEA COURT, SUITE B
MYRTLE BEACH, SOUTH CAROLINA 29577

ROBERT L. BARNETT
NEIL D. WRIGHT
MATTHEW N. WRIGHT

Telephone: (843)449-0781-Ext#3
Telecopier: (843)449-1583
E-mail: nwright@barnettandwright.com
(Not for Confidential Communication)

April 7, 2017

VIA ECASE

The Honorable Gene McCaskill
South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202

RE: Donna Dozier v. Georgetown School District 1
WCC File No. 1512151
Date of Injury: 08/19/2015
Date of Hearing: March 21, 2017

Dear Commissioner McCaskill:

The above matter is before you upon the application of the Employer to stop payment of temporary compensation benefits. Pursuant to Commission Regulation 67-604 A., each allegation made in Employer's Form 21 is deemed denied. In this case the Claimant not only denies that she has reached maximum medical improvement, she also contests the Employer's calculation of her average weekly wage and, thus, her compensation rate.

At the hearing on March 21, 2017, you asked me if the Claimant would stipulate to the accuracy of the Employer's calculation of the Claimant's average weekly wage. I informed you that the Claimant would not stipulate to the accuracy of the Employer's calculation of the Claimant's average weekly wage as the Claimant's sworn deposition testimony indicates that the Claimant's average weekly wage is significantly higher than the average weekly wage reflected on the Form 20. The Employer contends that the Claimant's average weekly wage is \$200.77 with a resulting compensation rate of \$133.85.

At her deposition on Wednesday, March 15, 2017, the Claimant testified that she worked as a food service employee at Waccamaw Intermediate School six (6) hours per day and was compensated for her work at a rate of approximately eleven (\$11.00) Dollars per hour. (Please see transcript of Deposition of Donna Dozier Page 14, Line 12 through Page 15, Line 9). The Claimant further testified that she worked five (5) days per week unless she was sick. (Please see transcript of Deposition of Donna Dozier Page 16, Line 2 through Line 7). Multiplication of the hours typically worked by the Claimant, six (6) hours per day, by her wage rate of \$11.00 per hour results in a compensation rate of \$66.00 per day or \$330.00 per five (5) day work week.

The Claimant worked less than fifty-two (52) weeks as a food service employee for the Georgetown County School District prior to her injury. SC Code Section 42-1-40 which governs the determination of the Claimant's average weekly wage provides in relevant part:

"When the employment, prior to the injury, extended over a period of less than fifty-two weeks, the method of dividing the earnings during that period by the number of weeks and parts thereof during which the employee earned wages shall be followed, as long as results fair and just to both parties will be obtained."

The Employment Agreement for the Claimant Donna Dozier (submitted by the Employer as Page 12 of a 15 Page Exhibit) reflects that food service worker employees such as Donna Dozier are expected to work 181 days (i.e. approximately 36 five day work weeks) during the school year. The Claimant was expected to work 150 days during the 2014-2015 school year as she did not begin her employment until mid-October, 2014, well after the school year commenced. (Please see Employment Agreement submitted by Employer.) Attached hereto as Exhibit 1 is a letter from Lisa Johnson, Associate Superintendent of Financing Operations for the Georgetown County School District to the Claimant which sets forth the salary of the Claimant at the time of her injury. If you divide the annual gross wage for the Claimant's position by 181 days it is apparent that the Claimant was earning \$65.51 per day or \$327.55 per five (5) day work week. That number is consistent with the Claimant's sworn testimony concerning her compensation rate and is approximately \$127.55 per week more than the Employer's calculation of the Claimant's average weekly wage in these proceedings.

The Employer's calculation of the Claimant's average weekly wage grossly understates the actual wages that the Claimant earned for each week that she actually worked for the Georgetown County School District. While the Claimant worked no more than 150 days (30 weeks) during the 2014-2015 school year, the Employer did not pay her over the course of 30 weeks. Rather, the Employer paid wages earned by the Claimant during only 30 weeks of actual employment over a period of 40 weeks. While that creative accounting eases the Employer school district's cash flow, it grossly understates the wages earned by the Claimant for each week that she actually worked for the Employer and does not accurately reflect the Claimant's average weekly wage.

The Employer has offered you six (6) pages of Employee Check Detail Reports in support of its calculation of the Claimant's average weekly wage. These reports actually support the Claimant's position concerning her average weekly wage. It is clear from the Reports offered by the Employer that the Employer paid the wages actually earned by the Claimant for no more than thirty (30) weeks work by payments spread out over a period of ten (10) months or forty (40) weeks. That accounting sleight-of-hand grossly understates the Claimant's average weekly wage for work actually performed by the Claimant over a period of thirty (30) weeks.

Further support for the Claimant's position concerning her average weekly wage can be gleaned in the detail of the Reports submitted by the Employer. Your attention is drawn to the following Employee Check Detail Reports submitted by the Employer which reflect the daily wages that the Employer docked the Claimant for absences due to illness :

1. Page 2 Pay Period 01/09/2015-01/30/2015 Time Docked 1.57 days Pay Reduction-\$99.95

2. Page 3 Pay Period 02/20/2015-03/11/2015 Time Docked 1.00 days Pay Reduction-\$63.66
3. Page 3 Pay Period 03/13/2015-03/30/2015 Time Docked 3.00 days Pay Reduction-\$190.98

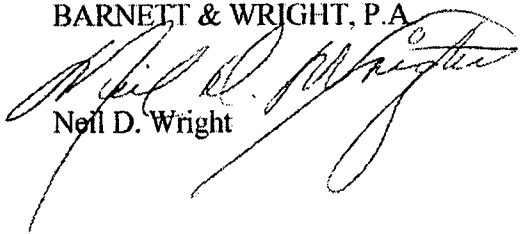
It is apparent that the Employer docked the Claimant \$63.66 for each full day of work missed, which is again consistent with the Claimant's testimony concerning her compensation rate. The Employer's acknowledgment of the Claimant's daily compensation rate for purposes of docking her pay for absences clearly contradicts the average weekly wage computation offered to you by the Employer.

I have no doubt that there are more documents in the possession of the Employer that contradict the Employer's calculation of the Claimant's average weekly wage. On March 28, 2017, I served a subpoena duces tecum upon the Employer requesting documents that will aid in calculation of the Claimant's average weekly wage. A copy of my letter to counsel for the Employer and the subpoena duces tecum served upon counsel on March 28, 2017 is enclosed herewith. Last night, counsel for the Employer served upon me the fifteen (15) pages forwarded to your assistant which are clearly not responsive to the detail set forth in the Exhibit to the Claimant's subpoena duces tecum. Accordingly, I will be filing separately a Motion for a Rule to Show Cause why the Employer should not be compelled to respond fully to the subpoena duces tecum and be sanctioned for its failure to fully respond to the subpoena duces tecum.

Unless you are satisfied that \$330.00 per week is a fair approximation of the Claimant's average weekly wage, I would respectfully request that you hold your determination of the Claimant's average weekly wage in abeyance until such time as the Employer has fully responded to the Claimant's subpoena duces tecum.

Very truly yours,

BARNETT & WRIGHT, P.A.


Neil D. Wright

NDW/nj

Enclosures

cc: Timothy B. Killen, Esq.

BARNETT & WRIGHT, P.A.
ATTORNEYS AT LAW
1304 AZALEA COURT, SUITE B
MYRTLE BEACH, SOUTH CAROLINA 29577

ROBERT L. BARNETT
NEIL D. WRIGHT
MATTHEW N. WRIGHT

Telephone: (843)449-0781-Ext#3
Telecopier: (843)449-1583
E-mail: nwright@barnettandwright.com
(Not for Confidential Communication)

April 10, 2017

VIA E-MAIL

The Honorable Gene McCaskill
South Carolina Workers' Compensation Commission
PO Box 1715
Columbia, SC 29202

RE: Donna Dozier v. Georgetown School District I
WCC File No. 1512151
Date of Injury: 08/19/2015
Date of Hearing: March 21, 2017

Dear Commissioner McCaskill:

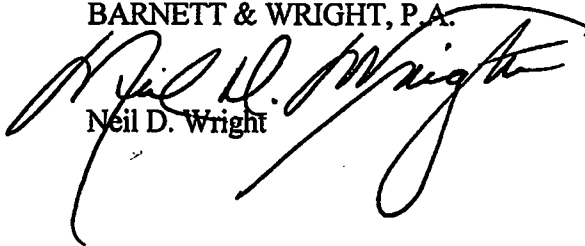
This letter follows my written communication to you dated April 7, 2017 concerning the average weekly wage of the Claimant, Donna Dozier. Today I received the Employer's response to the Claimant's subpoena duces tecum for documents concerning the Claimant's average weekly wage. While the Employer's response does not include all of the documents requested pursuant to the Claimant's subpoena duces tecum, it does include documentary evidence that clearly supports the Claimant's contention concerning her average weekly wage.

I am enclosing herewith and offering as Claimant's Exhibit 2 the Employment Agreement for the Claimant Donna Dozier (also submitted by the Employer as Page 12 of a 15 Page Exhibit), which reflects that food service worker employees such as Donna Dozier are expected to work 181 days during the school year. I am enclosing herewith and offering as Claimant's Exhibit 3 the Active Employee Notice of Election (NOE) executed by the Claimant and Aisha T. Greene, Benefits Administrator for the Employer Georgetown County School District. Ms. Greene submitted the NOE to the South Carolina Public Employee Benefit Authority (PEBA) on October 10, 2014. The NOE lists the Claimant's salary for the 2014-2015 school year at \$11,522.00. If you divide the Claimant's annual gross wage of \$11,522.00 set forth in the NOE (Exhibit 3) by 181 work days it is clear that the Employer agreed to pay the Claimant's \$63.66 per day for each day that she worked. The daily compensation rate of \$63.66 is the exact amount that the Employer used when docking the Claimant's pay for each day during the 2014-2015 school year that the Claimant was absent. (Please see the Employee Check Detail Reports submitted by the Employer referenced in my letter of April 7, 2017 which reflect the daily wages that the Employer docked the Claimant for absences.) A daily wage of \$63.66 is equivalent to \$318.30 per five (5) day work week. These

numbers show that the Employer's calculation of the Claimant's average weekly wage as \$200.77 is a sham.

Very truly yours,

BARNETT & WRIGHT, P.A.

A handwritten signature in cursive script, appearing to read "Neil D. Wright", written over the printed name.

Neil D. Wright

NDW/nj
Enclosures

cc: Timothy B. Killen, Esq.

Claimant's Exhibit 2

GEORGETOWN COUNTY SCHOOL DISTRICT
2018 CHURCH STREET
GEORGETOWN, S.C. 29440
E M P L O Y M E N T A G R E E M E N T

Name: DONNA DOZIER

Social Security No:

Address: P.O. BOX 139
MURRELLS INLET, SC 29576

School/Department Name: WACCAMAW INTERMEDIATE SCHOOL

This is to notify you of an offer of employment for the 2014-2015 school year as a FOOD SERVICE OPERATOR assigned to WACCAMAW INTERMEDIATE SCHOOL.

1. You will be employed for a total of 181 (150) work days.
2. Loss or reduction in any amount of anticipated or appropriated federal, state or local funding may, at the discretion of the District, result in a reduction in salary, a reduction in work days with a pro-rata reduction of salary, or termination of this Agreement.
3. Your daily schedule will be arranged by your principal or supervisor.
4. The assignment stated above is tentative, and all employees are subject to transfer or reassignment at any time under this Agreement.
5. Should you now indicate your desire to return to your present position and later decide not to return to the District, a letter of resignation should be immediately submitted to your principal or immediate supervisor.
6. All employees are required to perform their work duties at a level satisfactory to the District; to comply with State law and all District policies, regulations, and procedures, and to attend all school and District meetings or activities required of an employee holding this position.
7. The District has the right to terminate this Agreement for any reason deemed sufficient by the District. In case of termination of this Agreement, the employee shall only be entitled to be paid those days she/he has actually worked.
8. It is understood that your employment with the District terminates automatically at the end of the school year noted above. Any continuation of employment beyond that point must be the subject of a new offer and acceptance.

Kindly indicate your acceptance of this offer by signing the Employment Agreement and returning it no later than October 24, 2014 to the Office of Human Resources. If your acceptance is not received by this date, the position will be considered vacant.

OCTOBER 14, 2014
(Date)

Signed: R. Robert Dozier

(Superintendent)

10-17-14
(Date)

Signed: Donna Dozier

(Employee)

I, (please print) Donna Dozier, hereby certify that I am physically and mentally able to perform the duties of this position.

Human Resources Copy

Claimant's Exhibit 3

MAILED

10/10/14-ATG

You must also complete a Tobacco Certification form within 31 days of enrolling in health coverage and whenever the status of tobacco use changes for you or a dependent covered under your health insurance.

ACTIVE EMPLOYEE NOTICE OF ELECTION (NOE) SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY INSURANCE BENEFITS

See Instructions - If Completing By Hand Use Black Ink

ACTION	Select One: ☒ New Hire ☐ Transfer ☐ Change		Type of Change Enrollment Other (specify) _____		BA Use Only Effective Date: <u>10/1/2014</u> Group ID #: <u>522-01</u> Group Name: <u>GCSD</u>		Permanent P/T EE (20 hrs.) ☐		MoneyPlus Pretax Premiums ☐ Refuse ☒ Yes	
	Date of Change Event: _____									
ENROLLEE - INFO	1. Social Security Number (SSN)		2. Last Name <u>Dozier</u>		3. Suffix		4. First Name <u>Donna</u>		5. M.I. <u>N</u> 6. Date of Birth	
	7. Sex ☒ M ☐ F		8. Marital Status ☐ Single ☒ Married ☐ Widowed ☐ Divorced ☐ Separated		9. Home Phone # <u>(843) 240-8063</u>		10. Work Phone # ()		11. E-mail Address	
MEDICARE & OTHER COVERAGE	12. Mailing Address <u>P.O. Box 139</u>		13. Apt. <u></u> 14. City <u>Murrells Inlet</u>		15. State <u>SC</u>		16. Zip Code <u>29576</u>		17. County Code <u>22</u>	
	18. Annual Salary <u>11,522</u>		19. Date of Hire <u>10/1/2014</u>							
COVERAGE	20. List yourself and any other persons to be covered who are eligible for Part A and/or Part B of Medicare.									
	Name		Medicare #		Eligible Due To		Effective Date			
BENEFICIARIES	21. Do you or any of your dependent(s) have other health coverage? ☐ YES ☐ NO Does this coverage include prescription drug benefits? ☐ YES ☐ NO									
	Dependent Name		Insurance Company		Policy Holder Date of Birth		Effective Date of Policy		Termination Date (if Applicable)	
DEPENDENTS	22. HEALTH PLAN (Refuse or select one plan and one level of coverage)									
	PLAN ☒ Standard ☐ Savings ☐ BlueChoice HMO ☐ TRICARE Supplement ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Family		COVERAGE LEVEL ☒ Employee ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Family		23. STATE DENTAL PLAN (Select One) ☒ Refuse ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Family		24. DENTAL PLUS (Select One) ☒ Refuse ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Family			
CERTIFICATION & AUTHORIZATION	25. DEPENDENT LIFE - Child(ren) (Select One) ☒ Refuse ☐ \$15,000		26. DEPENDENT LIFE - Spouse (Select One) ☒ Refuse ☐ Coverage Level \$ (Must be in increments of \$10,000)		27. OPTIONAL LIFE (Select One) ☒ Refuse ☐ Coverage Level \$ <u>20,000</u> (Must be in increments of \$10,000)		28. SUPPLEMENTAL LTD (Select One) ☒ Refuse ☐ Plan One - 90-day benefit waiting period ☐ Plan Two - 180-day benefit waiting period		29. VISION CARE (Select One) ☒ Refuse ☐ Employee/Spouse ☐ Employee/Child(ren) ☐ Family	
	30. Basic Life/Optional Life (Select one or both) ☒ Basic Life ☐ Optional Life ☒ Basic Life ☐ Optional Life									
DEPENDENTS	31. Always list spouse. List eligible children to be covered. If they are not listed, they will not be covered. For a child age 19-24 to be eligible for Dependent Life-Child coverage, your child must be eligible according to the requirements on the reverse of this NOE.									
	Add (A) or Delete (D)	Dependent SSN#	Last Name	First Name	Sex M/F	Relationship	Date of Birth MM/DD/YYYY	Indicate Special Status		
CERTIFICATION & AUTHORIZATION	32. CERTIFICATION: I have read this NOE and made authorizations herein and selected the coverage noted. I have provided Social Security numbers and documentation establishing my dependent(s) eligibility for the plan(s) selected. I certify that any child enrolled in Dependent Life/Child insurance is eligible according to the requirements on the reverse of this NOE. I also understand that proof of eligibility (at the time of enrollment and at the time of the claim) will be required before any Dependent Life/Child insurance claim is paid. I understand that unless otherwise provided in the Plan, I may cancel coverage for me or my dependent(s) only during an open enrollment period (every two years). Should I refuse any coverage or fail to enroll all eligible dependents when first eligible, I and/or all eligible dependents may only enroll during an open enrollment period (every two years) unless otherwise provided by the Plan. I understand and agree that all selected plans will not be effective unless and until the NOE is approved. I understand that the State reserves the right to alter benefits or premiums at any time to preserve the financial stability of the Plan. I further acknowledge that the eligibility status of any covered individual is subject to audit at any time.									
	33. I hereby attest the employee meets eligibility requirements, proper premiums are being collected, this form is complete and accurate and all required documentation is attached to process NOE form.									
Employee Signature <u>Donna Dozier</u> Date <u>10-9-2014</u>										
Benefits Administrator Signature <u>Deisha T. Greene</u> Date <u>10/9/14</u>										

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Donna Dozier, Employee, Appellant

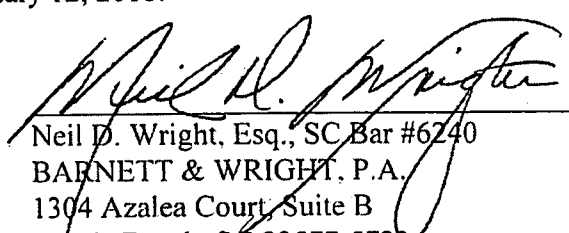
v.

Georgetown County School District, Employer, Respondent
And
SC School Boards Insurance Trust, Carrier, Respondent

NOTICE OF APPEAL

Donna Dozier appeals the Commission's Appellate Panel Decision and Order dated January 12, 2018. Appellant received a copy of the Commission's Appellate Panel Decision and Order by an e-mail transmission from the Commission on January 12, 2018.

February 9, 2018


Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

Other Counsel of Record:
Timothy B. Killen, Esq.
Wilson, Jones, Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Office: (843) 284-0831
Fax: (843) 284-1081
tbkillen@wilaw.net
Attorney for Respondents

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5675
www.wcc.sc.gov



Physician's Statement

Claimant's Name: Donna Dozier Employer's Name: _____
Physician's Name: Todd Tupis Insurance Carrier: _____
Practice/Clinic: Coastal Orthopedics SCWC File No: _____
Preparer's Name: Andrea Dowdy Phone: 843-347-7222

The undersigned physician has been authorized to evaluate or treat this Claimant for his or her work injury or illness pursuant to *South Carolina Code Sections 42-15-60, 42-15-80, 42-1-172, or 42-11-10.*

Date of Injury: 08-19-2015 Date of first office visit: 09-02-2015 Date of last office visit: 01-15-2018

The medical opinions below are stated to a reasonable degree of medical certainty.

Diagnosis or nature of injury or illness: Bilateral knee osteoarthritis
Body part(s) injured: bilateral knees Body part(s) affected: _____
Date of maximum medical improvement: 01-15-2018

Has the Claimant sustained permanent physical impairment as a result of the work injury? ☒ Yes ☐ No

If so, the permanent physical impairment is: 9 % medical impairment to the bilateral knees (Injured body part).

If there is a permanent physical impairment to other body part(s) as a result of the work injury, please indicate below:
_____ % medical impairment to the _____ (additional body part injured or affected).

The impairment rating(s) above are based upon the following:

☒ The AMA's *Guides to the Evaluation of Permanent Impairment* 6th Edition; or
____ Other medical treatise: _____ or
____ Other: _____

Does the Claimant have permanent physical limitations as a result of the injury? _____ Yes ☒ No

If so, the permanent physical limitations are: _____

Does the Claimant possess retained hardware as a result of the injury? _____ Yes ☒ No

If so, the retained hardware is: _____

Is there medical, surgical, hospital or other treatment that the Claimant needs as a result of the injury for an additional time that will tend to lessen the period of disability or maintain the current level of function: ☒ Yes ☐ No

If so, the medical care and treatment that is needed is/are: _____

Future treatments to include nonsteroidals, cortisone injections, synvisc injections and knee arthroplasties

*An indication or statement that future medical care "may be necessary" or "might be necessary" is not sufficient and will require further clarification.

I certify that I am a physician or other licensed healthcare provider, I have personally read and prepared this document, and the opinions reflected above are mine.


Treating or Evaluating Physician

02-15-2018

Date

WCC Form #14B
12/2016

14B

Physician's Statement

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675



WCC File #: 1512151
Carrier File #: WC016580
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Donna Dozier SSN: _____ Employer's Name: Georgetown County School District
Address: P.O. Box 139 Address: 2018 Church Street
City: Murrells Inlet State: SC Zip: 29576 City: Georgetown State: SC Zip: 29440
Home Phone: (843) 318-8497 Work Phone: () Insurance Carrier: SC School Boards Insurance Trust
Preparer's Name: Neil D. Wright, Esq. Law Firm: Barnett & Wright, P.A. Preparer's Phone #: (843) 449 - 0781

SUBPOENA

To: SCRCP Rule 30(b)(6) Human Resources/Personnel Records representative-Georgetown County School District-Subject Matter-See Exhibit "A"

☐ YOU ARE COMMANDED to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____
DATE AND TIME: _____

☒ YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: J.B. Beck Administration and Education Center, 2018 Church Street, Georgetown, SC 29440 DATE AND TIME: March 6, 2018 at 1:00 P.M.

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: See Exhibit "B" attached hereto.

PLACE: J.B. Beck Administration and Education Center DATE AND TIME: March 6, at 10:00 A.M.
2018 Church Street, Georgetown, SC 29440

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Neil D. Wright, Esq. Atty. for Claimant (843) 449 - 0781 February 20, 2018
ISSUING OFFICER'S SIGNATURE AND TITLE PHONE NUMBER DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.

EXHIBIT "A"

TOPICS OF TESTIMONY FOR DEPOSITION OF THE DEFENDANT GEORGETOWN

COUNTY SCHOOL DISTRICT PURSUANT TO RULE 30(B)(6) SCRCP:

1. Work schedules for Donna Dozier in her capacity as a Food Service Employee at Waccamaw Intermediate School for the 2014-2015 School Year.
2. Records which the Georgetown County School District and/or the Waccamaw Intermediate School have retained concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year in accordance with the records retention provisions of the Fair Labor Standards Act of 1938, as amended, 29 U.S.C. 201, et seq., the regulations promulgated pursuant thereto, 29 CFR Part 516, and Section 41-10-10 of the Code of Laws of South Carolina, 1976, as amended, including but not limited to the following:
 - a. Time and day of week when Donna Dozier's workweek began as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
 - b. Hours worked each day by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
 - c. Total hours worked each work week by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
 - d. Basis upon which Donna Dozier's wages were paid for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year
 - e. Regular hourly pay rate for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
 - f. Total daily straight-time earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
 - g. Total overtime earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
 - h. Deductions from Donna Dozier's wages for absences from her employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
3. The number of days that Donna Dozier was expected to work as a food service worker at Waccamaw Intermediate School during the 2014-2015 school year.

4. The hours worked each day by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
5. The hours worked each work week by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
6. The basis upon which Donna Dozier's wages were paid for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
7. The total overtime earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
8. Deductions from Donna Dozier's gross wages for absences from her employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year that are neither excused sick days nor personal leave days (i.e. docking Donna Dozier's pay for an unexcused absence) and the basis upon which such deductions were calculated.
9. The actual number of weeks and parts thereof during which Donna Dozier actually performed services as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
10. Application of Fair Labor Standards Act (FLSA) Minimum Wage Law to Georgetown County School District Food Service Employees at Waccamaw Intermediate School during the 2014-2015 School Year.
11. Options offered by Georgetown County School District and/or the Waccamaw Intermediate School to employees to select the number of weeks over which their wages would be paid for service during the 2014-2015 School Year.
12. Options offered by Georgetown County School District and/or the Waccamaw Intermediate School to Donna Dozier to select the number of weeks over which her wages would be paid for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.

EXHIBIT "B"-SUBPOENA DUCES TECUM TO
GEORGETOWN COUNTY SCHOOL DISTRICT

DEFINITIONS

The following definitions apply to this Subpoena Duces Tecum:

- A. The terms "you" and "your" when used in this Subpoena Duces Tecum refer to Georgetown County School District, Waccamaw Intermediate School, and the person(s) designated by Georgetown County School District to testify on its behalf in response to the Notice of Deposition served concurrently herewith.
- B. The terms "document" and "documents" when used in this Subpoena Duces Tecum mean all original written materials and electronically stored information of any nature whatsoever in the possession, custody or control of you, or your attorneys, or your workers compensation insurance carrier, or any of your respective investigators, agents, employees, or other representatives, including your bookkeepers and your accountants, regardless of where located, and all other written materials of which you have knowledge, and such terms specifically include, but are not limited to, employment applications, employee contracts or agreements, Georgetown County School Calendar for School Support Personnel, including Food Service Employees, for the 2014-2015 School Year, work schedules for Donna Dozier in her capacity as a Food Service Employee at Waccamaw Intermediate School for the 2014-2015 School Year, all records which the Georgetown County School District and/or the Waccamaw Intermediate School have retained concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year in accordance with the records retention provisions of the Fair Labor Standards Act of 1938, as amended, 29

U.S.C. 201, et seq., the regulations promulgated pursuant thereto, 29 CFR Part 516, and Section 41-10-10 of the Code of Laws of South Carolina, 1976, as amended, including but not limited to the following:

1. Time and day of week when Donna Dozier's workweek began as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
2. Hours worked each day by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
3. Total hours worked each work week by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
4. Basis upon which Donna Dozier's wages were paid for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year (e.g., "\$ ___ per hour", "\$ ___ per day" "\$ ___ per week")
5. Regular hourly pay rate for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
6. Total daily straight-time earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
7. Total overtime earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
8. Deductions from Donna Dozier's wages for absences from her employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.

All time sheets or time records that reflect the number of hours worked on a daily and/or weekly basis by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year whether prepared by Callie Pope and/or prepared by Donna Dozier and reviewed by Callie Pope, all documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel from time to time that reflect the number of hours worked on a daily and/or weekly basis by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, all documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel that reflect work

time missed by Donna Dozier that was neither a sick day nor a personal leave day, all documents in the possession of the Georgetown County School District and/or Waccamaw Intermediate School that reflect the computation of any reduction of Donna Dozier's gross earnings, on a per day or partial day basis, attributable to work time missed by Donna Dozier that was neither a sick day nor a personal leave day (i.e. docking Donna Dozier for unexcused absence), Fair Labor Standards Act (FLSA) Minimum Wage Posters posted at Waccamaw Intermediate School, bookkeeping work papers, computerized financial data compilations, inter office and intra office communications, memoranda, other written communications, computer printouts, information stored on any type of magnetic or optical media (e.g. audio recordings of voice communications, videotapes, hard disks, USB storage devices [memory sticks and thumb drives], compact discs, flash drives, digital photographs, DVD, tapes, remote online data storage), and other documents as defined in Rule 34 of the Federal Rules of Civil Procedure. In all cases where the original document is not available, the terms "document" and "documents" also mean true and correct copies of the original document.

- C. The term "person" when used herein, includes natural persons, proprietorships, business corporations, municipal corporations, state agencies, other organized political bodies, non profit corporations, general partnerships, limited partnerships, limited liability companies, joint ventures, business entities, firms and associations.
1. A true and correct copy of the school year calendar for food service worker employees of the Georgetown County School District for the 2014-2015 School Year.
 2. A true and correct copy of each document that indicates the number of days that Donna Dozier was expected to work as a food service worker at Waccamaw Intermediate School during the 2014-2015 school year.

3. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier in her capacity as a Food Service Employee at Waccamaw Intermediate School for the 2014-2015 School Year, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the first date upon which Donna Dozier actually worked at Waccamaw Intermediate School as a food service worker during the 2014-2015 School Year.
4. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate hours worked each day by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
5. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to the 2014-2015 School Year calendar, work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the last date upon which Donna Dozier actually worked at Waccamaw Intermediate School during the 2014-2015 School Year.
6. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the total hours worked each work week by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
7. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a

Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the basis upon which Donna Dozier's wages were paid for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year. For example, documents which indicate whether Donna Dozier was paid by the hour or by the day for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.

8. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the regular hourly pay rate for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
9. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the total daily straight-time earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
10. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the total overtime earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
11. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a

Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the deductions from Donna Dozier's gross wages for absences from her employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year that are neither excused sick days nor personal leave days (i.e. docking Donna Dozier's pay for an unexcused absence) and the basis upon which such deductions were calculated.

12. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to the 2014-2015 School Year calendar, work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the actual number of weeks and parts thereof during which Donna Dozier actually performed services as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
13. A true and correct copy of Fair Labor Standards Act (FLSA) Minimum Wage Posters posted in Donna Dozier's work area at Waccamaw Intermediate School during the 2014-2015 School Year.
14. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning options offered to employees to select the number of weeks over which their wages would be paid for service during the 2014-2015 School Year.
15. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning options offered to Donna Dozier to select the number of weeks over which her wages would be paid for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675



WCC File #: 1512151
Carrier File #: WC016580
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Donna Dozier SSN: _____ Employer's Name: Georgetown County School District
Address: P.O. Box 139 Address: 2018 Church Street
City: Murrells Inlet State: SC Zip: 29576 City: Georgetown State: SC Zip: 29440
Home Phone: (843) 318-8497 Work Phone: () - Insurance Carrier: SC School Boards Insurance Trust
Preparer's Name: Neil D. Wright, Esq. Law Firm: Barnett & Wright, P.A. Preparer's Phone #: (843) 449 - 0781

SUBPOENA

To: Callie Pope, Food Service Manager of Waccamaw Intermediate School

☐ YOU ARE COMMANDED to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____
DATE AND TIME: _____

☒ YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: Waccamaw Intermediate School
320 Wildcat Way DATE AND TIME: March 6, 2018 at
Pawleys Island, SC 29585 3:00 P.M.

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: See Exhibit "A" attached hereto.

PLACE: Waccamaw Intermediate School DATE AND TIME: March 6, at 3:00
320 Wildcat Way, Pawleys Island, SC 29585 P.M.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Neil D. Wright
ISSUING OFFICER'S SIGNATURE AND TITLE
Attorney for Claimant

(843) 449 - 0781
PHONE NUMBER

February 20, 2018
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.

EXHIBIT "A" SUBPOENA DUCES TECUM TO
CALLIE POPE, WACCAMAW INTERMEDIATE SCHOOL

DEFINITIONS

The following definitions apply to this Subpoena Duces Tecum:

- A. The terms "you" and "your" when used in this Subpoena Duces Tecum refer to Callie Pope, Food Service Manager of Waccamaw Intermediate School.
- B. The terms "document" and "documents" when used in this Subpoena Duces Tecum mean all original written materials and electronically stored information of any nature whatsoever in the possession, custody or control of you, or your attorneys, or your workers compensation insurance carrier, or any of your respective investigators, agents, employees, or other representatives, including your bookkeepers and your accountants, regardless of where located, and all other written materials of which you have knowledge, and such terms specifically include, but are not limited to, employment applications, employee contracts or agreements, Georgetown County School Calendar for School Support Personnel, including Food Service Employees, for the 2014-2015 School Year, work schedules for Donna Dozier in her capacity as a Food Service Employee at Waccamaw Intermediate School for the 2014-2015 School Year, all records which the Georgetown County School District and/or the Waccamaw Intermediate School have retained concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year in accordance with the records retention provisions of the Fair Labor Standards Act of 1938, as amended, 29 U.S.C. 201, et seq., the regulations promulgated pursuant thereto, 29 CFR Part 516, and

Section 41-10-10 of the Code of Laws of South Carolina, 1976, as amended, including but not limited to the following:

1. Time and day of week when Donna Dozier's workweek began as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
2. Hours worked each day by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
3. Total hours worked each work week by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
4. Basis upon which Donna Dozier's wages were paid for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year (e.g., "\$ ___ per hour", "\$ ___ per day" "\$ ___ per week")
5. Regular hourly pay rate for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
6. Total daily straight-time earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
7. Total overtime earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
8. Deductions from Donna Dozier's wages for absences from her employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.

All time sheets or time records that reflect the number of hours worked on a daily and/or weekly basis by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year whether prepared by Callie Pope and/or prepared by Donna Dozier and reviewed by Callie Pope, all documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel from time to time that reflect the number of hours worked on a daily and/or weekly basis by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, all documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel that reflect work time missed by Donna Dozier that was neither a sick day nor a personal leave day, all

documents in the possession of the Georgetown County School District and/or Waccamaw Intermediate School that reflect the computation of any reduction of Donna Dozier's gross earnings, on a per day or partial day basis, attributable to work time missed by Donna Dozier that was neither a sick day nor a personal leave day (i.e. docking Donna Dozier for unexcused absence), Fair Labor Standards Act (FLSA) Minimum Wage Posters posted at Waccamaw Intermediate School, bookkeeping work papers, computerized financial data compilations, inter office and intra office communications, memoranda, other written communications, computer printouts, information stored on any type of magnetic or optical media (e.g. audio recordings of voice communications, videotapes, hard disks, USB storage devices [memory sticks and thumb drives], compact discs, flash drives, digital photographs, DVD, tapes, remote online data storage), and other documents as defined in Rule 34 of the Federal Rules of Civil Procedure. In all cases where the original document is not available, the terms "document" and "documents" also mean true and correct copies of the original document.

- C. The term "person" when used herein, includes natural persons, proprietorships, business corporations, municipal corporations, state agencies, other organized political bodies, non profit corporations, general partnerships, limited partnerships, limited liability companies, joint ventures, business entities, firms and associations.
1. A true and correct copy of the school year calendar for food service worker employees of the Georgetown County School District for the 2014-2015 School Year.
 2. A true and correct copy of each document that indicates the number of days that Donna Dozier was expected to work as a food service worker at Waccamaw Intermediate School during the 2014-2015 school year.
 3. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School

Year, including but not limited to work schedules for Donna Dozier in her capacity as a Food Service Employee at Waccamaw Intermediate School for the 2014-2015 School Year, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the first date upon which Donna Dozier actually worked at Waccamaw Intermediate School as a food service worker during the 2014-2015 School Year.

4. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate hours worked each day by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
5. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to the 2014-2015 School Year calendar, work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the last date upon which Donna Dozier actually worked at Waccamaw Intermediate School during the 2014-2015 School Year.
6. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the total hours worked each work week by Donna Dozier as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
7. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School

personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the basis upon which Donna Dozier's wages were paid for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year. For example, documents which indicate whether Donna Dozier was paid by the hour or by the day for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.

8. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the regular hourly pay rate for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
9. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the total daily straight-time earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
10. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the total overtime earnings for Donna Dozier's service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
11. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown

County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the deductions from Donna Dozier's gross wages for absences from her employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year that are neither excused sick days nor personal leave days (i.e. docking Donna Dozier's pay for an unexcused absence) and the basis upon which such deductions were calculated.

12. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning Donna Dozier's employment as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year, including but not limited to the 2014-2015 School Year calendar, work schedules for Donna Dozier, time sheets, time records, payroll records, and documents forwarded by Waccamaw Intermediate School personnel to Georgetown County School District Human Resources personnel and/or Georgetown County School District payroll personnel by e-mail, facsimile transmission, or otherwise that indicate the actual number of weeks and parts thereof during which Donna Dozier actually performed services as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.
13. A true and correct copy of Fair Labor Standards Act (FLSA) Minimum Wage Posters posted in Donna Dozier's work area at Waccamaw Intermediate School during the 2014-2015 School Year.
14. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning options offered to employees to select the number of weeks over which their wages would be paid for service during the 2014-2015 School Year.
15. All documents in the possession or control of the Georgetown County School District and/or the Waccamaw Intermediate School concerning options offered to Donna Dozier to select the number of weeks over which her wages would be paid for her service as a Food Service Employee at Waccamaw Intermediate School during the 2014-2015 School Year.

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: 1512151
Carrier File #: WC016580
Carrier Code #: 0926
Employer FEIN #: _____

Claimant's Name: Donna Dozier SSN: _____
Address: P.O. Box 139
City: Murrells Inlet State: SC Zip: 29576
Home Phone: (843) 318-8497 Work Phone: () -
Employer's Name: Georgetown County School District
Address: 2018 Church Street
City: Georgetown State: SC Zip: 29440
Insurance Carrier: SC School Boards Insurance Trust
Preparer's Name: Neil D. Wright Law Firm: Barnett & Wright, P.A. Preparer's Phone #: (843) 449-0781

A claim for workers' compensation benefits is made based on the following grounds: Date of Injury or Illness: August 19, 2015

☒ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to left knee and right knee (Part(s) of Body Injured) on 8/19/2015 (Month/Day/Year) in Georgetown county, state of SC.
Body part(s) affected are: left leg and right leg.
2. Briefly describe how the accident occurred. While walking on Employer's premises the Claimant slipped on some rocks and fell on both of her knees.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 8/19/2015 (Month/Day/Year) in the following manner:
Claimant verbally informed her manager about her fall on the date of injury.

☐ 7. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for:

☐ (b) additional medical examination and treatment for: _____

☒ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
Additional temporary total disability benefits from August 19, 2015 until January 15, 2018 to reflect Claimant's correct compensation rate.

☒ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability: ☒ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

9a. ☐ A determination of permanent disability is premature at this time.

☒ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: Claimant walks with an obvious limp due to bilateral knee injuries.

10a. At the time of the injury, the Claimant was paid weekly wages of \$318.00, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: None

11. Further grounds or unusual aspects of claim: Although Claimant has reached MMI, she will require additional causally related medical care and treatment that will tend to lessen the period of her disability as described by Dr. Tupis in Claimant's Medical Records and Physician's Statement 14 B dated February 15, 2018.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: Kevin Bunn, M.D., and Todd Tupis, M.D., Coastal Orthopaedic Associates, P.A. 2376 Cypress Circle, Suite 300, Conway, SC 29526 and Indigo Physical Therapy, 11931 Plaza Dr, Murrells Inlet, SC 29576

11b. To the best of your knowledge, did you have any prior permanent disability? No. If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.

14. Estimated time needed for hearing: 2.0 hrs.

☒ 13b. I am requesting a hearing. A \$25 fee is required.

☐ Mediation

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

☐ b. Mediation is required pursuant to Reg. 67-1802.

☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Timothy B. Killen, Esq., Attorney for Employer and Carrier, address 210 Wingo Way, Suite 201, Mt. Pleasant, SC 29464 on the 23rd day of February, 2018, by ☒ first class postage ☐ certified mail ☐ personal service ☒ Electronic Service

I verify the contents of this form are accurate and true to the best of my knowledge.

Neil D. Wright
Preparer's Signature

Attorney for Claimant
Title

nwright@barnettandwright.com
Email

February 23, 2018
Date

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

DONNA DOZIER,

Employee/Appellant,

vs.

WCC NO.: 1512151

GEORGETOWN COUNTY SCHOOL DISTRICT

Employer/Respondent,

and

SOUTH CAROLINA SCHOOL BOARDS INSURANCE TRUST,

Carrier.

COPY

DEPOSITION OF: CATHERINE CALLI POPE

DATE: April 16, 2018

TIME: 9:04 AM

LOCATION: Waccamaw Intermediate School
320 Wildcat Way
Murrells Inlet, SC

TAKEN BY: Counsel for the Employee/Appellant

REPORTED BY: LINDA MAHONEY RAMIREZ, COURT REPORTER

A. WILLIAM ROBERTS, JR., & ASSOCIATES

Fast, Accurate & Friendly

Charleston, SC	Hilton Head, SC	Myrtle Beach, SC
(843) 722-8414	(843) 785-3263	(843) 839-3376

Columbia, SC	Greenville, SC	Charlotte, NC
(803) 731-5224	(864) 234-7030	(704) 573-3919

A W R

A. WILLIAM ROBERTS, JR., & ASSOCIATES (800) 743-DEPO
scheduledepo.com

1 APPEARANCES OF COUNSEL:

2 ATTORNEYS FOR EMPLOYEE/APPELLANT
3 DONNA DOZIER:

4 BARNETT & WRIGHT, PA
5 BY: NEIL D. WRIGHT
6 1304-B Azalea Court
7 Myrtle Beach, SC 29577
8 (843) 449-0781
9 nwright@barnettandwright.com

8 ATTORNEYS FOR EMPLOYER:
9 GEORGETOWN COUNTY SCHOOL DISTRICT:

10 IN-HOUSE COUNSEL
11 BY: LINDSAY ANNE THOMPSON
12 2018 Church Street
13 Georgetown, SC 29440
14 (843) 436-7000
15 lathompson@gcsd.k12.sc.us

14 ATTORNEYS FOR CARRIER
15 SOUTH CAROLINA SCHOOL BOARDS
16 INSURANCE TRUST:

16 HOLDER PADGETT LITTLEJOHN &
17 PRICKETT, LLC
18 BY: TIMOTHY P. KILLEN
19 210 Wingo Way Suite 201
20 Mt. Pleasant, SC 29464
21 (843) 278-0100
22 tkillen@hplplaw.com

21 ALSO PRESENT:

22 Donna Dozier
23 Thomas Halfey

24 (INDEX AT REAR OF TRANSCRIPT)
25

1 CATHERINE CALLI POPE,
2 being first duly sworn, testified as follows:

3 EXAMINATION

4 BY MR. WRIGHT:

5 Q Ms. Pope, my name is Neil Wright. I'm an
6 attorney from Myrtle Beach. I represent Donna
7 Dozier in a workers' compensation claim against the
8 Georgetown County School District. We're here to
9 discuss you your knowledge concerning some of the
10 issues in this case. Just a few ground rules.

11 Have you ever had your deposition taken
12 before?

13 A Yes.

14 Q So you're somewhat familiar with the
15 process. I will ask questions, the court reporter
16 will take those down, and she'll take down your
17 responses.

18 A Yes, sir.

19 Q It's very important that you give verbal
20 answers as opposed to nodding or saying --

21 A I will do my best.

22 Q If for any reason you need to take a
23 break, please let us know. We have no problem with
24 suspending the proceedings for a while for your
25 comfort.

1 Also, if there are any questions that I
2 ask you that you do not understand, would you please
3 ask that I rephrase the question because we want to
4 make sure that you understand my questions and that
5 the answers that you give are intended to be
6 responsive to my questions.

7 A Yes, sir.

8 Q As I understand it, you are currently
9 employed by the Georgetown County School District?

10 A Yes, sir.

11 Q When did you commence your employment with
12 the Georgetown County School District?

13 A February 2010.

14 Q Have you been employed continuously by the
15 Georgetown County School District since that time?

16 A Yes, sir.

17 Q Tell us a little bit about your
18 educational background.

19 A Graduated high school from Georgetown
20 High, went to University of South Carolina, and I
21 have a degree in hospitality management.

22 Q In the course of your training with
23 respect to hospitality management, did you receive
24 any training concerning the Fair Labor Standards
25 Act?

1 A Yes, sir. And we get refreshed on that
2 every year.

3 Q How do you get refreshed on that every
4 year?

5 A We have training at the beginning of the
6 year.

7 Q Who conducts --

8 A Myrtle Milton From human resources attends
9 our training session and reviews the handbook with
10 us.

11 Q Okay. And what is the handbook that you
12 have?

13 A The employee handbook from the school
14 district.

15 Q Is there information in the employee
16 handbook concerning the Fair Labor Standards Act?

17 A Yes, sir. And there's also a poster in
18 the cafeteria.

19 Q And how long does this training typically
20 take place?

21 A With just her or all day? 8:00 to 4:00,
22 something like that. One day before school starts.

23 Q So that would typically be in August?

24 A Yes.

25 Q And with respect to Ms. Milton, how much

1 time do you spend with her?

2 A Could be an hour. You know, it's every
3 year, so about an hour, I would guess, with her.

4 Q Is that training specifically devoted to
5 the Fair Labor Standards Act?

6 A No.

7 MR. KILLEN: I'm going to enter an
8 objection to the questions about the Fair Labor
9 Standards Act and its applicability to the South
10 Carolina Workers' Compensation Act. I'll just make
11 a running objection to any of those questions, if
12 that's okay with you, Mr. Wright?

13 MR. WRIGHT: Sure. Okay.

14 MR. KILLEN: All right.

15 BY MR. WRIGHT:

16 Q Now, do you understand that based on the
17 training you've received from Ms. Milton that the
18 Fair Labor Standards Act applies with respect to
19 food service employees in the cafeteria at Waccamaw
20 Intermediate School?

21 A Yes, sir.

22 Q Specifically do you receive any training
23 concerning the retention of the employee records
24 under the Fair Labor Standards Act?

25 A Not specifically.

1 Q Tell me a little bit about your employment
2 history prior to working for the Georgetown County
3 School District, what type of work?

4 A I managed restaurants, I've managed
5 hotels, and I was an incentive and meeting planner
6 where I traveled the world.

7 Q With respect to the work that you had at
8 the hotels and restaurants, did you have
9 responsibility with respect to managing employees?

10 A I was a manager at all positions.

11 Q Now, when you started in with Georgetown
12 County School District in February of 2010, what was
13 your position at that time?

14 A Food service manager.

15 Q At what location?

16 A This one.

17 Q So you've basically been in this position
18 as food service manager since February of 2010?

19 A Yes, sir.

20 Q Let's talk a little bit about your job
21 duties as the food service manager at the school.

22 What do your normal job duties consist of?

23 A Well, I manage the cafeteria. There's
24 three employees that I work with that are under my
25 direction. I serve breakfast, I serve lunch, I work

1 the register, and place all the orders, I do all the⁸
2 inventory, I manage all the money.

3 Q Okay. Do you have any responsibility for
4 setting up budgets for the food service?

5 A No.

6 Q Who does that?

7 A I guess Brent Streett, the food service
8 director.

9 Q Mr. Streett?

10 A Mm-hmm. Yes, sir.

11 Q Since the time that you became the food
12 service director at Waccamaw --

13 A I'm the food service manager.

14 Q Food service manager. Have you always had
15 three employees under your supervision?

16 A No. I've had four.

17 Q What time period was that?

18 A Since I started until -- I honestly don't
19 remember. I'd have to look it up. I've got
20 pictures on my wall and I'd have to remember what
21 year that was that I went to three employees, but
22 it's been several years that I've been down to
23 three.

24 Q Okay. What about the 2014/2015 school
25 year, how many employees did you have at that time?

1 A Let's see, I think three, I think it was
2 just three. Donna, Cathy, and Liz, so I just think
3 three.

4 Q The last one?

5 A Liz.

6 Q With respect to the three employees that
7 you were supervising in the 2014/2015 school year,
8 did they have essentially the same responsibilities
9 or did they have different responsibilities?

10 A You mean in their position?

11 Q In terms of their job positions?

12 A Yeah, they stayed the same. I tried to
13 rotate and people would step into other people's
14 positions if they needed to. Yes, I guess, would be
15 the right answer for that.

16 Q Okay. In the event that a food service
17 employee during that time period was unable to work
18 as a result of sickness or anything, what normally
19 would be done to cover for that employee?

20 A A sub would be called in to work for them.

21 Q So you do have subs for that position?

22 A Yes, sir.

23 Q Again, directing your attention to the
24 2014/2015 time period, did you have any
25 responsibilities with respect to maintaining records

1 concerning the hours that people under your
2 supervision were working in the cafeteria?

3 A Yes.

4 Q Tell us about that process, please.

5 A Each employee is responsible to fill out
6 their own time sheet and they turn them in to me at
7 the end of the four-week period. I in turn send
8 them to the food service department.

9 Q Do you review those before you turn them
10 over to the food service department?

11 A Yes.

12 Q Do you sign off on it?

13 A Yes.

14 Q Do you maintain copies of them?

15 A Yes.

16 Q Do you have those copies?

17 A I do.

18 Q So you have copies for Ms. Dozier's
19 schedule for 2014/2015?

20 A I have the time sheet she filled out.

21 Q Okay. And we had sent you a subpoena
22 requesting the production of those documents.

23 Do you have those with you today?

24 A I do.

25 Q May I see them, please?

1 MR. KILLEN: While we're doing this, I
2 just want to offer an exhibit. And you have a
3 notice of appeal from Mr. Wright dated February 9,
4 2018, to the Court of Appeals appealing the full
5 Commission's order establishing the average weekly
6 wage and compensation rate and depriving the
7 Workers' Compensation Commission of jurisdiction
8 over this issue which has already been adjudicated.
9 I want to offer that exhibit Defendant's Exhibit
10 A --

11 THE WITNESS: You want me to get another
12 copy?

13 MR. KILLEN: And start a running objection
14 to any questions about average weekly wage and
15 compensation rate which has already been
16 adjudicated.

17 (DFT. EXH. 1, Appeal, was marked for
18 identification.)

19 BY MR. WRIGHT:

20 Q I'm going to have the reporter mark this
21 as an exhibit, but before I do so, there is a page
22 that does not bear any information. Can you tell us
23 if that was intended to be here?

24 A I don't think so. I'd have to check the
25 dates and make sure everybody's in order.

1 Q Would you please review that to make sure ¹²
2 it's in order?

3 A It's just an extra piece of paper.

4 MS. THOMPSON: It was two pieces of paper
5 stuck together.

6 MR. WRIGHT: I just wanted to make
7 certain.

8 BY MR. WRIGHT:

9 Q I believe I count 18 pages. Will you just
10 go through and confirm that for me, please?

11 A Yes, sir.

12 Q Okay?

13 A 18 pages.

14 (PLF. EXH. 1, Time Sheets, was marked for
15 identification.)

16 BY MR. WRIGHT:

17 Q Ms. Pope, I'm going to hand you this stack
18 of 18 pages that we have marked for identification
19 as Plaintiff's Exhibit Number 1.

20 Does your signature appear on each page of
21 that exhibit?

22 A I missed one. I was out these two weeks.
23 I guess I missed another one.

24 Yes, they do. Now, these pages that I
25 missed are generally the originals, double-sided, so

1 I most likely signed the other side.

2 Q Okay.

3 A And then these two weeks I was out so
4 the -- I forgot, she was there. So I did have four
5 employees. Liz Alison, Donna, and -- no -- I guess
6 still three. Anyway, so Alison was acting as
7 manager while I was out.

8 Q What is that person's full name?

9 A Dawn Alison Vargas.

10 Q Was she an assistant?

11 A No. She did not have that title. She
12 just stepped into the position I trained her for.

13 Q Now, was she one of the three employees
14 that you supervised?

15 A Yes, sir.

16 Q And those two periods -- actually, how
17 many weeks of records is that?

18 A Four. But we were out for Christmas and
19 Thanksgiving, so three.

20 MR. KILLEN: Could we specify what dates
21 we're talking about on these documents?

22 BY MR. WRIGHT:

23 Q Yeah.

24 A This is December 8th through January 9th,
25 which is a week we were out for Christmas break and

1 Donna was out for most of that last week, too.

2 Q I think probably what I want to do is go
3 back and continue it as one exhibit. I want to
4 number the pages. I think it's going to make it
5 easier to refer to.

6 MR. KILLEN: You're probably right.

7 THE WITNESS: Let me make sure I got that
8 right. 10, 13, 24, 27. If they are dated in
9 chronological order, it probably would be easier.
10 BY MR. WRIGHT:

11 Q Could you put them in chronological order
12 for us?

13 A (Witness Complies.)

14 Q Are they now in chronological order?

15 A Yes, sir.

16 MR. WRIGHT: Before we go further, can I
17 get -- because I'm going to have some questions for
18 the witness, I think it might be easier if I get an
19 additional set of these.

20 THE WITNESS: Want me to do it?

21 MS. THOMPSON: I'll do it. I'll get
22 somebody.

23 MR. KILLEN: She knows people.

24 MS. THOMPSON: We'll find someone.

25 (A recess transpired.)

1 MR. WRIGHT: I wanted to make sure I was
2 looking at the same thing as I ask you questions.

3 THE WITNESS: Okay.

4 BY MR. WRIGHT:

5 Q With respect to the 18 page document that
6 we have identified as Plaintiff's Exhibit Number 1,
7 are these records that you maintained as custodian
8 of these records in the ordinary course of business
9 in the cafeteria at Waccamaw Intermediate School?

10 A Yes. Wait. Ask me that again in a
11 different way.

12 Q All right.

13 A Am I responsible for these? Is that what
14 you're asking me?

15 Q Yes.

16 A I am responsible for maintaining them
17 until I send them to the district office. And then
18 I keep all records current plus three years.

19 Q Okay.

20 A But the district sends these to food
21 service and then, I guess, goes to human resources
22 after that who is responsible for processing sick
23 days and payment and whatever.

24 Q But you keep a contemporaneous record of
25 what you have sent to your supervisors?

1 A Correct. Which is what you're looking at.

2 Q Okay. Now, how often do you send these
3 records to your supervisor?

4 A Once a month. When the -- it's a
5 double-sided document. So when all four weeks are
6 filled. It's not the same day.

7 Q So what I'm looking at when I'm looking at
8 pages 1 and 2, that would be a double-side of one
9 page?

10 A Correct.

11 Q Okay.

12 A I think. I don't know because she didn't
13 start on the first day of the year, but most likely
14 this page would be 1 and 2. I had the originals in
15 my office so we just have copies.

16 Q So you have another set that's originals
17 in your office?

18 A Correct. That's double-sided.

19 Q These are true and correct copies of the
20 originals maintained in your office?

21 A Correct. Yes, sir. Other than being
22 single-sided.

23 Q Okay. Now, when you send these records
24 monthly, who did you send the records to?

25 A Charlene Jordan.

1 Q And what is Charlene Jordan's position
2 with the school district?

3 A She's actually retired now. Her position
4 at the time was food service secretary, I think.
5 I'm not 100 percent on her official title.

6 Q And was she an employee of the Georgetown
7 County School District?

8 A Yes, sir.

9 Q So everything in the food services under
10 the auspices of the school district, there's no
11 outside food service?

12 A That is correct.

13 Q So all of these records that we're talking
14 about specifically on these 18 pages are Georgetown
15 County School District records?

16 A Correct.

17 Q These records have been in existence for
18 the school district records since 2014?

19 A As far as referencing Donna Dozier, yes,
20 since she started. It's the same form that
21 everybody uses since before my time.

22 Q Okay. Now, when you sent this information
23 to Charlene Jordan, how was the information sent?

24 A Interoffice mail.

25 Q Those would be paper documents?

1 A Actually, I can't say that's 100 percent.
2 Most often I took it with my end-of-month report
3 that went by hand from me to her.

4 Q So you would physically deliver this to
5 Ms. Jordan?

6 A Correct.

7 Q And where did you deliver that to?

8 A The district office, food service office
9 at JB Beck Center.

10 Q In the City of Georgetown?

11 A Correct.

12 Q So it would have been paper records hand
13 delivered as opposed to e-mail or facsimile?

14 A Correct. Never did I -- other than when
15 this came up recently, I've never sent e-mail or
16 faxes of these specific papers.

17 Q Okay. Did you ever send any documents to
18 Ms. Hilton?

19 A No. Terri Freeman or Charlene Jordan or
20 Jan Knox. Those are the three people.

21 Q They were all in food service?

22 A Mm-hmm. Director. I don't know what
23 her -- financial director and secretary. Jan Knox.

24 Q Jan?

25 A J-A-N.

1 Q Now, in April of 2017 I served a subpoena
2 upon the school district for production of records
3 concerning Donna Dozier.

4 Did anyone contact you concerning a
5 response to that subpoena?

6 A No, sir. Just you. I have a copy of it
7 right here.

8 Q That was the subpoena I caused to be
9 served upon you by a processor?

10 A Yes, sir.

11 Q But up until that moment no one had asked
12 you for any reports pertaining to Donna Dozier?

13 A No. No, sir.

14 That wasn't even April because it was just
15 April. So that was March 6th. Whatever day I was
16 served the subpoena, February 20th.

17 Q Of 2018?

18 A Correct. Not April.

19 MS. THOMPSON: Sorry.

20 THE WITNESS: That's what the date is, I
21 don't specifically remember.

22 MR. KILLEN: I wasn't aware of being
23 served personally.

24 THE WITNESS: Yes. Dr. Carnahan and I
25 both were served at school.

1 MS. THOMPSON: Off the record.

2 (Off the record conference.)

3 BY MR. WRIGHT:

4 Q I want to make it clear. Okay. There was
5 a subpoena served on the school district in April of
6 2017?

7 A No, sir. This is the first I've gotten
8 anything about it.

9 Q I understand that's the first you got
10 about it. What I'm saying is, no one asked you to
11 respond to a subpoena served on the school district
12 in April of 2017?

13 A No, sir. I heard April and didn't even
14 pick up on '17 versus '18. I'm sorry. No. Until I
15 got this from you on, I guess, February 20th, I had
16 not been contacted about anything prior to that --

17 Q Okay.

18 A -- regarding Donna.

19 Q All right. Now, going back to our
20 document, looking at page 1 of Plaintiff's Exhibit
21 1, the handwriting on the dates, on October 1, the
22 third and fourth line. It says, first day new
23 employee. Whose handwriting is that; do you know?

24 A It doesn't really look like mine, but I
25 can't say for sure if it is. It doesn't look like

1 it, but I would -- if I have a copy of it, then it
2 was written prior to being sent to the food service
3 office at the district. So I don't know if that's
4 Donna's handwriting or my handwriting.

5 Q Okay. All right. Let's go through by
6 week then. It looks like for the week that started
7 on Wednesday October 1st --

8 A Yes, sir.

9 Q -- there were three days worked that week
10 and that's what's been referenced as subtotal week
11 one, 18 hours?

12 A Correct.

13 Q So that would be the first week?

14 A Correct.

15 Q Then we have subtotal week two. It looks
16 like there were five days that week?

17 A Yes, sir.

18 Q And we see a starting time of 8:00 AM and
19 an ending time of 2:00 PM?

20 A Correct.

21 Q Was that the typical hours that were
22 worked by Donna Dozier?

23 A Yes, sir.

24 Q So a total of six hours of pay?

25 A Correct.

1 Q And typically 30 hours a week?

2 A Correct. That's what was required.

3 That's the schedule, unless it's a holiday.

4 Q Okay. And who sets the schedule?

5 A The school district calendar that's set --
6 if we have school, they're supposed to be here. And
7 as far as what time to come in and, I guess that's
8 just -- I don't know who originally set it, but
9 that's the schedule.

10 Q Did you have any scheduling
11 responsibilities other than what's set by the school
12 district?

13 A No, sir. I mean, I have flexibility. If
14 she needs to leave early, I could say come in at
15 7:30 and work until 1:30, but I have to have that
16 approved by my boss.

17 Q That would be?

18 A At this point Brent Streett. At this
19 point Jan Knocks.

20 Q 2014/2015 was Jan Knox?

21 A Yes, sir.

22 Q All right. So we've got two weeks on the
23 first page?

24 A That's correct.

25 Q And on the second page again, it looks

1 like we have two weeks. First one would be 10/13
2 through 10/17?

3 A That's correct.

4 Q And then the second week would be 10/20
5 through 10/24?

6 A That's correct. 10/24 was a day off from
7 school.

8 Q She was not at work that day. That would
9 have been a staff development day?

10 A Correct. We were not scheduled to work
11 that day.

12 Q So unless the students are here, the
13 cafeteria's personnel do not work; is that correct?

14 A For the most part, other than the day
15 before school, yes. If the students aren't here, we
16 don't come. And she left early on the 15th and was
17 out on the 16th.

18 Q That was for sickness?

19 A Yes, sir.

20 Q Okay. And going over to page 3 so --

21 A The totals aren't even done on this page.
22 So I may not have done these at all on this one
23 anyway because --

24 Q Page 3 is one you did not sign?

25 A Correct.

1 Q Ms. Dozier would be responsible for
2 recording her time in any event?

3 A That is correct.

4 Q So page 3 would represent weeks five and
5 six for employment?

6 A One, two, three, four, five, and six;
7 correct.

8 Q Okay. And page 4, does your signature
9 appear on that page?

10 A Yes.

11 Q And again, we see the time starting 8:00
12 and working until 2:00, but we don't see a notation
13 about the number of hours worked.

14 A I don't know why that's not done.

15 Q Okay. So page 4 represents two weeks, so
16 that would be week six and seven?

17 A Yes, sir.

18 Q Excuse me. Seven and eight?

19 A Two, four, six, seven, eight; yes.

20 Q Okay. And sheet 5, looks like that was a
21 short week because of the Thanksgiving holiday?

22 A Correct.

23 Q She worked two days that week?

24 A Correct.

25 Q And the following week starting December

1 1st through December 5th looks like she worked four
2 days and was out one day sick?

3 A Correct.

4 Q So that would be weeks nine and ten?

5 A Correct.

6 Q And sheet number 6 starting December 8th
7 through December 12th, looks like she worked the
8 full week, 30 hours?

9 A I can't honestly say, but that's what it
10 implies. I wasn't here, I didn't sign the paper.

11 Q Okay. And this was another employee,
12 Dawn?

13 A Alison Vargas, yes.

14 Q Week of the 15th through 19th, those would
15 be weeks 11 through 12?

16 A Correct.

17 Q All right. The next sheet, number 7 is at
18 the top of the page. It looks like school is closed
19 from December 22nd of 2014 through January 2nd of
20 2015. So there would not have been any work during
21 that period of time?

22 A Correct.

23 Q And it looks like during the week of the
24 5th she reported briefly and went home sick?

25 A Correct.

1 Q But if she had worked that full week, that
2 would have been week number 13, right?

3 MR. KILLEN: Object to the form of the
4 question.

5 THE WITNESS: Yeah, I guess. Whatever
6 we're up to. 13 and 14 on this page, yes.

7 BY MR. WRIGHT:

8 Q Okay. At the top of the page --

9 A However you're counting it.

10 Q I'm counting weeks that were available to
11 work.

12 A Yes, sir. 13.

13 Q 13. All right.

14 Sheet number eight, the week of January
15 12th. It looks she was sick on Monday, worked
16 through Thursday for a total of 18 hours. And then
17 there was no school on Friday because of a planning
18 period.

19 A Correct.

20 Q So that would have been week number 14?

21 MR. KILLEN: Object to the form of the
22 question.

23 THE WITNESS: Yes.

24 MR. WRIGHT: I'm sorry?

25 MR. KILLEN: Object to the form of the

1 question. You're excluding Christmas, which the
2 Bennett case says you cannot exclude.

3 BY MR. WRIGHT:

4 Q So she worked three days the week of the
5 12th?

6 A Correct.

7 Q Okay. And then the following week, I
8 can't tell what's on the 19th. It looks like it's
9 scratched out.

10 A And she initialed it. So I don't know if
11 see was out sick because I don't know why I didn't
12 write on the absence report, but I can find out
13 where she was.

14 Q She worked the balance of that week
15 through the 20th, through the 23rd?

16 A Appears to be.

17 Q All right. That would be weeks 14 and 15?

18 A Yes.

19 MR. KILLEN: Object to the form of the
20 question.

21 BY MR. WRIGHT:

22 Q And the following week, January 25th
23 through the 30th looks like she worked the entire
24 week.

25 A Yes, sir.

1 Q And the week of February 2nd through
2 February 6th looks like she worked the entire week?

3 A Correct.

4 Q So that would be week 16 and 17?

5 MR. KILLEN: Object to the form of the
6 question.

7 THE WITNESS: If that's how you're
8 counting it. I don't know what it is based on, the
9 school district calendar. I guess based on these --
10 BY MR. WRIGHT:

11 Q Based on your records?

12 MR. KILLEN: Object to the form of the
13 question.

14 THE WITNESS: That would be 18; 17 and 18.
15 BY MR. WRIGHT:

16 Q 17 and 18. Okay. You're counting the
17 page numbers. One of those reflects the time for
18 Christmas that she was not working?

19 A Well, if you want to go there, school
20 didn't start in September. So based on her
21 contract, it doesn't match the school district weeks
22 either.

23 Q I understand.

24 What I'm trying to figure out is the weeks
25 that she worked.

1 A I guess that she's required to work.

2 Q No. I'm asking -- what I want to do is go
3 over the weeks that you recorded that she actually
4 worked, weeks or parts thereof.

5 A Okay. I guess one, two, three, four,
6 five, six, seven, eight, nine, 10, 11, 12, 13, 14,
7 15.

8 Q Okay. So we've got 15 weeks through page
9 8?

10 A Page 9.

11 Q 15 weeks?

12 A Correct.

13 MR. KILLEN: Object to the form of the
14 question.

15 BY MR. WRIGHT:

16 Q Page 10 starting February 9th through
17 February 13th, she worked a full week?

18 A Yes, sir.

19 Q And February 16th there was no school.
20 Looks like she worked two days that week. She could
21 have worked a possible four. So those would have
22 been weeks?

23 A 14 and 15.

24 MR. KILLEN: Object to the form of the
25 question. We'll be happy to stipulate that these

1 records reflect the time that she worked, if that's
2 what you need.

3 MR. WRIGHT: What I'm getting at is the
4 number of weeks that she actually worked.

5 MR. KILLEN: I understand that. I
6 understand that, but we've already established the
7 weekly wage, it's at the Court of Appeals.

8 BY MR. WRIGHT:

9 Q I think we're through sheet number 10?

10 A Yes, sir.

11 Q Okay. Sheet number 11, she worked the
12 week of the 23rd through the 27th and it looks like
13 there was a day missed because of the weather?

14 A Correct.

15 Q The week of March 2nd through the 6th,
16 looks like she worked two of the five days that
17 week?

18 A Yes, sir. She was sick the first three
19 days.

20 Q She worked the week of the 9th through the
21 13th on page 12?

22 A Correct.

23 Q Okay. And the week of the 16th through
24 the 20th?

25 A Correct.

1 Q On page 13, the week of the 23rd through
2 the 27th, and the week of the 30th through April
3 2nd, correct?

4 A Yes.

5 Q Okay. Then the following week there is no
6 school, correct?

7 A This is correct.

8 Q There was no work that week. So the next
9 week that she worked was April 13th through the
10 17th?

11 A Yes, sir.

12 Q That's sheet 14. And I'm going back to
13 sheet 15. She worked the 20th through the 24th?

14 A Yes, sir.

15 Q And the week of the 27th of April through
16 May 1st?

17 A Yes, sir.

18 Q On page 15. Page 16, we've got May 4th
19 through May 8th, I see she worked 30 hours?

20 A Yes, sir.

21 Q And the week of May 11th she missed the
22 first two days, was absent, and then she worked
23 three days?

24 A Correct.

25 Q That's sheet 16. Sheet 17, she worked the

1 18th through the 22nd?

2 A Yes, sir.

3 Q Full days?

4 A Correct.

5 Q 25th we had no school for Memorial Day.

6 She worked the 26th through the 29th?

7 A Correct.

8 Q That's sheet 17. And then sheet 18, she
9 worked from June 1st through June 5th. It looks
10 like a couple of those were short days?

11 A Yes, sir.

12 Q And that was the end of the school year?

13 A That's correct.

14 Q Now, I just want to make sure that we have
15 an accurate count of the weeks that she actually
16 worked.

17 Sheet one, we've got two weeks?

18 A Yes, sir.

19 Q Sheet two, we've got two weeks?

20 A Yes, sir.

21 Q Sheet three, we've got two weeks?

22 A Yes, sir.

23 Q Sheet four, we've got two weeks?

24 A Correct.

25 Q Sheet five, we've got two weeks?

1 A Correct.

2 Q Sheet six, we've got two weeks?

3 A That's correct.

4 Q So through that point we've got 12 weeks?

5 A Correct.

6 Q The next week that she was obligated to

7 work was January 5th?

8 A Correct.

9 Q So when that sheet seven, we have one

10 week. So that's 13?

11 A Yes, sir.

12 Q Sheet eight, we've got two weeks?

13 A Yes, sir.

14 Q That's 15?

15 A Yes, sir.

16 Q Sheet nine, we've got two weeks. That's

17 17?

18 A Yes, sir.

19 Q Sheet ten, we've got two weeks. That's

20 19?

21 A Yes, sir.

22 Q Sheet 11 we've got two weeks. That's 21?

23 A Correct.

24 Q Sheet 12 we've got two weeks. That's 23?

25 Sheet 13 we've got two weeks. That's 25. Sheet 14,

1 we've got one week?

2 A Yes, sir.

3 Q So that's 26?

4 A Yes, sir. I'm sorry.

5 Q Sheet 15, we've got two weeks. That's 28?

6 A Correct.

7 Q Sheet 16, we've got two weeks. That's 30?

8 A Correct.

9 Q Sheet 17 we've got two weeks. 32?

10 A That's correct.

11 Q And sheet 18 one week. 33?

12 A Correct.

13 Q So if she worked every day -- if she had
14 worked every day that the cafeteria was open from
15 the date that she started on October 1st through the
16 end of the school year, it would have been 33 weeks?

17 A Correct.

18 Q And typically six hours a day, 30 hours a
19 week?

20 A Correct.

21 Q Directing your attention back to the
22 2014/2015 school year. What was the regular hourly
23 pay rate for food service employees?

24 A I've got no idea. I don't do that. I
25 don't see their monetary contract. I don't know. I

1 can tell you what a sub was paid, but I don't know
2 what each employees' contract says.

3 Q Do you know if anybody was paid less than
4 federal minimum wage?

5 A I have no idea. All that information was
6 with them in human resources.

7 Q And I believe you said there was a Fair
8 Labor Standards Act poster. Is that in your office?

9 A No, it's not in my office. I believe it's
10 on door going into the cafeteria.

11 Q Is that the same one that was there in
12 2014?

13 A I can't say for sure. Probably. We've
14 gotten new ones, but I don't know when exactly.

15 Q Did you maintain any records concerning
16 absences by Donna Dozier other than what would have
17 been reflected on Plaintiff's Exhibit 1?

18 A Correct. Correct. Yes, sir.

19 Q Do you have copies of those records?

20 A Yes, sir.

21 Q May I have those, please? Did you provide
22 those in response to the subpoena?

23 MS. THOMPSON: I've got them. That's what
24 I'm looking for. Sorry.

25 THE WITNESS: There's two papers that need

1 to be filled out. One is signed by the employee and
2 one is processed through our human resources program
3 that I printout and send to human resources, but
4 it's based on the paper that the employee signs.

5 MS. THOMPSON: I may have -- I think I've
6 got duplicate copies.

7 THE WITNESS: I have them, if you want me
8 to --

9 MS. THOMPSON: No. I mise well just -- I
10 know exactly -- I have exactly whatever you provided
11 me, so it's a not like there's anything different.
12 I just may have multiple copies here. I guess it's
13 just one. So there's that one.

14 MR. KILLEN: You want copies made of
15 those?

16 MR. WRIGHT: Yes.

17 MS. THOMPSON: I'll be back.

18 (A recess transpired.)

19 (PLF. EXH. 2, Subpoena, was marked for
20 identification.)

21 MR. KILLEN: What is that?

22 MR. WRIGHT: The subpoena that was served.

23 MR. KILLEN: After the hearing?

24 MR. WRIGHT: Yes. You remember this
25 because I served this on you.

1 MR. KILLEN: I can't read it from here. I³⁷
2 was just asking what it was.

3 BY MR. WRIGHT:

4 Q Okay. Ms. Pope, I'm going to ask you to
5 look at this document that we've 's marked as
6 Plaintiff's Deposition Exhibit Number 2 for purposes
7 of identification.

8 And specifically -- if you want to look at
9 Number 5 in the attachment.

10 A Just this paragraph? You want me to read
11 the whole thing?

12 Q Yes.

13 A Okay.

14 Q Now, that was attached to this subpoena
15 served on the school district?

16 A Which I never got or heard about.

17 Q You've sever seen that at all?

18 A No, sir.

19 Q Nobody asked you to produce any of those
20 documents?

21 A No, sir.

22 (PLF. EXH. 3, Georgetown County School
23 District Absentee Report by Name, was marked for
24 identification.)

25 MR. WRIGHT: These are the documents that

1 we just copied. And I'm going to mark them as an
2 exhibit. I'm trying to number the pages.

3 MR. KILLEN: Okay.

4 BY MR. WRIGHT:

5 Q Okay. Ms. Pope, if you look, please, at
6 what we've marked for identification as Plaintiff's
7 Exhibit Number 3. And it consists of 19 pages. We
8 had been discussing reporting absences. And I had
9 asked you about the documents that were prepared to
10 report those absences.

11 A Correct.

12 Q With reference to Plaintiff's Exhibit
13 Number 3 that we've marked for identification, can
14 you tell us if any of those documents are documents
15 that you filed with respect to reporting absences
16 for Donna Dozier?

17 MR. KILLEN: Let me just say, you said 19
18 pages. I counted 20.

19 MR. WRIGHT: Okay.

20 MS. THOMPSON: Did I short somebody?

21 MR. KILLEN: Let me see. The last one.

22 MR. WRIGHT: I'm sorry. I did miss one.
23 Let the record reflect that there are 20
24 pages in Plaintiff's Exhibit 3?

25 THE WITNESS: All the pages that have my

1 signature on it, I have filled out as reporting
2 through the district personnel management program.
3 I don't know, whatever you want to call it. So
4 that's, yeah, my record of what I submitted as well
5 as Donna's -- copies of Donna's doctor's notes and
6 whatever. Yes, this is what I submit with her
7 absences.

8 BY MR. WRIGHT:

9 Q Okay. And to be specific, what pages did
10 you sign your name to?

11 A Do you want me to give you page numbers?

12 Q Please.

13 A Page 1, page 2. I mean, I'm not going to
14 sign Donna's doctor's notes, so page 5, 13, 14, 15,
15 and 16, 19, and 20.

16 Q All right. Now, those documents that
17 we've marked as Plaintiff's Exhibit Number 3, are
18 those documents that you are required to maintain in
19 your custody by the school district?

20 A Yes.

21 Q Does anyone else, to your knowledge, in
22 the school district have those documents?

23 A I send them every week -- well, I don't
24 know if this was every week or every two weeks. I
25 can't remember. But I'm required to send them to my

1 supervisor, Terri Freeman, as well as one page to
2 human resources.

3 Q Do any of these documents get filed with
4 Dr. Carnahan here on site at the school?

5 A No, sir.

6 Q With respect to the work schedule we've
7 identified as Plaintiff's Exhibit Number 1, are
8 those filed with Dr. Carnahan?

9 A No, sir.

10 Q Okay. What other documents do you have
11 with you today that you have produced in response to
12 our subpoena?

13 A Just --

14 MR. KILLEN: I'd like to review those if
15 you have any other documents.

16 THE WITNESS: This is the only other thing
17 I had. But that's just a copy of the incident
18 report --

19 MR. KILLEN: Okay.

20 THE WITNESS: -- that I sent to the
21 attorney. That's it. These two, which you have
22 copies of, and a copy of my incident report that I
23 filed to my boss.

24 MR. WRIGHT: Okay. Do you have an
25 objection to that?

1 MR. KILLEN: No.

2 BY MR. WRIGHT:

3 Q May I see it, please?

4 A I guess the office would have the claim
5 because I didn't fill that out with her. That would
6 have gone to the secretary at the time, I believe,
7 filled it out for her. I don't know who filled it
8 out. I didn't go with her to fill it out.

9 MR. WRIGHT: If we can go back on the
10 record, please.

11 BY MR. WRIGHT:

12 Q Ms. Pope, I'd like to ask you a little bit
13 about the duties that were performed by Donna Dozier
14 in connection with her job in the cafeteria at
15 Waccamaw Intermediate.

16 Did she have any responsibilities for
17 lifting?

18 A Yes. It's part of the job requirement.

19 Q What type of weights would she typically
20 be required to lift?

21 A There was nothing on a specific day, but,
22 I mean, she was -- she had to be able to lift a case
23 of number -- 10 cans would be maybe 20 pounds, but
24 the job requirement, I think, says 30 or 50. I'd
25 have to look it up. It's been too long since I read

1 my job description or her job description to know
2 exactly what the maximum weight is, but I can't
3 specifically say what weight because you just got to
4 do what you got to do.

5 Q Without referring to the job descriptions,
6 the types of work she had to do. She had to lift
7 boxes of food?

8 A Yes, sir.

9 Q Was there any equipment that she had to
10 move about?

11 A A cart with wheels, I mean, lifting pans.
12 And I don't think any specific piece of heavy
13 equipment.

14 Q How about bending? Did bending -- did any
15 of her jobs require her to bend?

16 A Yes, sir.

17 Q What would she do that would cause her to
18 bend?

19 A You know, you might have to pick something
20 up off the floor. There's something on a high shelf
21 or a low shelf. You know, the trays that the kids
22 get from are lower than waist level. Just a
23 thousand different reasons to bend over.

24 Q Anything that required her to kneel on the
25 floor?

1 A To do what?

2 Q To kneel on the floor.

3 A Not required, no.

4 Q Did she have any responsibilities for
5 cleaning floors?

6 A Sure. Sweeping and mopping.

7 Q Is it a job that she can do while sitting,
8 or did she normally have to stand?

9 A No, you have to stand.

10 Q Based on your observations of Donna Dozier
11 performing her work duties, did you note if she had
12 any difficulty in performing the work duties prior
13 to the injury that she suffered on August 19th?

14 A I don't recall.

15 Q Did she object to performing any of the
16 work that was assigned to her?

17 A I don't specifically recall.

18 Q How did you learn that she fell on August
19 19th?

20 A She called me from the parking lot on her
21 cell phone to my cell phone.

22 Q What do you recall about that phone call?

23 A I don't -- until I refreshed my memory
24 with that, which is my copy, just that she said she
25 had fallen in the parking lot and she couldn't get

1 up. So I walked out the back door to her, to where
2 she was.

3 Q Did you assist her at all?

4 A I don't recall, you know, specifically,
5 but it says -- I just might have helped her up. She
6 said her legs went out from under her or she had
7 tripped. She wasn't sure either way.

8 I know she had some stuff in her hands.
9 I'm guessing she had her pocketbook. She was just
10 sitting on the ground and so I probably helped her
11 pick herself up. According to this, she walked in
12 without assistance.

13 MR. KILLEN: According to this, you mean
14 your statement?

15 THE WITNESS: My statement on this date.

16 BY MR. WRIGHT:

17 Q Did you prepare the statement on that
18 date?

19 A Yes, sir. Maybe the next day. It's dated
20 August 20th, so I don't know -- yes, so it was the
21 next day.

22 Q Has that been in your file since August
23 20th?

24 A Yes, sir.

25 Q To the best of your recollection, did she

1 continue to work throughout that day?

2 A Yes, sir.

3 Q Have you seen Ms. Dozier since August 19,
4 2016?

5 A She's got grandchildren that go here so I
6 think I've seen her here for a couple functions this
7 year.

8 I'm sure I've run into her here at school
9 since then, but, you know, work environment, I don't
10 think so. I don't recall.

11 Q Okay. And the records that are marked as
12 Plaintiff's Exhibit Number 3 are the only records
13 you have with respect to any -- that touch upon any
14 absences that Ms. Dozier had from her work?

15 MR. KILLEN: Object to the form of the
16 question.

17 THE WITNESS: As far as I know. I think
18 they all matched her time sheets. If something's
19 missing, it's available.

20 BY MR. WRIGHT:

21 Q But you have no responsibility with
22 respect to any docking of her pay or anything like
23 that?

24 A No, sir.

25 Q I think those are all the questions I have

1 for you.

2 A Okay.

3 MR. KILLEN: I don't have any questions
4 thank you.

5 (The deposition was concluded at 10:39 AM.)

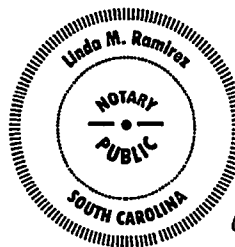
6 (The witness, after having been advised of
7 her right to read and sign this transcript, waives
8 that right.)
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CERTIFICATE OF REPORTER

I, Linda Mahoney Ramirez, Court Reporter
and Notary Public for the State of South Carolina at
Large, do hereby certify that the foregoing transcript
is a true, accurate and complete record.

I further certify that I am neither
related to nor counsel for any party to the cause
pending or interested in the events thereof.

Witness my hand, I have hereunto affixed
my official seal this 17th day of April, 2018, at
Horry County, South Carolina.



Linda M. Ramirez

Linda Mahoney Ramirez, Court Reporter
My Commission expires
September 29, 2027

I N D E X

Page/Line

WITNESS/EXAMINATION

CATHERINE CALLI POPE

3 1

EXAMINATION

BY MR. WRIGHT:

3 3

CERTIFICATE OF REPORTER

47 1

REQUESTED INFORMATION INDEX

(No Information Requested)

E X H I B I T S

Page/Line

DFT. EXH. 1, Appeal

11 17

PLF. EXH. 1, Time Sheets

12 14

PLF. EXH. 2, Subpoena

36 19

PLF. EXH. 3, Georgetown County

37 22

School District Absentee Report by Name

W15
 (School/Department)

Donna Dozier
 (Employee's Name)

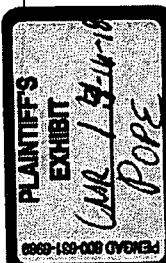
9/29 - 10/10/14
 (Payroll Period)

N/A
 (Employee's Soc. Sec. #)

	DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.								
Mon.	<u>9/29</u>							
Tue.	<u>9/30</u>							
Wed.	<u>10/1</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Thr.	<u>10/2</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Fri.	<u>10/3</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Sat.								
SUBTOTAL WEEK 1				<u>18</u>				
Sun.								
Mon.	<u>10/6</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Tue.	<u>10/7</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Wed.	<u>10/8</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Thr.	<u>10/9</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Fri.	<u>10/10</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Sat.			<u>8:00</u>					
SUBTOTAL WEEK 2				<u>30</u>				

1st Day
 New Employee

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES		
	Hours	Rate
Total Hours Physically Worked (Temp. Employees Only)		
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)		
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)		
Total Extra Payment Due Employee		



(Account Number) _____

Donna Dozier
 (Employee's Signature)

POPE
 (Supervisor's Signature)

(Date) 10/28/14

(Reason for Payment) _____

WIS
 (School/Department)

Donna Dozier
 (Employee's Name)

10/13 - 10/24/14
 (Payroll Period)

N/A
 (Employee's Soc. Sec. #)

	DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.								
Mon.	10/13	8:00	2:00	6				
Tue.	10/14	8:00	2:00	6				
Wed.	10/15	8:00	9:00	1				Sick on absence report
Thr.	10/16							Sick on absence report
Fri.	10/17	8:00	2:00	6				
Sat.								
SUBTOTAL WEEK 1				19				
Sun.								
Mon.	10/20	8:00	2:00	6				
Tue.	10/21	8:00	2:00	6				
Wed.	10/22	8:00	2:00	6				
Thr.	10/23	8:00	2:00	6				
Fri.	10/24	No School - Flex Day / Staff Dev.						
Sat.								
SUBTOTAL WEEK 2				24				

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number)

Donna Dozier
 (Employee's Signature)

(Date)

(Reason for Payment)

CPZ
 (Supervisor's Signature)

10/28/14
 (Date)

W15
 (School/Department)

Donna Dozier
 (Employee's Name)

10/27-11/7/14
 (Payroll Period)

N/A
 (Employee's Soc. Sec. #)

	DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.								
Mon.	10/27	8:00	2:00					
Tue.	10/28	8:00	2:00					
Wed.	10/29	8:00	2:00					
Thr.	10/30	8:00	2:00					
Fri.	10/31	8:00	2:00					
Sat.								
SUBTOTAL WEEK 1								
Sun.								
Mon.	11/3	8:00	2:00					
Tue.	11/4	No school - Election Day						
Wed.	11/5	8:00	2:00					
Thr.	11/6	8:00	2:00					
Fri.	11/7	8:00	2:00					
Sat.								
SUBTOTAL WEEK 2								

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES		
	Hours	Amt Due
Total Hours Physically Worked (Temp. Employees Only)		
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)		
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)		
Total Extra Payment Due Employee		

(Account Number)

Donna Dozier
 (Employee's Signature)

(Date)

(Reason for Payment)

(Supervisor's Signature)

(Date)

WIS
(School/Department)

Donna Dozier
(Employee's Name)

11/10 - 11/21/14
(Payroll Period)

N/A
(Employee's Soc. Sec. #)

	DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.								
Mon.	11/10	8:00	2:00					
Tue.	11/11	8:00	2:00					
Wed.	11/12	8:00	2:00					
Thr.	11/13	8:00	2:00					
Fri.	11/14	8:00	2:00					
Sat.								
SUBTOTAL WEEK 1								
Sun.								
Mon.	11/17	8:00	2:00					
Tue.	11/18	8:00	2:00					
Wed.	11/19	8:00	2:00					
Thr.	11/20	8:00	2:00					
Fri.	11/21	8:00	2:00					
Sat.								
SUBTOTAL WEEK 2								

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES		
	Hours	Amt Due
Total Hours Physically Worked (Temp. Employees Only)		
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)		
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)		
Total Extra Payment Due Employee		

(Account Number)

Donna Dozier
(Employee's Signature)

(Date)

(Reason for Payment)

(Supervisor's Signature)

(Date)

WIS
(School/Department)

Dana Dyer
(Employee's Name)

11/24-12/05/14
(Payroll Period)

N/A
(Employee's Soc. Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.							
Mon.	11/24	8:00 2:00	6				
Tue.	11/25	8:00 2:00	6				
Wed.	11/26						
Th.	11/27	No School - Thanksgiving Holidays					
Fri.	11/28						
Sat.							
SUBTOTAL WEEK 1			12				

Sun.							
Mon.	12/1	8:00 2:00	6				
Tue.	12/2	Sick					on absence report
Wed.	12/3	8:00 2:00	6				
Th.	12/4	8:00 2:00	6				
Fri.	12/5	8:00 2:00	6				
Sat.							
SUBTOTAL WEEK 2			24				

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES

	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number)

Dana Dyer
(Employee's Signature)

(Date)

(Reason for Payment)

Chloe
(Supervisor's Signature)

12/3/14
(Date)

WIS
 (School/Department)

Dana Doyier
 (Employee's Name)

12/8 - 12/19/14
 (Payroll Period)

N/A
 (Employee's Soc. Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.							
Mon.	12/8	8:00	2:00	~~5~~ 6 hr			
Tue.	12/9	8:00	2:00	6 hr			
Wed.	12/10	8:00	2:00	6 hr			
Thr.	12/11	8:00	2:00	6 hr			
Fri.	12/12	8:00	2:00	6 hr			
Sat.							
SUBTOTAL WEEK 1				30 hr			
Sun.							
Mon.	12/15	8:00	2:00	6			
Tue.	12/16	8:00	2:00	6			
Wed.	12/17	8:00	2:00	6			
Thr.	12/18	8:00	2:00	6			
Fri.	12/19	8:00	2:00	6			
Sat.							
SUBTOTAL WEEK 2				30 hr			

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

6
 (Account Number)

Dana Doyier
 (Employee's Signature)

Down
 (Supervisor's Signature)

12/19/14
 (Date)

1-1315
 (Date)

(Reason for Payment)

360

TIME SHEET

WIS
(School/Department)

Dana Dajer
(Employee's Name)

12/22/14-1/9/15
(Payroll Period)

N/A
(Employee's Soc. Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.							
Mon.	8:00	2:00					
Tue.	8:00	2:00					
Wed.	12/22/14 - 1/2/15 - Schools Closed						
Thr.	for Winter Break						
Fri.							
Sat.							

SUBTOTAL WEEK 1

Sun.							
Mon.	1/5	8:00	9:45	1 hr	45 min		
Tue.	1/6	8:00	SICK				
Wed.	1/7		SICK				
Thr.	1/8		SICK				
Fri.	1/9		SICK				
Sat.							

SUBTOTAL WEEK 2

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES		
	Hours	Amt Due
Total Hours Physically Worked (Temp. Employees Only)		
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)		
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)		
Total Extra Payment Due Employee		

(Account Number)

Dana Dajer
(Employee's Signature)

1-13-15
(Date)

(Reason for Payment)

Dana Dajer
(Supervisor's Signature)

1-13-15
(Date)

W15
(School/Department)
1/12-1/23/15
(Payroll Period)

Donna Dozier
(Employee's Name)
N/A
(Employee's Soc. Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE

Sun.

Mon.

Tue.

Wed.

Thur.

Fri.

Sat.

SUBTOTAL WEEK 1

Sun.

Mon.

Tue.

Wed.

Thur.

Fri.

Sat.

SUBTOTAL WEEK 2

Full Day
for All
Staff

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES

	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number)

(Reason for Payment)

Donna Dozier
(Employee's Signature)

(Supervisor's Signature)

(Date)

(Date)

TIME SHEET

WIS
(School/Department)

Donna Dozier
(Employee's Name)

1/26 - 2/6/15
(Payroll Period)

N/A
(Employee's Soc. Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.							
Mon.	1/26	8:00	2:00	6			
Tue.	1/27	8:00	2:00	6			
Wed.	1/28	8:00	2:00	6			
Thr.	1/29	8:00	2:00	6			
Fri.	1/30	8:00	2:00	6			
Sat.							
SUBTOTAL WEEK 1			30				
Sun.							
Mon.	2/2	8:00	2:00	6			
Tue.	2/3	8:00	2:00	6			
Wed.	2/4	8:00	2:00	6			
Thr.	2/5	8:00	2:00	6			
Fri.	2/6	8:00	2:00	6			
Sat.							
SUBTOTAL WEEK 2			30				

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number)

Donna Dozier
(Employee's Signature)

2/1/15
(Date)

(Reason for Payment)

363 Supervisor's Signature

2/9/15
(Date)

WIS
(School/Department)
2/9 - 2/20/15
(Payroll Period)

Donna Dozier
(Employee's Name)
N/A
(Employee's Soc. Sec. #)

	DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.								
Mon.	2/9	8:00	2:00	6				
Tue.	2/10	8:00	2:00	6				
Wed.	2/11	8:00	2:00	6				
Thr.	2/12	8:00	2:00	6				
Fri.	2/13	8:00	2:00	6				
Sat.								
SUBTOTAL WEEK 1				30h				

Sun.								
Mon.	2/16	No School - President's Day						
Tue.	2/17	8:00	2:00	6				
Wed.	2/18	SICK						
Thr.	2/19	SICK						
Fri.	2/20	8:00	2:00	6				
Sat.								
SUBTOTAL WEEK 2				12				

} on absence
Report

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number)

Donna Dozier
(Employee's Signature)

3-6-15
(Date)

(Reason for Payment)

(Supervisor's Signature)
364

(Date)

W15

(School/Department)

Donna Dozier

(Employee's Name)

2/23 - 3/6/15

(Payroll Period)

N/A

(Employee's Soc. Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.							
Mon.	2/23	8:00	2:00	6			
Tue.	2/24	Snow DAY					
Wed.	2/25	8:00	2:00	6			
Thr.	2/26	8:00	2:00	6			
Fri.	2/27	8:00	2:00	6			
Sat.							
SUBTOTAL WEEK 1			24 hr				

Sun.							
Mon.	3/2	SICK					
Tue.	3/3	SICK					
Wed.	3/4	SICK					
Thr.	3/5	8:00	2:00	6			
Fri.	3/6	8:00	2:00	6			
Sat.							
SUBTOTAL WEEK 2			12				

} on absence report

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number)

Donna Dozier

(Employee's Signature)

3-5-15

(Date)

(Reason for Payment)

Dhane

(Supervisor's Signature)

3/6/15

(Date)

W15
(School/Department)

Donna Dozier
(Employee's Name)

3/9-3/13/15 +
(Payroll Period)

N/A
(Employee's Soc. Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE

Sun.

Mon. 3/9 8:00 2:00 6

Tue. 3/10 8:00 2:00 6

Wed. 3/11 8:00 2:00 6

Thr. 3/12 8:00 2:00 6

Fri. 3/13 17:00 10:00 3 ing

Sat.

SUBTOTAL WEEK 1

27hr

Sun.

Mon. 3/16 8:00 2:00 6

Tue. 3/17 8:00 2:00 6

Wed. 3/18 8:00 2:00 6

Thr. 3/19 8:00 2:00 6

Fri. 3/20 8:00 2:00 6

Sat.

SUBTOTAL WEEK 2

30hr

*ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number)

Donna Dozier
(Employee's Signature)

3-13-15
(Date)

(Reason for Payment)

Chris
(Supervisor's Signature)

4/1/15
(Date)

WIS
(School/Department)

Donna Dozier
(Employee's Name)

3/23-3/27/15 +
(Payroll Period)

N/A
(Employee's Soc. Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE

Sun. _____
 Mon. 3/23 8:00 2:00 6 _____
 Tue. 3/24 8:00 2:00 6 _____
 Wed. 3/25 8:00 2:00 6 _____
 Thr. 3/26 7:30 1:30 6 _____
 Fri. 3/27 8:00 2:00 6 _____
 Sat. _____
 SUBTOTAL WEEK 1 30hr

Sun. _____
 Mon. 3/30 8:00 2:00 6 _____
 Tue. 3/31 8:00 2:00 6 _____
 Wed. 4/01 8:00 2:00 6 _____
 Thr. 4/02 8:00 2:00 6 _____
 Fri. 4/03 N/D School - Flex Day / Staff Dev.
 Sat. _____
 SUBTOTAL WEEK 2 24hr

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)	_____	_____	_____
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)	_____	_____	_____
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)	_____	_____	_____
Total Extra Payment Due Employee	_____	_____	_____

(Account Number)

Donna Dozier
(Employee's Signature)

3-13-1
(Date)

(Reason for Payment)

Chris
(Supervisor's Signature)

4/1/15
(Date)

WIS (School/Department) Donna Dozier (Employee's Name)
4/6-4/17/15 (Payroll Period) N/A (Employee's Soc. Sec. #)

	DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.								
Mon.	4/6							
Tue.	4/7							
Wed.	4/8	No School - Spring Break						
Thr.	4/9							
Fri.	4/10							
Sat.								
SUBTOTAL WEEK 1								
Sun.								
Mon.	4/13	8:00	2:00	6				
Tue.	4/14	8:00	2:00	6				
Wed.	4/15	8:00	2:00	6				
Thr.	4/16	8:00	2:00	6				
Fri.	4/17	8:00	2:00	6				
Sat.								
SUBTOTAL WEEK 2					30hr			

*ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number) _____
 (Employee's Signature) Donna Dozier
 (Reason for Payment) _____
 (Supervisor's Signature) _____
 (Date) 5-1-15
 (Date) 5/4/15

WIS (School/Department) Donna Dozier (Employee's Name)
4/20-5/01/15 (Payroll Period) N/A (Employee's Soc. Sec. #)

	DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.								
Mon.	4/20	8:00	2:00	6				
Tue.	4/21	8:00	2:00	6				
Wed.	4/22	8:00	2:00	6				
Th.	4/23	7:20	2:00	6	+40 min comp time 6.40			
Fri.	4/24	8:00	2:00	6				
Sat.					+40 comp time			
SUBTOTAL WEEK 1				30 hr				
Sun.								
Mon.	4/27	8:00	2:00	6				
Tue.	4/28	8:00	2:00	6				
Wed.	4/29	8:00	2:00	6				
Th.	4/30	8:00	2:00	6				
Fri.	5/01	8:00	2:00	6				
Sat.								
SUBTOTAL WEEK 2				30 hr				

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number) _____ (Employee's Signature) Donna Dozier (Date) 5-1-15
 (Reason for Payment) _____ (Supervisor's Signature) CPD (Date) 5/1/15

WIS
(School/Department)

Donna Dozier
(Employee's Name)

5/4 - 5/15/15
(Payroll Period)

N/A
(Employee's Soc Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.							
Mon.	5/4	8:00	2:00	6			
Tue.	5/5	8:00	2:00	6			
Wed.	5/6	8:00	2:00	6			
Thr.	5/7	8:00	2:00	6			
Fri.	5/8	8:00	2:00	6			
Sat.							
SUBTOTAL WEEK 1			30hr				

Sun.							
Mon.	5/11		Sick	2	On absence report.		
Tue.	5/12		Sick	5			
Wed.	5/13	8:00	2:00	6			
Thr.	5/14	8:00	2:00	6			
Fri.	5/15	8:00	2:00	6			
Sat.							
SUBTOTAL WEEK 2			18hr				

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number)

Donna Dozier
(Employee's Signature)

5/15/15
(Date)

(Reason for Payment)

Done
(Supervisor's Signature)

6/11/15
(Date)

WIS
(School/Department)

Donna Dozier
(Employee's Name)

5/18 - 5/22/15 +
(Payroll Period)
5/25-5/29/15

N/A
(Employee's Soc. Sec. #)

	DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE
Sun.								
Mon.	<u>5/18</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Tue.	<u>5/19</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Wed.	<u>5/20</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Thr.	<u>5/21</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Fri.	<u>5/22</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Sat.								
SUBTOTAL WEEK 1				<u>30hr</u>				
Sun.								
Mon.	<u>5/25</u>	<u>No School - Memorial Day</u>						
Tue.	<u>5/26</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Wed.	<u>5/27</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Thr.	<u>5/28</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Fri.	<u>5/29</u>	<u>8:00</u>	<u>2:00</u>	<u>6</u>				
Sat.								
SUBTOTAL WEEK 2				<u>24hr</u>				

*ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)	_____	_____	_____
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)	_____	_____	_____
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)	_____	_____	_____
Total Extra Payment Due Employee			=====

(Account Number)

Donna Dozier
(Employee's Signature)

(Date)

(Reason for Payment)

Dozier
(Supervisor's Signature)

5/29/15
(Date)

TIME SHEET

WIS

(School/Department)

Donna Dozier

(Employee's Name)

6/1 - 6/5/15

(Payroll Period)

N/A

(Employee's Soc. Sec. #)

DATE	START	END	TOTAL HOURS PHYSICALLY WORKED	TOTAL ADDITIONAL HOURS WORKED	TOTAL HOURS AT REGULAR RATE	TOTAL OVERTIME HOURS WORKED	ABSENCE CODE

Sun.							
Mon.	6/1	8:00	2:00	6			
Tue.	6/2	8:00	2:00	6			
Wed.	6/3	8:00	2:00	6			
Thr.	6/4	7:00	10:00	3			
Fri.	6/5	7:00	9:20	2:20			
Sat.		School out for Summer					
SUBTOTAL WEEK 1				23.20			

Call Workdays
For ALL

use - .40 mins
comp time

Sun.							
Mon.							
Tue.							
Wed.							
Thr.							
Fri.							
Sat.							
SUBTOTAL WEEK 2							

ONLY ADDITIONAL/OVERTIME HOURS NEED TO BE INCLUDED FOR CONTRACTED EMPLOYEES			
	Hours	Rate	Amt Due
Total Hours Physically Worked (Temp. Employees Only)			
Total Additional Hours to be Paid at Regular Rate (Contracted Employees Only)			
Total Overtime Hours to be Paid at Overtime Rate (Hours physically worked over 40 per week)			
Total Extra Payment Due Employee			

(Account Number)

Donna Dozier

(Employee's Signature)

6/5/15

(Date)

(Reason for Payment)

[Signature]

(Supervisor's Signature)

6/5/15

(Date)

South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675



WCC File #: **1512151**
Carrier File #: **WC016580**
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Donna Dozier SSN: _____ Employer's Name: Georgetown County School District
Address: P.O. Box 139 Address: 2018 Church Street
City: Murrells Inlet State: SC Zip: 29576 City: Georgetown State: SC Zip: 29440
Home Phone: (843) 318-8497 Work Phone: () Insurance Carrier: SC School Boards Insurance Trust
Preparer's Name: Neil D. Wright, Esq. Law Firm: Barnett & Wright, P.A. Preparer's Phone #: (843) 449-0781

SUBPOENA

To: Human Resources/Personnel Records Custodian-Georgetown County School District

☐ **YOU ARE COMMANDED** to appear before the above-named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____

ROOM: _____

DATE AND TIME: _____

☐ **YOU ARE COMMANDED** to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____

DATE AND TIME: _____

☒ **YOU ARE COMMANDED** to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below.

LIST OF DOCUMENTS: See Exhibit "A" attached hereto.

PLACE: Law Offices of Barnett & Wright, P.A., 1304 Azalea Court, Suite B, Myrtle Beach, SC 29577

DATE AND TIME: April 4, 2017 at 10:00 A.M.

☐ **YOU ARE COMMANDED** to permit inspection of the following premises at the date and time specified below.

PREMISES: _____

DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE FOLLOWING ISSUING OFFICER.

Neil D. Wright, Esq., Claimant's Atty.
ISSUING OFFICER'S SIGNATURE AND TITLE

(843) 449-0781
PHONE NUMBER

March 27, 2017
DATE

Serve this form according to R.67-211(C). Refer to R.67-211 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department at 803-737-5675.

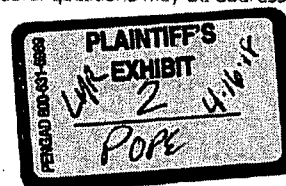


EXHIBIT "A"-SUBPOENA DUCES TECUM TO
GEORGETOWN COUNTY SCHOOL DISTRICT

DEFINITIONS

The following definitions apply to this Subpoena Duces Tecum:

- A. The terms "you" and "your" when used in this Subpoena Duces Tecum refer to Georgetown County School District
- B. The terms "document" and "documents" when used in this Subpoena Duces Tecum mean all original written materials and electronically stored information of any nature whatsoever in the possession, custody or control of you, or your attorneys, or your workers compensation insurance carrier, or any of your respective investigators, agents, employees, or other representatives, including your bookkeepers and your accountants, regardless of where located, and all other written materials of which you have knowledge, and such terms specifically include, but are not limited to, employment applications, employee contracts or agreements, work schedules, payroll records, employee time cards, time sheets, or time records that accurately reflect the number of hours actually worked on a daily and/or weekly basis by the employee, school year calendars, employee earnings statements that reflect gross wages/compensation paid by you for services rendered by the employee, records of sick day and personal leave day payments made by you to employee, documents that reflect the computation of any reduction of employee gross earnings, on a per day basis, attributable to work time missed by an employee that is neither a sick day nor a personal leave day (i.e. docking employee for unexcused absence), bookkeeping work papers, computerized financial data compilations, inter office and intra office communications, memoranda, other written

communications, computer printouts, information stored on any type of magnetic or optical media (e.g. audio recordings of voice communications, videotapes, hard disks, USB storage devices [memory sticks and thumb drives], compact discs, flash drives, digital photographs, DVD, tapes, remote online data storage), and other documents as defined in Rule 34 of the Federal Rules of Civil Procedure. In all cases where the original document is not available, the terms "document" and "documents" also mean true and correct copies of the original document.

- C. The term "person" when used herein, includes natural persons, proprietorships, business corporations, municipal corporations, state agencies, other organized political bodies, non profit corporations, general partnerships, limited partnerships, limited liability companies, joint ventures, business entities, firms and associations.
1. A true and correct copy of each employment application of Donna Dozier for the position of food service worker/employee for the Georgetown County School District.
 2. A true and correct copy of each employment contract of Donna Dozier for the position of food service worker/employee for the Georgetown County School District.
 3. A true and correct copy of the school year calendar for food service worker/employees of the Georgetown County School District for the 2014-2015 school year.
 4. A true and correct copy of each document that indicates the number of days that Donna Dozier was expected to work as a food service worker/employee of the Georgetown County School District for the 2014-2015 school year.
 5. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that indicate the first date upon which Donna Dozier actually worked for you as a food service worker/employee during the 2014-2015 Georgetown County School District school year.
 6. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that accurately reflect the number of hours and/or the number of days that Donna Dozier actually worked for you as a food service worker/employee during the 2014-2015 Georgetown County School District school year.

7. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that accurately indicate the last date upon which Donna Dozier actually worked for you as a food service worker/employee during the 2014-2015 Georgetown County School District school year.
8. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross hourly pay/wage/compensation rate paid to Donna Dozier by you for each hour of her actual service as a food service worker/employee during the 2014-2015 Georgetown County School District school year.
9. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross daily pay/earnings/compensation paid to Donna Dozier by you for each day of her actual service as a food service worker/employee during the 2014-2015 Georgetown County School District school year, before deductions for South Carolina retirement system contributions, employee medical insurance premium payments, employee dental insurance premium payments, employee optional life insurance payments, employee FICA contributions, employee federal withholding tax, and South Carolina withholding tax.
10. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross weekly pay/earnings/compensation paid to Donna Dozier by you for each week of her actual service as a food service worker/employee during the 2014-2015 Georgetown County School District school year, before deductions for South Carolina retirement system contributions, employee medical insurance premium payments, employee dental insurance premium payments, employee optional life insurance payments, employee FICA contributions, employee federal withholding tax, and South Carolina withholding tax.
11. All documents that reflect the computation of any reduction of Donna Dozier's gross earnings, on a per hour or per day basis, attributable to work time missed by Donna Dozier that is neither a sick day nor a personal leave day (i.e. docking Donna Dozier's pay for an unexcused absence).
12. All documents that pertain to an increase, including the amount of such increase and the date of such increase, in pay/wages/compensation awarded to Donna Dozier during the period of her employment by you.
13. A true and correct copy of the school year calendar for food service worker/employees of the Georgetown County School District for the 2015-2016 Georgetown County School District school year.

14. All documents that indicate the first date upon which Donna Dozier actually worked for you as a food service worker/employee for the 2015-2016 Georgetown County School District school year.
15. All documents that indicate the last date upon which Donna Dozier actually worked for you as a food service worker/employee for the 2015-2016 Georgetown County School District school year.
16. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross hourly pay/wage/compensation rate paid to Donna Dozier by you for each hour of her actual service as a food service worker/employee during the 2015-2016 Georgetown County School District school year.
17. All documents, including but not limited to work schedules, employee time cards, time sheets, or time records, payroll records, and employee earnings statements that either indicate or may be used to compute the gross daily pay/earnings/compensation paid to Donna Dozier by you for each day of her actual service as a food service worker/employee during the 2015-2016 Georgetown County School District school year, before deductions for South Carolina retirement system contributions, employee medical insurance premium payments, employee dental insurance premium payments, employee optional life insurance payments, employee FICA contributions, employee federal withholding tax, and South Carolina withholding tax.
18. All documents contained in your personnel files that pertain to Donna Dozier.

**GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME**

FY 2014-2015

TRANS NO: 0 TO 99999999

CURRENT LOCATION DISPLAYED

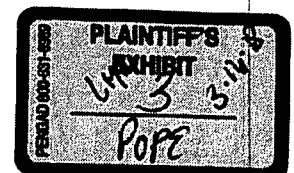
DATES: 11/24/2014 TO 12/05/2014

TRANS NUMBER	DATE ABSENT	DAYS/RS POST TAKEN	FLAG	LEAVE	REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS
DOZIER, DONNA N							Class: CLASS PRIMARY ACCOUNT:	Dept: 629 6290-2560-110-029-0000	Loc: 629 Pay Period: N11A11
180479	12/02/2014	1.00	N	MISC	SICK			0.00	0.00
		1.00							
POPE, CATHERINE C							Class: CLASS PRIMARY ACCOUNT:	Dept: 629 6290-2560-110-029-0000	Loc: 629 Pay Period: AUG 11
180454	11/24/2014	1.00	N	SICK	SICK				
180468	11/25/2014	1.00	N	SICK	SICK				
180471	12/01/2014	1.00	N	SICK	SICK				
180472	12/02/2014	0.20	N	SICK	SICK				
180473	12/03/2014	0.30	N	SICK	SICK				
180476	12/04/2014	1.00	N	SICK	SICK				
180478	12/05/2014	0.65	N	SICK	SICK				
		5.15						0.00	0.00
TOTALS:		6.15						0.00	0.00

TOTAL NUMBER OF ABSENT EMPLOYEES: 2

* CSI would only let me put leave code as MISC for Donna Dozier.

[Handwritten signature]





Georgetown County School District

School / Department Name: Waccamaw Intermediate Food Service

- ☐ VACATION REQUEST
- ☐ PERSONAL REQUEST
- ☒ SICK
- ☐ COMP TIME
- ☐ JURY / MILITARY DUTY
- ☐ DEATH IN FAMILY

I request leave for the following date(s): Donna Dorrier

Date/Dates	Hours
12/2/14	6
Total Hours	6

Date

Donna Dorrier
Employee's Signature

Cheryl
Supervisor's Signature

Date



Georgetown County School District

School / Department Name: Waccamaw Intermediate Food Service

- ☐ VACATION REQUEST
- ☐ PERSONAL REQUEST
- ☒ SICK
- ☐ COMP TIME
- ☐ JURY / MILITARY DUTY
- ☐ DEATH IN FAMILY

I request leave for the following date(s): _____

Date/Dates	Hours
1-5-15	4 hr 15
1-6-15	6 hr
1-7-15	6 hr
1-8-15	6 hr
1-9-15	6 hr
Total Hours	

left at 9:45 sick

1-13-15
Date

Danna Dyer
Employee's Signature

Orlando Vargas
Supervisor's Signature

1-13-15
Date

RETURN TO WORK OR SCHOOL

Date(s) Seen in Office 1/5/2015

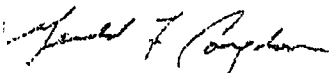
This is to certify that Donna Dozier has been under my care for the following:

Torticollis
Cervicalgia

He/ She is able to return to work/school on 1/13/2015

Remarks:

(Signature)



Coastal Urgent Care & Family Medicine
201 Business Center Drive Pawleys Island, SC 29585
Phone: 888-467-1117 Fax: 888-485-3336



Georgetown County School District

School / Department Name: Waccamaw Intermediate Food Service

☐

VACATION REQUEST

☐

PERSONAL REQUEST

☒

SICK

☐

COMP TIME

☐

JURY / MILITARY DUTY

☐

DEATH IN FAMILY

I request leave for the following date(s): Donna Dozier

Date/Dates	Hours
1/12/14	6
Total Hours	6

1/24/15
Date

Donna Dozier
Employee's Signature

CD
Supervisor's Signature

Date

5

Georgetown County School District

J.B. Beck Administration and Education Center

Office of Human Resources

2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Coordinator



Attached are the forms and request for medical leave. These are needed to apply for leave if you decide that leave is necessary. First, notify your supervisor of your intent to secure medical leave. Second, complete the request for leave and submit it to me before your leave begins if possible. Third, please have your doctor complete the Certification of Health Care form to include the correct date of your expected return to work and forward this information within fifteen days of submitting your request for leave. Your prompt attention is appreciated so that all leave procedures can be followed according to policy and leave laws.

If you have any questions or concerns about Georgetown County Leave procedures, please do not hesitate to contact me at 436-7009. I can also meet with you to review the leave procedures in person at your request.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Mercer".

Alicia Mercer
Human Resources

Fax: 436-7230

Phone: 436-7009

Email: amercer@gcsd.k12.sc.us

Attachments

Georgetown County School District
J.B. Beck Administration and Education Center
2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Request FOR MEDICAL LEAVE

Name: _____

Date: _____

Position: _____

Location: _____

I am applying to use _____ FMLA or _____ Emergency Leave for one of the following reasons:

_____ The birth of a child, or placement of a child with my family for adoption or foster care;

_____ My own serious health condition;

_____ Because of care needed for my _____ spouse; _____ child; _____ parent due to his/her serious health condition.

_____ Because of a qualifying exigency arising out of the fact that my _____ spouse; _____ son or daughter; _____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves.

_____ Because I am the _____ spouse; _____ son or daughter; _____ parent; _____ next of kin of a covered service member with a serious injury or illness.

I anticipate being absent from: _____ until _____.

I understand FMLA or Emergency Leave has to be approved, and medical documentation needs to be provided by a physician.

Signature: _____

Please submit this form to the Human Resources Office via inter-office, email amercer@gcsd.k12.sc.us, or fax 843-436-7143. If you have questions, please call 843-436-7009.

TO BE COMPLETED BY HUMAN RESOURCES

_____ Your FMLA medical leave request has been approved.

Provided there is no deviation, your leave should include the following time frame _____

For a total of _____ days

_____ Your FMLA medical leave request is not approved.

_____ Your Emergency medical leave request has been approved.

Provided there is no deviation, your leave should include the following time frame _____

For a total of _____ days

7
Signature: _____

Date: _____

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: Georgetown County School District; Alicia Mercer, Human Resources (843)-436-7009

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: Donna N Dozier
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: Guendy Condon

Type of practice / Medical specialty: FAMILY MED

Telephone: (843) 467-1117 Fax: (843) 467-3336

PART A: MEDICAL FACTS

1. Approximate date condition commenced: 1-5-15

Probable duration of condition: → 1-13-15

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☒ No ☐ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

1-5-15 1-12-15

Will the patient need to have treatment visits at least twice per year due to the condition? ☒ No ☐ Yes.

Was medication, other than over-the-counter medication, prescribed? ☐ No ☒ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

☒ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ☒ No ☐ Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ☒ No ☐ Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Patient with neck and elbow sprain.

Patient completed medical to +
home stretching

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ☐ No ☒ Yes.

If so, estimate the beginning and ending dates for the period of incapacity: 1.5 -> 1.12.15

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ☒ No ☐ Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
☐ No ☐ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ☒ No ☐ Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
☐ No ☐ Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

May return to full duty

Signature of Health Care Provider

1-12-15

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Medical Leave Procedures
Georgetown County School District

In reference to medical leave, the following procedures will be implemented:

1. Any employee who requests leave for a serious health condition that prevents the employee from performing his/her job responsibilities will be asked to complete an application for leave under the Family Medical Leave Act (FMLA). If the employee is not eligible for leave under FMLA, he/she will be asked to request Emergency medical leave. If the employee qualifies for FMLA leave, the employee will be required to use his/her accrued leave days concurrently with the 60 days of leave available under the FMLA. If approved for Emergency medical leave, the employee will be required to use his/her accrued leave days concurrently with the approved Emergency leave period.
2. Once an employee has exhausted all accrued leave days, whether sick leave or vacation leave, the employee will be placed on a leave without pay status. The employee will not accrue sick leave or vacation days while on leave without pay status. Generally, an employee may continue or drop all or part of his/her coverage while on approved leave/LWOP; but if dropping, coverage must be dropped within 31 days of starting the leave period. * *Georgetown County School District will pay its portion of the premium for the employee's health insurance benefits until the employee reaches 60 days of continuous sick leave. An employee who is on extended medical leave beyond 60 days will be required to pay both the employee and employer portion of the premium for his/her insurance benefits.*
3. After all accrued leave days have been exhausted, the employee will be responsible for making arrangements to timely remit the applicable portion(s) of his/her insurance benefits premium in accordance with Paragraph 2 herein. If an employee does not timely remit the required payment for the insurance premium, the District will notify the employee in writing, and if the employee does not pay the amount due within 30 days of that notice, the District will cancel the employee's insurance coverage.
4. South Carolina Code § 59-1-400 specifies that an employee cannot be terminated while that employee is using his/her accrued sick leave days nor during a continuing sick leave of less than ninety-one work days. The Georgetown County School District will allow an employee to remain on unpaid leave of absence status for a maximum of one calendar year from the last day worked, after which time the employee will be terminated.
5. An employee who is unable to return to work with or without reasonable accommodations after the 60th work day of continuous absences will be advised of the option of applying for Standard Long-Term Disability as well as State Retirement Disability (if applicable). If the employee chooses not to apply for disability benefits, or if the employee applies for disability benefits and is not approved, the procedures set forth in Paragraph 4 herein will be applicable.

Effective: September, 2008

* S.C. State Budget & Control Board (Employee Insurance Program)

ABSENTEE REPORT BY NAME

FY 2014-2015

TRANS NO: 0 TO 99999999

CURRENT LOCATION DISPLAYED

DATES: 02/06/2015 TO 02/20/2015

TRANS	DATE	DAYS/HRS	POST						AMOUNT	DAYS/	
NUMBER	ABSENT	TAKEN	FLAG	LEAVE	REASON	SUBSTITUTE NAME		ACCOUNT NUMBER	PAID	HRS	
DOZIER, DONNA N							Class: CLASS	Dept: Loc: 629	Pay Period: NHAI		
							PRIMARY ACCOUNT:	6290-2560-110-029-0000			
185557	02/18/2015	1.00	N	SICK	SICK						
185558	02/19/2015	1.00	N	SICK	SICK						
		2.00									
									0.00	0.00	
JOHNSON, CATHERINE J							Class: CLASS	Dept: Loc: 629	Pay Period: NHAI		
							PRIMARY ACCOUNT:	6290-2560-110-029-0000			
185665	02/06/2015	1.00	N	PERS	PERS						
		1.00									
									0.00	0.00	
VARGAS, DAWN A							Class: CLASS	Dept: Loc: 629	Pay Period: NHAI		
							PRIMARY ACCOUNT:	6290-2560-110-029-0000			
185559	02/18/2015	1.00	N	SICK	SICK						
185560	02/19/2015	1.00	N	SICK	SICK						
		2.00									
									0.00	0.00	
TOTALS:		5.00	TOTAL NUMBER OF ABSENT EMPLOYEES: 3							0.00	0.00
									0.00	0.00	





Georgetown County School District

School / Department Name: Waccamaw Intermediate Food Service

- ☐ VACATION REQUEST
☐ PERSONAL REQUEST
☒ SICK
☐ COMP TIME
☐ JURY / MILITARY DUTY
☐ DEATH IN FAMILY

I request leave for the following date(s):

Donna Dozier

Date/Dates	Hours
2/18/15	6
2/19/15	6
Total Hours	12

2-18-15

Date

Donna Dozier
Employee's Signature

C. Myer
Supervisor's Signature

2/18/15
Date

14

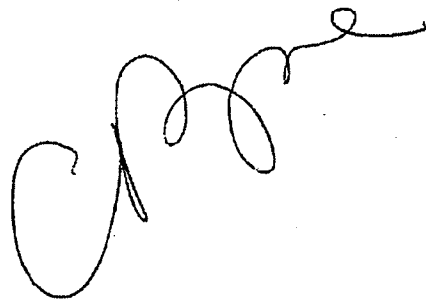
FY 2014-2015

TRANS NO: 0 TO 99999999

GEORGETOWN COUNTY SCHOOL DISTRICT
ABSENTEE REPORT BY NAME
CURRENT LOCATION DISPLAYED

DATES: 02/23/2015 TO 03/06/2015

TRANS DATE	DAYS/RS POST									
NUMBER ABSENT	TAKEN	FLAG	LEAVE	REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/ HRS		
DOZIER, DONNA N										
					Class: CLASS	Dept: Loc: 629				
					PRIMARY ACCOUNT:	6290-2560-110-029-0000			Pay Period: NHA II	
186940	03/02/2015	1.00	N	SICK	SICK					
186941	03/03/2015	1.00	N	SICK	SICK					
186942	03/04/2015	1.00	N	SICK	SICK					
		3.00								
POPE, CATHERINE C										
					Class: CLASS	Dept: Loc: 629				
					PRIMARY ACCOUNT:	6290-2560-110-029-0000			Pay Period: AUG II	
186939	02/23/2015	0.72	N	SICK	SICK					
186944	03/02/2015	0.65	N	SICK	SICK					
		1.37								
TOTALS:		4.37								
TOTAL NUMBER OF ABSENT EMPLOYEES: 2										
							0.00	0.00		
							0.00	0.00		
							0.00	0.00		





Georgetown County School District

School / Department Name: Waccamaw Intermediate Food Service

☐

VACATION REQUEST

☐

PERSONAL REQUEST

☒

SICK

☐

COMP TIME

☐

JURY / MILITARY DUTY

☐

DEATH IN FAMILY

I request leave for the following date(s):

Donna Dorian

Date/Dates	Hours
3/2/15	6
3/3/15	6
3/4/15	6
Total Hours	18

3-5-15

Date

Donna Dorian
Employee's Signature

CPye
Supervisor's Signature

3/2/15
Date



Azalea Lakes
3515 Caduceus Dr., Suite B
Myrtle Beach, SC 29588
(P) 843-652-8170 (F) 843-652-8161

Date: 3/4/15

Please excuse Donna Dorice from work as he/she was seen in my
office today.

Sincerely,

A handwritten signature in black ink, appearing to read "Gavin Vaughn", is written over a horizontal line.

Gavin Vaughn, MD



Georgetown Hospital System

Georgetown Memorial Hospital (843) 527-7000
Waccamaw Community Hospital (843) 652-1000

Date: 03/01/15
Acct Num: W00002089479
Med Rec Num: H000115830
Name: DONNA NESBIT DOZIER
Location: WCH ED INTAKE
Primary Provider: CAMPBELL, NANCY

DOZIER, DONNA NESBIT was seen in the Emergency Department on 03/01/15
and may return to school / work on 03/04/15.

Comments:

Nurse Signature: _____

A handwritten signature in black ink, appearing to be 'JML', written over a horizontal line.

DATES: 05/04/2015 TO 05/15/2015

TRANS DATE	DAYS/HRS POST	NUMBER	ABSENT	TAKEN	FLAG	LEAVE	REASON	SUBSTITUTE NAME	ACCOUNT NUMBER	AMOUNT PAID	DAYS/HRS
DOZIER, DONNA N											
Class: CLASS									Dept: Loc: 629	Pay Period: NH/II	
PRIMARY ACCOUNT:									6290-2560-110-029-0000		
193248	05/11/2015	1.00	N	SICK	SICK						
193250	05/12/2015	1.00	N	SICK	SICK						
		2.00									
									0.00	0.00	
POPE, CATHERINE C											
Class: CLASS									Dept: Loc: 629	Pay Period: AUG II	
PRIMARY ACCOUNT:									6290-2560-110-029-0000		
193247	05/04/2015	0.91	N	SICK	FMLA						
		0.91									
									0.00	0.00	
VARGAS, DAWN A											
Class: CLASS									Dept: Loc: 629	Pay Period: NH/II	
PRIMARY ACCOUNT:									6290-2560-110-029-0000		
193246	05/05/2015	1.00	N	SICK	SICK						
		1.00									
									0.00	0.00	
TOTALS:		3.91									
									0.00	0.00	
TOTAL NUMBER OF ABSENT EMPLOYEES: 3											
									0.00	0.00	



Georgetown County School District

School / Department Name: Waccamaw Intermediate Food Service

- ☐ VACATION REQUEST
- ☐ PERSONAL REQUEST
- ☒ SICK
- ☐ COMP TIME
- ☐ JURY / MILITARY DUTY
- ☐ DEATH IN FAMILY

I request leave for the following date(s): Donna Dozier

Date/Dates	Hours
5/11/15	6
5/12/15	6
Total Hours	12

5-13-15
Date

Donna Dozier
Employee's Signature

CP
Supervisor's Signature

5/12/15
Date

20

BARNETT & WRIGHT, P.A.
ATTORNEYS AT LAW
1304 AZALEA COURT, SUITE B
MYRTLE BEACH, SOUTH CAROLINA 29577

ROBERT L. BARNETT
NEIL D. WRIGHT
MATTHEW N. WRIGHT

Telephone: (843)449-0781-Ext#3
Telecopier: (843)449-1583
E-mail: nwright@barnettandwright.com
(Not for Confidential Communication)

February 9, 2018

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211

RE: Donna Dozier, Employee, Appellant,
v.
Georgetown County School District, Employer, Respondent, and,
SC School Boards Insurance Trust, Carrier, Respondent
W.C.C. File No. 1512151

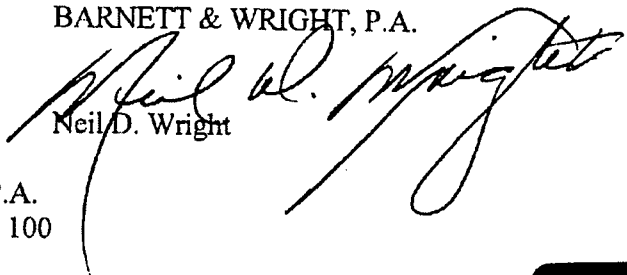
Dear Ms. Kitchings:

Enclosed for filing is the Appellant's Notice of Appeal in the above case. Also enclosed are the following:

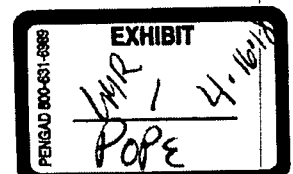
- (1) Proof of Service of the Notice of Appeal upon the Respondents;
- (2) Proof of Service of the Notice of Appeal upon the South Carolina Worker's Compensation Commission;
- (3) A copy of the Commission's Appellate Panel Decision and Order dated January 12, 2018 which is to be challenged on appeal; and,
- (4) A filing fee in the amount of \$100.00.

Very truly yours,

BARNETT & WRIGHT, P.A.


Neil D. Wright

cc: Timothy B. Killen, Esq.
Wilson, Jones, Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Attorney for Respondents



THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Donna Dozier, Employee, Appellant

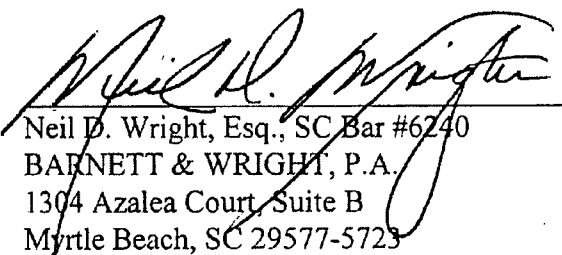
v.

Georgetown County School District, Employer, Respondent
And
SC School Boards Insurance Trust, Carrier, Respondent

NOTICE OF APPEAL

Donna Dozier appeals the Commission's Appellate Panel Decision and Order dated January 12, 2018. Appellant received a copy of the Commission's Appellate Panel Decision and Order by an e-mail transmission from the Commission on January 12, 2018.

February 9, 2018



Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

Other Counsel of Record:
Timothy B. Killen, Esq.
Wilson, Jones, Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Office: (843) 284-0831
Fax: (843) 284-1081
tbkillen@wjlaw.net
Attorney for Respondents

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Donna Dozier, Employee, Appellant

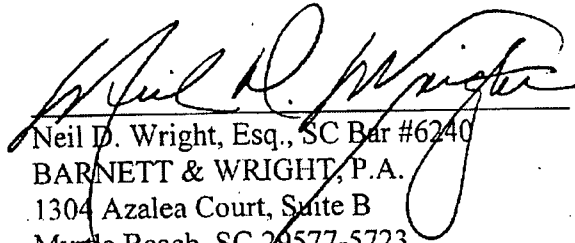
v.

Georgetown County School District, Employer, Respondent
And
SC School Boards Insurance Trust, Carrier, Respondent

PROOF OF SERVICE

I certify that I have served the Appellant's Notice of Appeal upon the Respondents Georgetown County School District and SC School Boards Insurance Trust by depositing a copy of the Appellant's Notice of Appeal in the United States Mail, postage prepaid, on February 9, 2018, addressed to the Respondents' counsel of record, Timothy B. Killen, Esq., at Wilson, Jones, Carter & Baxley, P.A., 421 Wando Park Boulevard, Suite 100, Mount Pleasant, SC 29464.

February 9, 2018


Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

cc: Hon. Jenny Abbott Kitchings
Timothy B. Killen, Esq.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Donna Dozier, Employee, Appellant

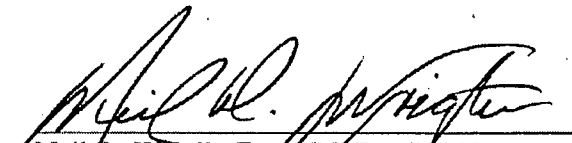
v.

Georgetown County School District, Employer, Respondent
And
SC School Boards Insurance Trust, Carrier, Respondent

PROOF OF SERVICE

I certify that I have served the Appellant's Notice of Appeal on the South Carolina Worker's Compensation Commission by depositing a copy of the Appellant's Notice of Appeal in the United States Mail, postage prepaid, on February 9, 2018, addressed to the Commission at P.O. Box 1715, Columbia, SC 29202-1715.

February 9, 2018


Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

cc: Hon. Jenny Abbott Kitchings
Timothy B. Killen, Esq.

APPELLATE PANEL
DECISION AND ORDER
OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1512151

Donna Dozier,

APPELLANT
CLAIMANT,

vs.

Georgetown County School District,

EMPLOYER,

AND

SC School Boards Insurance Trust,

CARRIER,
DEFENDANTS/DEFENDANTS

Appellate Panel Review held in Columbia, South Carolina,
on November 14, 2017, per notices timely and properly served
upon all parties of interest.

Appellate Panel Decision and Order filed

January 12, 2018

APPEARANCES:

Appellant Donna Dozier, Claimant represented by Neil D.
Wright of Myrtle Beach, South Carolina.

Defendants/Respondents represented by Timothy B. Killen,
Esquire of Willson Jones Carter & Baxley, P.A. in Mount
Pleasant, South Carolina.

STATEMENT OF THE CASE

The parties were heard by Commissioner Gene McCaskill, on March 21, 2017, in Columbia, South Carolina. On August 16, 2017, he issued the following Order:

IT IS, THEREFORE, ORDERED, that the Claimant Donna Dozier has not yet reached maximum medical improvement.

IT IS FURTHER ORDERED, that the request of the Defendant Employer and the Defendant Carrier to stop payment of temporary total disability compensation to the Claimant Donna Dozier is hereby denied.

IT IS FURTHER ORDERED, that the request of the Defendant Employer and the Defendant Carrier for a credit for overpayment of temporary total compensation benefits paid to the Claimant Donna Dozier since October 31, 2016 is hereby denied.

IT IS FURTHER ORDERED, that the Claimant Donna Dozier shall receive any and all reasonable and customary causally related medical care and treatment for her left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED, that the Defendant Employer and the Defendant Carrier shall pay for any and all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED, that the Defendant Employer and the Defendant Carrier shall pay temporary total disability compensation to the Claimant Donna Dozier at the compensation rate of \$133.85 per week until the Claimant reaches maximum medical improvement or by further Order of this Commission or by agreement of the Parties.

IT IS FURTHER ORDERED, that Claimant's alleged back and left hip injuries are hereby denied.

IT IS FURTHER ORDERED, that all other issues are held in abeyance at this time.

AND IT IS SO ORDERED.

The Claimant timely appealed the Single Commissioner's Order by filing a Form 30 on August 30, 2017. Claimant appealed the calculation of the Average Weekly Wage and Compensation Rate, as well as the related Findings, Conclusions, and Orders related thereto.

DISCUSSION

Employer is a school district. Claimant was an employee of the school. Claimant's annual salary for the 2014 – 2016 school year was \$11,522.00. Claimant's Exhibit 3. Claimant's annual salary for the 2015 – 2016 school year was \$11,857.00. Claimant's Exhibit 1. The annual contracts between employees of the school district and the school district require those employees to work One Hundred and Eighty-One (181) school days during the year. Claimant's Exhibit 2. Such was the case for Claimant. *Id.*

Claimant was injured on August 19, 2015. Defendants filed a Form 20 on or about September 16, 2016, at which time Temporary Total Disability (TTD) benefits began.

Claimant asserted that the Commissioner erred in his application of S.C. Code Ann. § 42-1-40. Specifically, Claimant asserted that, because Claimant didn't work when school was not in session, including weekends, she is entitled to an Average Weekly Wage (AWW) and Compensation Rate (CR) calculated on a *daily* basis, rather than a weekly basis ("Division of the Claimant's annual gross wage of \$11,522.00 . . . by the required 181 day work period . . . reveals that Claimant earned[] \$63.66 per day" Appellant's Brief, p. 7; "The accuracy of the Claimant's daily compensation rate of \$63.66" Appellant's Brief, p. 7 (emphasis added)).

The Single Commissioner correctly determined the Claimant's AWW and CR to be \$200.77 and \$133.85, respectively, as shown on the Form 20. Defendants filed the Form 20 on or about September 16, 2016, at which time they began a running award of TTD benefits. The Form 20 shows that the Claimant was paid wages of: (1) \$2,728.36 for the period ending June 30, 2015;

(2) \$2,373.67 for the period ending March 31, 2015; and (3) \$2,728.26 for the period ending December 31, 2014. These amount total \$7,830.19 earned during the three (3) quarters prior to the quarter in which the injury occurred. Form 20. This amount was then divided by Thirty-Nine (39) weeks, resulting in an AWW and CR of \$200.77 and \$133.85, respectively. Form 20. Claimant did not work during a fourth quarter prior to the quarter in which the injury occurred.

S.C. Code Ann. § 42-1-40 reads as follows:

"Average weekly wages" means the earnings of the injured employee in the employment in which he was working at the time of the injury during the period of fifty-two weeks immediately preceding the date of the injury "Average weekly wage" must be calculated by taking the total wages paid for the last four quarters immediately preceding the quarter in which the injury occurred as reported on the Department of Employment and Workforce's Employer Contribution Reports divided by fifty-two or by the actual number of weeks for which wages were paid, whichever is less. When the employment, prior to the injury, extended over a period of less than fifty-two weeks, the method of dividing the earnings during that period by the number of weeks and parts thereof during which the employee earned wages shall be followed, as long as results fair and just to both parties will be obtained.

...

When for exceptional reasons the foregoing would be unfair, either to the employer or employee, such other method of computing average weekly wages may be resorted to as will most nearly approximate the amount which the injured employee would be earning were it not for the injury.

In her Brief, Claimant cites the 1950 case of Breeland v. Colleton County, et al., 216 S.C. 147, 57 S.E.2d 63 (1950), as "binding precedent". Appellant's Brief, p. 9. However, in her argument, Claimant fails to note that Defendants herein and the Single Commissioner calculated the AWW and CR in the identical manner (using 39 as the divisor) the Court in Breeland.

In Breeland, Claimant was paid on a monthly basis for nine (9) months. The Industrial Commission calculated Claimant's AWW and CR using thirty-six (36) weeks as the divisor, purportedly because Claimant wouldn't work during Christmas and holidays (though this reasoning was not elucidated in the Commission's Orders). The Supreme Court overruled this calculation, as the Commission failed to show exceptional reasons for excluding those three (3)

weeks. Breeland v. Colleton County, et al., 216 S.C. 147, 57 S.E.2d 63 (1950). Supreme Court divided the wages earned by 39 weeks, as did Defendants herein.

~~The Single Commissioner found that Claimant worked fewer than fifty-two (52) weeks~~
prior to the August 19, 2015, work injury. Order, p. 17. In his Order, the total wages earned (\$7,830.19) were divided by the number of weeks those wages were earned (39). Accordingly, the Single Commissioner's Order should be affirmed.

Additionally, Defendants argue that Claimant's contentions that her AWW and CR should be based on her total annual salary divided by the number of work days in her contract creates a preposterous result. To wit, Claimant demands an AWW of \$318.30, based on her annual salary divided by thirty (30) weeks. Claimant arrive at the thirty (30) week divisor, apparently, because the Claimant came to work with Employer during the prior school year, and her contract for that year required only 150 work days. Claimant then divides 150 days by five (5) (rather than seven (7) days, or a week). The Court in Breeland specifically wrote that this very mechanism of calculation of AWW is error: "Saturdays and Sundays could as well have been deducted from the work period as the Christmas vacation, and the average wage thereby artificially increased." Breeland v. Colleton County, et al., 216 S.C. 147, 150, 57 S.E.2d 63, 64 (1950) (emphasis added).

It is important to note that, if used, Claimant's calculations would approximate an annual salary of \$16,551.60. This is nearly thirty percent (30%) higher than her salary at the time of the accident. Manifestly, such a calculation would not be fair to all parties, as the Code requires.

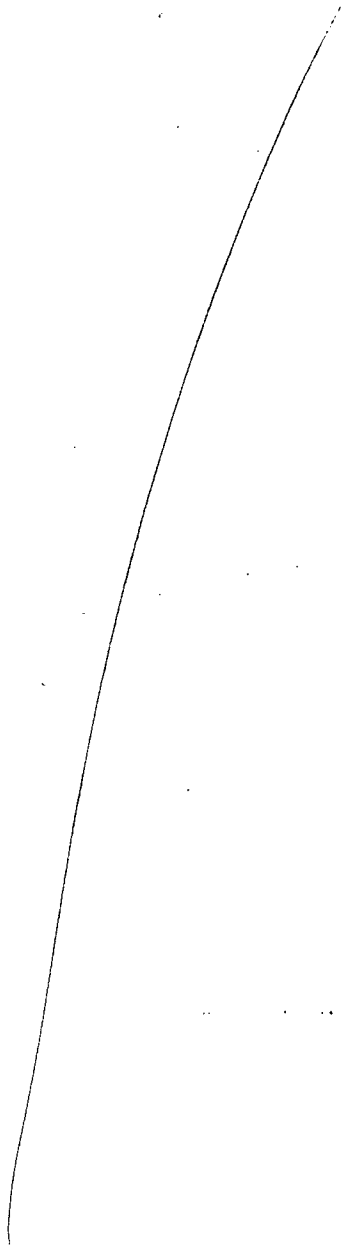
Because an average daily wage is not appropriate under any circumstances and would not be fair or just to any Employer (not just school districts), because the Single Commissioner calculated the AWW and CR based on the number of weeks wages were earned, and because the Claimant's calculations do not approximate the wages that would have been earned but for the injury, and for the reasons as set for the above, the Order of the Single Commissioner is hereby

affirmed.

FINDINGS OF FACT

~~Based upon the documentary evidence submitted by the respective parties, pursuant to the~~
Administrative Procedures Act, and the Commission's file relative to this claim, WE, THE APPELLATE PANEL, FIND THE FOLLOWING AS FACT:

1. Based upon the stipulation of the parties, we find that on August 19, 2015 the Claimant Donna Dozier was an employee of the Defendant Employer, Georgetown County School District.
2. Based upon the stipulation of the parties, we find that on August 19, 2015 the Claimant and the Defendant Georgetown County School District were subject to the provisions of the South Carolina Workers' Compensation Act.
3. Based upon the stipulation of the parties, we find that on August 19, 2015 the Claimant Donna Dozier suffered a compensable work-related accidental injury to her right knee arising out of and within the course and scope of her employment with the Defendant Employer Georgetown County School District.
4. Based upon the evidence in the record, we find that timely notice of the Claimant's work-related injury was given to the Defendant Employer Georgetown County School District.
5. Based upon the evidence in the record, we find that the Defendant Employer and Defendant Carrier have provided medical care and treatment for the work-related accidental injury to the Claimant's right knee, including arthroscopic surgery to the Claimant's right knee for repair of a tear of the medial meniscus.
6. Based upon the evidence in the record, we find that the Claimant has asserted that both of her knees were injured when she fell on August 19, 2015. We further find that the initial injury to the Claimant's right knee appeared to be significantly greater than the injury to the Claimant's left knee and that the Claimant received medical treatment provided by the Defendant



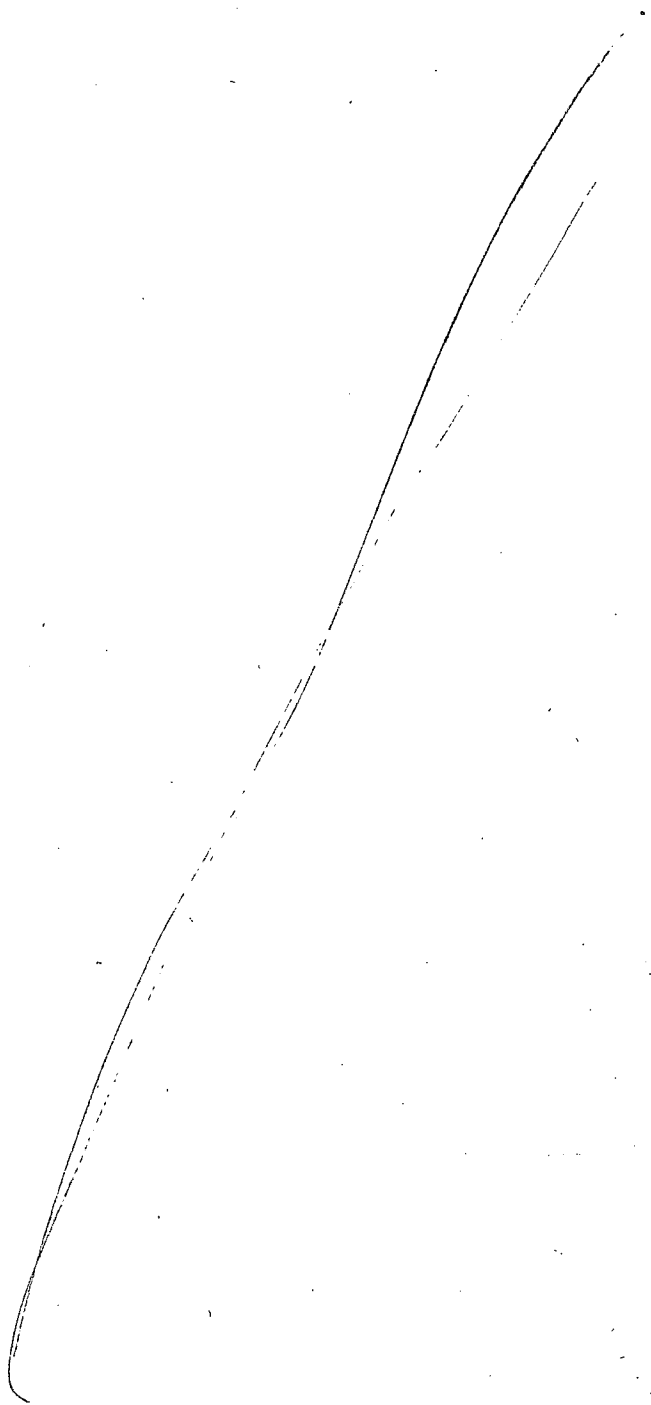
Employer and the Defendant Carrier only for her right knee injury while the condition of the Claimant's left knee injury worsened over time.

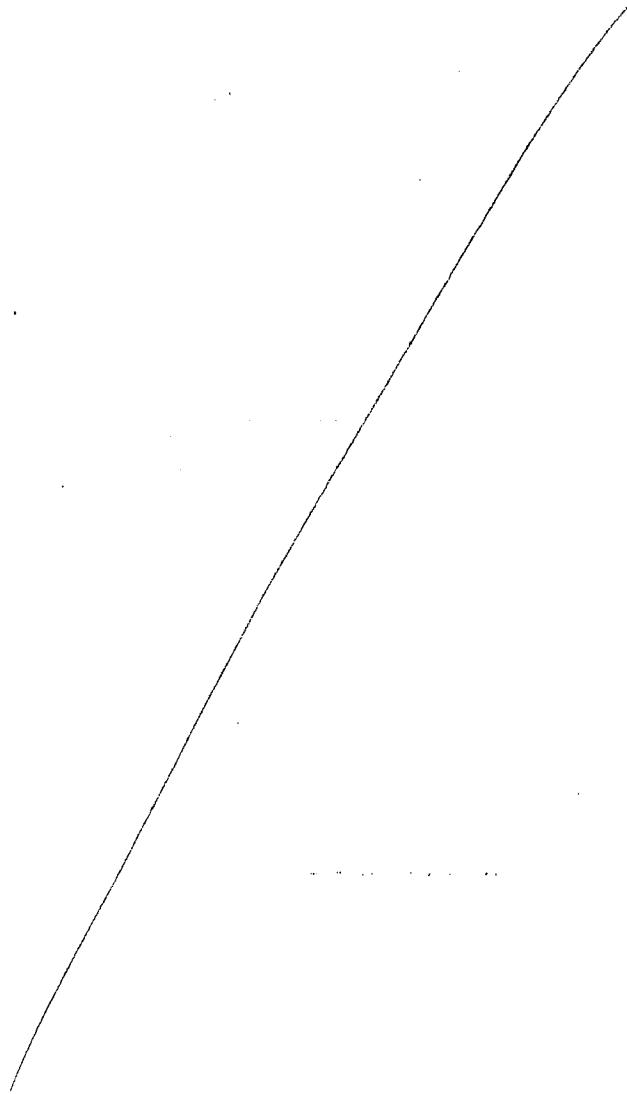
~~7. Based upon the pleading of the Claimant, we find that the Claimant has also~~
asserted that she has suffered an injury to her left lower back arising out of her fall on August 19, 2015.

8. Based upon the testimony of the Claimant, we find that the Claimant has also asserted that she suffers pain in her left hip arising out of her fall on August 19, 2015.

9. Based upon the pleading of the Defendant Employer and the Defendant Carrier and the arguments offered by their legal counsel at the hearing, we find that the Defendant Employer and the Defendant Carrier only admit that the Claimant suffered a compensable work-related accidental injury to her right knee arising out of her fall on August 19, 2015. We further find that the Defendant Employer and the Defendant Carrier contend that the Claimant reached maximum medical improvement with respect to her right knee injury on October 31, 2016, that the Claimant's authorized treating physician, Dr. Todd M. Tupis, has assigned a 2% permanent medical impairment as a result of the injury to the Claimant's right leg, and that this case is ripe for a determination of permanency.

10. Based upon our review of the entire transcript of the deposition testimony of Dr. Todd M. Tupis, which was taken on March 15, 2017, we find that Dr. Tupis was questioned extensively about injury to the Claimant's left knee. We further find that Dr. Tupis has determined that the Claimant has suffered a meniscus tear in her left knee. We further find that Dr. Tupis has expressed his medical opinion, which he holds to a reasonable degree of medical certainty, that the meniscus tear in the Claimant's left knee was caused by Claimant's overcompensating alteration of her gait which transferred her weight to her left leg to relieve pressure on her surgically repaired right knee.





11. Based upon the evidence in the record, we find that while Dr. Tupis was not the Claimant's original authorized treating physician, he is steadfastly consistent in his opinion ~~concerning the cause of the meniscus tear in the Claimant's left knee and capably defended his~~ opinion concerning the cause of the meniscus tear in the Claimant's left knee against challenges that his opinion was based upon subjective complaints of the Claimant rather than objective evidence by pointing out that the Claimant's subjective complaints were consistent with the objective evidence in the medical record.

12. Based upon the evidence in the record, we find that Dr. Tupis' testimony is unwavering and convincing concerning the cause of the meniscus tear in the Claimant's left knee.

13. Based upon my review of all of the medical and lay evidence in the record, we are persuaded and we hereby find that the meniscus tear in the Claimant's left knee and the Claimant's symptoms and complaints of injury to her left knee are causally related to her work-related accident on August 19, 2015.

14. Based upon the evidence in the record, we find that the Claimant has not reached maximum medical improvement.

15. Based upon the evidence in the record, we find that the Claimant is entitled to receive and the Defendant Employer and the Defendant Carrier are obligated to provide all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury until such time as Claimant reaches maximum medical improvement.

16. Based upon the evidence in the record, we find that the Claimant should continue to receive causally related medical care and treatment from Dr. Tupis, who shall continue to serve as the Claimant's authorized treating physician. We further find that the Claimant is entitled to receive any and all reasonable and customary causally related medical care and treatment as Dr.

Tupis shall provide or direct until such time as Claimant reaches maximum medical improvement, including surgery to repair the meniscus tear in Claimant's left knee.

~~17. Although Claimant alleges an injury to the back, there is insufficient evidence in~~
the record to support a finding of a causally related injury to the back. Although the Claimant alleges an injury to the hip, there is even less evidence to support a finding of a causally related injury to the hip. Further, Claimant failed to plead the hip as an affected/injured body part; therefore, the alleged hip injury is not properly before us.

18. The Hearing Commissioner observed the Claimant's demeanor on the witness stand during her testimony. The Claimant never shifted, grimaced, or provided any other indication that she was in pain as she sat during the hearing.

19. The Claimant did not ask to stand during the hearing until counsel for the Defendant Employer and the Defendant Carrier brought it to her attention that she had not asked to stand. That exchange and Claimant's request to stand occurred at 3:46 P.M., an hour and eight minutes after the hearing began at 2:38 P.M.

20. The Claimant's lay testimony concerning her alleged back injury was that she feels like if she "gets her knees straight" her back will improve.

21. Based upon the medical evidence and the lay testimony in the record, and based upon the Hearing Commissioner's observation of the demeanor of the Claimant during her testimony, we find that there is insufficient evidence to support a finding that the Claimant suffered a compensable injury to her back or to her left hip. Accordingly, we further find that the Claimant has failed to carry, by a preponderance of the evidence, her burden of proof as to the compensability of the alleged injury to her back and her left hip.

22. Based upon the evidence in the record, we find that the Claimant worked less than fifty-two (52) weeks as a food service employee for the Defendant Employer prior to her injury on

August 19, 2015. We further find and conclude that S.C. Code Ann. § 42-1-40, which governs the calculation of an employee's average weekly wage, requires that when an employee has worked ~~less than fifty-two (52) weeks prior to injury the computation of average weekly wage must be fair~~ and just to all parties. We further find, upon consideration of all evidence concerning the Claimant's average weekly wage, that the calculation of the Claimant's average weekly wage by the Defendant Employer and the Defendant Carrier which calculated the Claimant's average weekly wage at \$200.77 as reflected on the Form 20 filed by the Defendant Carrier most correctly reflects the directives of the Act concerning calculation of average weekly wage. Accordingly, based upon the evidence in the record, we further find that the Claimant's compensation rate is \$133.85 as reflected on the Form 20 filed by the Defendant Carrier.

23. We further find that all other issues should be held in abeyance at this time.

CONCLUSIONS OF LAW

In view of those Findings of Fact, and as provided in the South Carolina Code of Laws, WE, THE APPELLATE PANEL, CONCLUDE THE FOLLOWING AS MATTERS OF LAW:

1. Pursuant to S.C. Code Ann. § 42-1-130, the Claimant, Donna Dozier, was a covered employee of the Defendant Employer Georgetown County School District at the time of her work-related injury on August 19, 2015.
2. Pursuant to S.C. Code Ann. § 42-1-140, the Defendant Employer Georgetown County School District was the Claimant's employer at the time of the Claimant's work-related injury on August 19, 2015.
3. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant sustained compensable injuries to her right knee and her left knee by accident arising out of and within the course and scope of her employment with the Defendant Employer Georgetown County School District on August 19, 2015.

4. S.C. Code Ann. § 42-1-40 which governs the calculation of an employee's average weekly wage provides that when the employment, prior to injury, extended over a period of less than ~~fifty two weeks the method of dividing the earnings during that period by the number of weeks and~~ parts thereof during which the employee earned wages shall be followed, as long as results fair and just to both parties will be obtained.

5. Pursuant to S.C. Code Ann. § 42-9-10, the Claimant is entitled to compensation for her period of temporary total disability which shall continue until the Claimant reaches maximum medical improvement at a compensation rate of \$133.85 per week.

6. Pursuant to SC Code Ann. § 42-15-60 the Defendant Employer and the Defendant Carrier are responsible for payment of the cost of all additional medical care and treatment that Todd M. Tupis, M.D., determines to be reasonable and customary for the treatment of the Claimant's left knee injuries that are causally related to the accident of August 19, 2015.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS, THEREFORE, ORDERED that the Claimant Donna Dozier has not yet reached maximum medical improvement.

IT IS FURTHER ORDERED that the request of the Defendant Employer and the Defendant Carrier to stop payment of temporary total disability compensation to the Claimant Donna Dozier is hereby denied.

IT IS FURTHER ORDERED that the request of the Defendant Employer and the Defendant Carrier for a credit for overpayment of temporary total compensation benefits paid to the Claimant Donna Dozier since October 31, 2016 is hereby denied.

IT IS FURTHER ORDERED that the Claimant Donna Dozier shall receive any and all reasonable and customary causally related medical care and treatment for her left knee injury as

Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

~~IT IS FURTHER ORDERED that the Defendant Employer and the Defendant Carrier shall~~
pay for any and all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED that the Defendant Employer and the Defendant Carrier shall pay temporary total disability compensation to the Claimant Donna Dozier at the compensation rate of \$133.85 per week until the Claimant reaches maximum medical improvement or by further Order of this Commission or by agreement of the Parties.

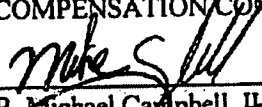
IT IS FURTHER ORDERED that Claimant's alleged back and left hip injuries are hereby denied.

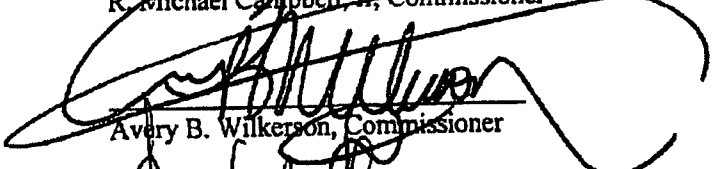
IT IS FURTHER ORDERED that all other issues are held in abeyance at this time.

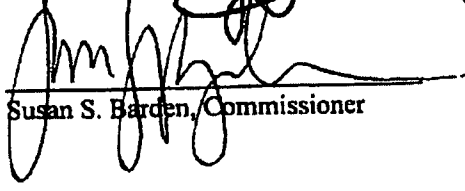
AND IT IS SO ORDERED!

FULL AFFIRMATION

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION


R. Michael Campbell, II, Commissioner


Avery B. Wilkerson, Commissioner


Susan S. Barden, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia on January 12, 2018



Neil D. Wright, L.L.C.
1304-B Argosia Court
Myrtle Beach, SC 29577-5723
(843) 449-0781

THE CONWAY NATIONAL BANK
1353 21st Avenue North
Myrtle Beach, SC 29577
67-231/532

1542

2/9/2018

PAY TO THE ORDER OF South Carolina Court of Appeals

\$ **100.00

One Hundred and 00/100*****

DOLLARS

MEMO Dozier v. Georgetown School District WC 1512151

Neil D. Wright

Neil D. Wright, L.L.C.

South Carolina Court of Appeals
Client Advances

2/9/2018

Dozier, Donna Nesbit 04037 001-Appeal Fee

1542
100.00

CNB - Operating

Dozier v. Georgetown School District WC 15121

100.00

Neil D. Wright, L.L.C.

South Carolina Court of Appeals
Client Advances

2/9/2018

Dozier, Donna Nesbit 04037 001-Appeal Fee

1542
100.00

CNB - Operating

Dozier v. Georgetown School District WC 15121

100.00



ENDORSE HERE

X

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

PROTECT YOUR BUSINESS!

By using Intuit® *CheckLock™* secure checks
you are reducing your risk of fraud.

To learn about more ways to protect your
business call our fraud protection experts at
1-800-548-0289 or visit:
www.intuitmarket.com/fraudcenter

REPLICATING, FORGING OR ALTERING THIS CHECK IS
EXTREMELY DIFFICULT DUE TO *CheckLock™* SECURITY FEATURES

- Patented Security Weave® pattern on the back is designed to deter check fraud (U.S. Patent No. 5,510,199)
- Microprint lines and security border are resistant to copying
- The word "VOID" will appear below this message if check is copied
- Check paper will turn brown or produce spots if chemicals are used
- Fraud sensitive ink on back will turn pink or disappear if check is washed

DO NOT CASH IF:

- Any of the features listed are missing or appear altered
- Small type microprint lines appear as broken or as solid lines
- "VOID" appears clearly to the right of this message
- Stains or colored spots appear on front or back
- Ink on the back looks pink or has disappeared

 Padlock icon visible on front and back alerts that check has security features
Padlock design is a certification mark of Check Payment Systems Association

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION

DONNA DOZIER,

Employee/Appellant,

vs.

WCC NO.: 1512151

GEORGETOWN COUNTY SCHOOL DISTRICT

Employer/Respondent,

and

SOUTH CAROLINA SCHOOL BOARDS INSURANCE TRUST,

Carrier.

30(b)(6)

DEPOSITION OF: DOUGLAS JENKINS

DATE: April 16, 2018

TIME: 10:55 AM

LOCATION: Waccamaw Intermediate School
320 Wildcat Way
Murrells Inlet, SC

TAKEN BY: Counsel for the Employee/Appellant

REPORTED BY: LINDA MAHONEY RAMIREZ, COURT REPORTER

A. WILLIAM ROBERTS, JR., & ASSOCIATES

Fast, Accurate & Friendly

Charleston, SC	Hilton Head, SC	Myrtle Beach, SC
(843) 722-8414	(843) 785-3263	(843) 839-3376

Columbia, SC	Greenville, SC	Charlotte, NC
(803) 731-5224	(864) 234-7030	(704) 573-3919



A. WILLIAM ROBERTS, JR., & ASSOCIATES (800) 743-DEPO
scheduledepo.com

1 APPEARANCES OF COUNSEL:

2 ATTORNEYS FOR EMPLOYEE/APPELLANT
3 DONNA DOZIER:

4 BARNETT & WRIGHT, PA
5 BY: NEIL D. WRIGHT
6 1304-B Azalea Court
7 Myrtle Beach, SC 29577
8 (843) 449-0781
9 nwright@barnettandwright.com

8 ATTORNEYS FOR EMPLOYER:
9 GEORGETOWN COUNTY SCHOOL DISTRICT:

10 IN-HOUSE COUNSEL
11 BY: LINDSAY ANNE THOMPSON
12 2018 Church Street
13 Georgetown, SC 29440
14 (843) 436-7000
15 lathompson@gcsd.k12.sc.us

14 ATTORNEYS FOR CARRIER
15 SOUTH CAROLINA SCHOOL BOARDS
16 INSURANCE TRUST:

16 HOLDER PADGETT LITTLEJOHN &
17 PRICKETT, LLC
18 BY: TIMOTHY P. KILLEN
19 210 Wingo Way Suite 201
20 Mt. Pleasant, SC 29464
21 (843) 278-0100
22 tkillen@hplplaw.com

21 ALSO PRESENT:

22 Donna Dozier
23 Thomas Halfey

24 (INDEX AT REAR OF TRANSCRIPT)
25

1 DOUGLAS JENKINS,
2 having been first duly sworn, testified as follows:

3 EXAMINATION

4 BY MR. WRIGHT:

5 Q Mr. Jenkins, my name is Neil Wright. I'm
6 an attorney in Myrtle Beach. I represent Donna
7 Dozier who is the claimant in this workers'
8 compensation matter.

9 My understanding is that you have been
10 designated as the representative of the Georgetown
11 County School District to respond to questions that
12 we wished to direct to the Georgetown County School
13 District.

14 We have attached to a subpoena a copy of
15 documents that's were requesting be provided today.

16 Do you have any documents with you today
17 in response to that subpoena?

18 A Nothing that hasn't been shared with
19 Lindsay Anne.

20 Q Mr. Jenkins, what is your position with
21 the Georgetown County School District?

22 A I am the Director of Human Resources.

23 Q And how long have you been in that
24 position?

25 A This is my ninth year.

1 Q Now, one of the things that we have
2 specifically addressed as a topic of your testimony
3 today are work schedules for Donna Dozier in her
4 capacity as a food service employee at Waccamaw
5 Intermediate School for the 2014/2015 school year.

6 A Yes, sir.

7 Q Do you have any documents with respect to
8 Ms. Dozier's work schedule?

9 A Just the time sheets that have already
10 been submitted.

11 Q When did you submit those?

12 MS. THOMPSON: May I?

13 BY MR. WRIGHT:

14 Q You can't ask anyone.

15 MS. THOMPSON: Go ahead.

16 THE WITNESS: They were submitted to
17 Ms. Thompson, who is our district attorney, probably
18 about two weeks ago through Brent Streett. He was
19 our food services manager.

20 MR. WRIGHT: You have our exhibits?

21 THE COURT REPORTER: I do.

22 (PLF. EXH. 1, Appeal, was marked for
23 identification.)

24 BY MR. WRIGHT:

25 Q Would you be referring to the documents

1 that have been identified as Plaintiff's Exhibit 1
2 in Calli Pope's deposition?

3 A Yes, sir.

4 Q Okay.

5 MR. KILLEN: Before we get into that, I'll
6 pose a running objection to any issues concerning
7 average weekly wage and compensation rate which
8 have already been adjudicated at the Workers'
9 Compensation Commission and is pending appeal at the
10 Court of Appeals. I'd like to offer Mr. Wright's
11 February 9, 2018 notice to the Court of Appeals as
12 Defendant's Exhibit 1. I have a running objection
13 to that and anything regarding the Fair Labor
14 Standards Act, which is not relevant for workers'
15 compensation.

16 MR. WRIGHT: That's your opinion.

17 (DFT. EXH. 1, Appeal, was marked for
18 identification.)

19 MR. KILLEN: That is my opinion. I agree.

20 BY MR. WRIGHT:

21 Q Mr. Jenkins, at this time I would like to
22 show you what's been marked as Plaintiff's Exhibit
23 Number 2 in the deposition of Calli Pope.

24 I'll ask you to take a look at that
25 document.

1 A Yes, sir.

2 Q All right, sir. Have you previously had
3 occasion to see the document that has been marked as
4 Plaintiff's Deposition Exhibit Number 2?

5 A That is what was sent to me. Yes, sir.

6 Q All right. When you say it was sent to
7 you, sir, the document date?

8 A Not exactly the same.

9 Q Okay. The one that I provided to you --
10 read along with that, please, the document that has
11 been marked in Ms. Pope's deposition is Plaintiff's
12 Exhibit Number 2. What date does that bear?

13 A The issuant date or the date that you
14 signed?

15 Q The date I signed.

16 A March 27th.

17 Q Of?

18 A 2017.

19 Q Now, was that document provided to you to
20 respond to? I'm referring now to Plaintiff's
21 Exhibit Number 2.

22 A This exact one, no, sir.

23 Q This is the first time you've seen this
24 document?

25 A This is the first time I've seen it in

1 this form. I've seen the document in this form.

2 Q But you've never seen a subpoena for
3 Georgetown County School District documents prior to
4 February of 2018?

5 A For this particular case? No, sir.

6 Q All right, sir. That document was served
7 upon your counsel in May of 2017. Who would have
8 received that subpoena on behalf of the Georgetown
9 County School District?

10 A It's my understanding the first person
11 that was going to be in this process was Myrtle
12 Morris -- or Myrtle Milton, I'm sorry.

13 Q Do you know if Myrtle Milton received that
14 document?

15 A She did.

16 Q All right. There's an attachment to this
17 document directed to the Georgetown County School
18 District demanding the production of certain
19 documents. I would like for you to look
20 specifically at Item Number 5.

21 Now, sir, does Item Number 5 require the
22 Georgetown County School District to provide work
23 schedules, employee time cards, time sheets, or time
24 records on employee earnings statements that
25 indicate the first date upon which Donna Dozier

1 actually worked for the Georgetown County School
2 District during the 2014/2015 school year?

3 A That's what is stated.

4 Q All right, sir. Do you agree, sir, that
5 Plaintiff's Deposition Exhibit 1 to the deposition
6 of Calli Pope is within the scope of the request for
7 production, Number 5, attached to the subpoena
8 served upon the school district in March of 2017?

9 A The only thing I'm seeing are the time
10 sheets.

11 Q Okay. But would you agree that the time
12 sheets are, in fact, responsive within the scope of
13 that request for production?

14 MR. KILLEN: Object to the form of the
15 question. You can go ahead and answer, if you can.

16 THE WITNESS: I guess the only thing that
17 I would see would be potentially an end-of-the-year
18 earning statement that is sent as far as tax records
19 go.

20 BY MR. WRIGHT:

21 Q All right. Are those not time sheets for
22 Donna Dozier?

23 A They are.

24 Q Are those requested under Item Number 5 of
25 the subpoena?

1 MR. KILLEN: Objection to the form of the
2 question.

3 BY MR. WRIGHT:

4 Q Please answer the question, sir. You
5 cannot look to your counsel. You must respond to
6 me.

7 A When an objection is levied it was my
8 understanding that was the objection.

9 Q Whatever the objection is, my question to
10 you, sir, if you can answer truthfully: Are those
11 time records within the scope of that request Number
12 5?

13 A They are time records, yes, sir.

14 Q All right. Can you tell us why they were
15 not provided to us in response to that subpoena?

16 MR. KILLEN: Objection. He's badgering
17 the witness. Please, if you can just keep your
18 questions civil, that would be greatly appreciated.

19 MR. WRIGHT: I believe they were.

20 MR. KILLEN: And the tone of your voice as
21 well.

22 THE WITNESS: When this was given me,
23 because like I said, it initially did not come to
24 me. Once it was given to me everything that I was
25 requested to produce was produced and turned over to

1 our school district's attorney.

2 BY MR. WRIGHT:

3 Q Okay. Can you tell us why Plaintiff's
4 Number 1, since you're here as the representative of
5 the school district to answer on behalf of the
6 school district, why this was not produced in
7 response to the subpoena?

8 MR. KILLEN: Objection. It was produced.
9 It's right here.

10 MR. WRIGHT: It was not produced in March
11 of 2017 when it was requested.

12 MR. KILLEN: After the hearing?

13 MR. WRIGHT: Yes, after the hearing.

14 MR. KILLEN: Okay. All right.

15 MR. WRIGHT: There was a subpoena served.

16 MR. KILLEN: Sure, there was a subpoena
17 for information that had already been adjudicated.
18 Go ahead with your line of questions.

19 MR. WRIGHT: It had not been adjudicated
20 at that point. There was no order issued until
21 after.

22 MR. KILLEN: There were order instructions
23 issued -- the hearing was held on March 21, 2017.

24 MR. WRIGHT: And you may recall that the
25 commissioner held the record open.

1 MR. KILLEN: And you may recall that we
2 submitted further documentation to you after the
3 hearing.

4 Do you have copies of what that was?

5 MR. WRIGHT: Yes. And it did not include
6 this. That's why I'm asking why it was not
7 provided.

8 MR. KILLEN: Is the information any
9 different?

10 MR. WRIGHT: I had no information.

11 MR. KILLEN: Is this new information?

12 MR. WRIGHT: This information has not been
13 provided to me until today.

14 MR. KILLEN: Is this different from what
15 you've been provided before?

16 MR. WRIGHT: Yes.

17 MR. KILLEN: Is the substance of the
18 information different from what you've been provided
19 before?

20 MR. WRIGHT: Yes. This was not provided
21 at all until today.

22 MR. KILLEN: Is the substance of the
23 documentation any different than what you've been
24 provided?

25 MR. WRIGHT: Absolutely.

1 MR. KILLEN: How?

2 MR. WRIGHT: This provides the number of
3 weeks that the employee worked.

4 MR. KILLEN: We'll stipulate that spring
5 break and Christmas are off. Is that what we're
6 here about?

7 MR. WRIGHT: Will you stipulate that she
8 worked 33 weeks?

9 MR. KILLEN: No. We have an order and you
10 have appealed that order to the Court of Appeals.
11 You're trying to get new information, you're trying
12 to relitigate something that's subject to res
13 judicata, it doesn't have jurisdiction in the
14 Workers' Compensation Commission. So if you want to
15 continue wasting our time, that's what we're here to
16 do, to waste our time, go ahead.

17 MR. WRIGHT: Okay.

18 BY MR. WRIGHT:

19 Q No question that was not provided to us
20 prior to this deposition today?

21 MR. KILLEN: Object to the form of the
22 question. How does he know what we provided? I
23 mean, how does he know what his attorneys have sent
24 to you?

25 MR. WRIGHT: Well, he's told us that

1 information was provided before, he didn't provide
2 any further information today because he said he's
3 provided it. What I'm a saying is, we didn't get it
4 until today.

5 MR. KILLEN: Okay. Take your word for it.

6 MR. WRIGHT: You want to stipulate to
7 that, that this has not been provided until today?

8 MR. KILLEN: I have to go back and look
9 through all the documents we submitted to you, the
10 countless pages we previously submitted to you to
11 make that stipulation.

12 BY MR. WRIGHT:

13 Q Mr. Jenkins?

14 A Yes, sir.

15 Q Would you agree that Donna Dozier's work
16 schedule typically was for five days per week?

17 A Yes, sir. Monday through Friday.

18 Q Okay. Would you agree that her typical
19 work schedule was for six hours per day?

20 A Yes, sir.

21 Q All right. One of the things that we have
22 requested that you produce are documents pertaining
23 to the regular hourly pay rate for Donna Dozier's
24 service as a food service employee of Waccamaw
25 Intermediate School during the 2014/2015 school

1 year.

2 A Yes, sir.

3 Q All right, sir. Did you have any
4 documents that are responsive to that?

5 A Yes, sir.

6 MR. KILLEN: Which, I believe, we've
7 previously provided to you.

8 (PLF. EXH. 2, Screen Shot, was marked for
9 identification.)

10 BY MR. WRIGHT:

11 Q All right. Mr. Jenkins, if you would look
12 at what I have marked as Plaintiff's Exhibit Number
13 1 to your deposition

14 A Yes, sir.

15 Q Can you identify that document?

16 A Yes, sir.

17 Q What is that document?

18 A That is a screen shot of her salary for
19 the salary days worked, whether she's a full-time
20 employee, single employee, withholdings for the
21 '14/'15 school year.

22 Q Okay. Now, specifically, there are some
23 numbers that have been highlighted. One of them is
24 181 and one is 150.

25 Could you tell us, please, why those

1 numbers have been highlighted?

2 A I can tell you what that means.

3 Q That would be fine.

4 A 181 would be the number of contracted days
5 for a food services employee and 150 would be the
6 days that she was contracted because she was a late
7 hire.

8 Q She was a late hire?

9 A Yes, sir.

10 Q Now, right below those numbers that are
11 highlighted is number 11,522.

12 A Yes, sir.

13 Q What does that represent?

14 A That would be the amount of money that was
15 budgeted for her position.

16 Q Okay. And immediately beneath that is
17 a -- could you tell us the number? 63.66, what is
18 that?

19 A That is her daily rate.

20 Q Her daily rate?

21 A Yes, sir.

22 Q And beneath that is the number 6. What
23 does that represent?

24 A The number of hours she's contracted to
25 work per day.

1 Q Per day?

2 A Yes, sir.

3 Q And was the hourly rate reflected for
4 Donna Dozier?

5 A In this document it is \$10.61.

6 Q Is that the accurate hourly rate for Donna
7 Dozier for the 2014/2015 school year?

8 A Give me just a second. \$10.61, yes, sir.

9 Q So her correct hourly rate was \$10.61 per
10 hour?

11 A Yes, sir.

12 Q Now, we have a daily rate, which I assume
13 is based on an hourly rate, that you've specified at
14 six hours per day?

15 A Yes, sir.

16 Q What was her compensation rate for a
17 30-hour week based on that hourly rate?

18 MR. KILLEN: Object to the form of the
19 question.

20 THE WITNESS: I think one of the things
21 that may not be explained is how school systems
22 work.

23 For instance, she is contracted, if she
24 would have worked the entire school year, then 181
25 days. However, she is paid year-round. So she

1 would have been paid during the summer months in
2 which she would not have worked, so we have to have
3 escrow money that is taken out of every check, so
4 hence why a weekly check at 30 hours would not
5 probably show roughly \$300 a week because you're
6 taking money out to pay her over the summer.

7 Q Okay. Now, as I understand it, some
8 school district employees get paid not year-round,
9 they get paid over 39 weeks?

10 A There is not a full-time contracted
11 employee within our school district that does not
12 get paid year-round.

13 Q Are there employees who do get paid for 39
14 weeks?

15 A There are temporary employees, yes, sir.

16 Q Now, is an employee given the opportunity
17 to work or to get paid less than year-round?

18 A Full contracted or full-time contract
19 employees are not given the option. It's 24 equal
20 payments.

21 Q Now, in terms -- that's how it's paid?

22 A Yes, sir.

23 Q But they are actually getting paid during
24 periods that they're not working at all because of
25 the way you elect to do it?

1 MR. KILLEN: Object to the form of the
2 question.

3 THE WITNESS: Yes.

4 BY MR. WRIGHT:

5 Q Is that correct?

6 A It's not the way that we elect to do it,
7 it's the way that we're governed to do it.

8 Q By whom?

9 A By our school board and I would also
10 assume other state agencies such as PEBA.

11 Q Do you have any directives from the State
12 Board of Education about how to pay employees?

13 A Without having that right in front of me,
14 I couldn't give you a definite answer or a yes or
15 no.

16 Q So you don't really know why they're paid
17 over a full year?

18 A You're asking do I have knowledge as to
19 why an employee is paid over a full year?

20 Q Yes.

21 A That is part of our policy and procedure
22 which is governed by our local school board and that
23 would be the people that I work for. So essentially
24 I would be following their directive.

25 Q Okay. Now, sir, are Georgetown County

1 School District cafeteria workers subject to the
2 Fair Labor Standards Act?

3 A Yes.

4 Q You would agree that you cannot pay
5 someone less than minimum wage for work performed?

6 A Yes.

7 Q All right. Now, if Donna Dozier was paid
8 based on the actual weeks that she worked rather
9 than being paid over the entire year, would you
10 agree that her average weekly wage for the weeks
11 that she worked was \$63.66 times five?

12 MR. KILLEN: Object to the form of the
13 question.

14 THE WITNESS: Could you repeat the
15 question?

16 BY MR. WRIGHT:

17 Q Okay. If we got your calculator out again
18 and multiplied her daily rate of \$63.66 by five
19 days, would you agree that that was the wages that
20 she earned during a week -- a full week of work at
21 Georgetown County School District at Waccamaw
22 Intermediate School?

23 A Yes, sir.

24 (PLF. EXH. 3, Georgetown County School
25 District Labor History by Employee-Detail, was

1 marked for identification.)

2 BY MR. WRIGHT:

3 Q We'll let you look at this document that
4 has been marked Plaintiff's Exhibit Number 2 and ask
5 if you can identify that?

6 A Yes, sir.

7 Q Are you able to identify it?

8 A Yes, sir.

9 Q What is that?

10 A That is a labor history report for the
11 amount of paychecks that she received for that year.

12 Q Okay. I'd like to direct your specific
13 attention about midway down the page, the date --
14 excuse me -- March 11, 2015, we see the word docked
15 pay, numeral 1 in parentheses, and the numeral
16 63.66?

17 A Yes, sir.

18 Q Would you tell us please what that
19 represents?

20 A That is a docked day of pay.

21 Q All right. So if Ms. Dozier missed a day
22 of work, how much was she docked for her missing a
23 day of work?

24 A As it states right there, a full day.

25 Q And a full day is \$63.65?

1 A Yes. As stated on this document.

2 Q Without reference to how you pay over a
3 period of 52 weeks, if an employee works a day, they
4 earn \$63.66, and if they miss a day that's an
5 unexcused absence, they lose \$63.66?

6 A No, sir.

7 Q Tell me how that works.

8 A You said an unexcused absence. We do not
9 require employees to provide excuses unless they
10 miss five consecutive days.

11 Q If an employee has missed more than five
12 days --

13 A Yes, sir.

14 Q -- the rate at which you dock them is
15 \$63.66?

16 A After we give them their earned pay or
17 earned accrue days.

18 Q Okay. And is it \$63.66 because that is
19 the daily pay rate?

20 A Yes, sir.

21 Q Mr. Jenkins, would you agree with me that
22 typically there are no more than 39 weeks in the
23 school calendar year?

24 A Are you talking 39 instructional weeks,
25 workweeks?

1 Q Workweeks.

2 A No, sir. Because there are several
3 employees that work more than 39 weeks.

4 Q Okay. How about cafeteria employees?

5 A Let me -- for cafeteria workers there
6 would not be more than 39 unless they did a summer
7 feeding program.

8 Q That would be the 181 days if they work a
9 full year?

10 A Yes, sir.

11 Q Okay.

12 (PLF. EXH. 4, Blank Workers' Compensation
13 Commission Form 20, was marked for identification.)
14 BY MR. WRIGHT:

15 Q I'm going to ask you to look at what we've
16 marked as Plaintiff's Exhibit Number 3 to your
17 deposition.

18 A Yes, sir.

19 Q Can you identify that document?

20 A That is an employment agreement.

21 Q Is that the employment agreement for Donna
22 Dozier?

23 A Yes, sir.

24 Q And I believe you indicated previously she
25 was a late hire?

1 A Yes, sir.

2 Q So for the 2014/2015 school year, would
3 you agree that she worked less than 39 weeks?

4 A Yes, sir.

5 Q With reference to Plaintiff's Exhibit 1
6 which are her time sheets -- and as I understand it,
7 you've looked at these before?

8 A Yes, sir.

9 Q Would you agree that she worked no more
10 than 33 weeks during the 2014/2015 school year?

11 MR. KILLEN: Object to the form of the
12 question.

13 THE WITNESS: I'd have to count them up.

14 BY MR. WRIGHT:

15 Q Okay. If you would, please.

16 A Ask your question one more time, please.

17 Q Would you agree that Donna Dozier actually
18 worked no more than 33 weeks during the 2014/2015
19 school year?

20 A If you're talking weeks in which she would
21 be paid, yes, sir.

22 Q You would agree with that?

23 A Yes, sir.

24 Q Okay. Mr. Jenkins, when a workers'
25 compensation claim is filed against the Georgetown

1 County School District, is your office typically
2 requested to verify employment information for the
3 purposes of completing a Form 20 to be filed with
4 the Workers' Compensation Commission?

5 A Yes, sir.

6 Q Can you tell us who provided the
7 information with respect to the Form 20 filed in
8 Donna Dozier's case?

9 A For 2014/2015, that would have been Elise
10 Tiller.

11 Q Do you have copies of the information that
12 was provided for completing the form?

13 A Those particular forms, no.

14 (PLF. EXH. 5, Filled in Workers'
15 Compensation Commission Form 20, was marked for
16 identification.)

17 BY MR. WRIGHT:

18 Q This is a generic form and I've made
19 reference to that. The revision date on this one is
20 January 2014.

21 A Okay. And the question was?

22 Q First of all, are you familiar with the
23 form?

24 A Yes.

25 Q Would that form have come across your desk

1 or a similar form in blank requesting that the
2 school district provide the information for Donna
3 Dozier?

4 A Would it have come directly to me? No,
5 sir. Do I sometimes sign off on these? Yes, sir.

6 Q Do you go through any type of training in
7 your job about how to complete the Form 20?

8 A Yes, sir.

9 Q Tell us about that, please.

10 A The training itself or how to complete the
11 form?

12 Q Yes.

13 A There is an optional training that the
14 State Department puts on through the Workers'
15 Compensation Bureau. I took that training in
16 probably 2006, 2007. That is just a guestimate.
17 Essentially they walk you through paperwork that is
18 required and how to submit and how to calculate.

19 Q All right. Are these forms actually
20 provided to your office when you're asked to provide
21 that information?

22 A They're available online and generally
23 that's how we print them off.

24 Q Okay. So the information that is provided
25 by the school district? In other words, does the

1 school district complete the Form 20?

2 A Yes, sir.

3 Q So a school district employee would have
4 completed the Form 20 in this case?

5 A If it was requested, yes, sir.

6 (PLF. EXH. 6, Employment Consideration
7 Georgetown County School District, was marked for
8 identification.)

9 BY MR. WRIGHT:

10 Q With respect to your training, were you
11 trained that when completing a Form 20 that one of
12 the four boxes under Item A, total wages paid, were
13 to be checked when filling out the form?

14 A Yes, sir.

15 Q Okay. And with respect to employees who
16 work less than 52 weeks, were you instructed to
17 check the box with respect to the report of earnings
18 of an employee who did not complete four quarters
19 based on actual time worked?

20 A If they had not had the same position for
21 the previous year.

22 Q Okay. And that was the case with Donna
23 Dozier, was it not?

24 A She has been employed in some capacity
25 with us since 2004.

1 Q But not the same position?

2 A She was a temporary food service employee
3 before she became a full-time food services
4 employee.

5 Q Okay. But she did not become a full-time
6 food service employee until October 1, 2014,
7 correct?

8 A Correct.

9 Q And I think we just indicated that she
10 worked no more than 33 weeks in that position during
11 the 2014/2015 school year?

12 A Correct.

13 MR. KILLEN: Object to the form.

14 BY MR. WRIGHT:

15 Q So we didn't have four quarters based on
16 actual time worked in that position, correct?

17 A You wouldn't have four quarters based on
18 anybody who was not a 240-day employee.

19 Q Okay. All right. If you look, please, at
20 what I marked as Plaintiff's Exhibit 5.

21 A Yes, sir.

22 Q Okay. Does that document reflect total
23 wages paid to Donna Dozier for three quarters?

24 A From what is stated, yes, sir.

25 Q All right. Would you agree that the

1 appropriate method for calculating average weekly
2 wage would be based upon the report of earnings
3 based on the actual time worked?

4 MR. KILLEN: Object to the form of the
5 question. This document clearly says prepared by
6 James Lindler, which is not an employee of the
7 school district.

8 MR. WRIGHT: In any event, I'm asking what
9 their practice is, because they do, in fact, do
10 this. And I'm asking if that's the appropriate --

11 MR. KILLEN: That's a legal --

12 MS. THOMPSON: Can we can off the record
13 for a second? I'm very confused..

14 (Off the record conference.)

15 BY MR. WRIGHT:

16 Q Second box, you're supposed to check a
17 box. So my question is: Would you check the box
18 based on actual time worked?

19 A With the form that's submitted, there is
20 no box to check.

21 Q Well, apparently the box was left off on
22 that particular form. It's still the same question.
23 It says to check the applicable method, but it
24 doesn't have a box number next to it.

25 A All I can do is speculate then.

1 Q But when your office is completing it?

2 A Yes, sir.

3 Q You check the box based on actual time
4 worked; is that what you normally do?

5 A What we to normally do, yes, sir.

6 Q Okay. And based on actual time worked,
7 the number that you would divide it by would be 33
8 because that's the number of weeks that she worked?

9 MR. KILLEN: Object to the form of the
10 question.

11 THE WITNESS: If Mr. Lindler completed
12 this form, then what we would have done is submitted
13 an earnings report to him, which would have been
14 this.

15 MR. KILLEN: And that is your exhibit,
16 what number?

17 THE WITNESS: 2..

18 BY MR. WRIGHT:

19 Q But if you -- based on the actual week's
20 work, the number would be 33?

21 MR. KILLEN: Again, objection to the form
22 of the question.

23 THE WITNESS: Question Number 5 states,
24 List total number of weeks paid to the employee
25 during the four quarters immediately preceding the

1 quarter in which the injury occurred.

2 BY MR. WRIGHT:

3 Q We don't have that. That's the standard
4 situation. So we're left with --

5 MR. KILLEN: Actually, we do have that.
6 And you're testifying. We have the number of weeks
7 she was paid. She was paid for 39 weeks from
8 October 1st to June 30th, which is actually 39 weeks
9 which is reflected on the Form 20.

10 MR. WRIGHT: But the law requires that if
11 he works less than 52 weeks it will be based on
12 actual week's work.

13 MR. KILLEN: We're arguing law here.
14 There's code section of the Workers' Comp Code
15 requires that the method be fair and just to both
16 parties. So it's not just oh, we got this
17 situation, we stop here. If she's working from June
18 5th -- or not working for 25 days and getting paid
19 from June 5th to June 30th.

20 MR. WRIGHT: Because the school district
21 chooses to do it.

22 MR. KILLEN: The Workers' Comp Commission
23 has decided that it is in this case. You may win on
24 appeal, but right now that's our average weekly
25 wage.

1 MR. WRIGHT: Again, that's your argument.

2 MR. KILLEN: Res judicata.

3 BY MR. WRIGHT:

4 Q Would you agree that should be based on
5 the number of works that she worked which is 33?

6 MR. KILLEN: Objection. It's a legal
7 conclusion.

8 THE WITNESS: I would have to defer to
9 counsel on that.

10 BY MR. WRIGHT:

11 Q You would agree she did not work 39 weeks?

12 A If she was scheduled for 150 days, no,
13 sir, that would not be 39 in total.

14 Q The contract that we had for Ms. Dozier,
15 Number 3, that contract ended at the end of the
16 school year, correct?

17 A Not necessarily. Essentially for an
18 employment agreement to end, the employee would have
19 to be terminated, non-renewed, or resign their
20 position, or possibly retire.

21 Q If you pull the document, please, Number
22 3. If you read line 8, please.

23 A It is understood that your employment with
24 the district terminates automatically at end of the
25 school year noted above and the continuation of

1 employment beyond that must be subjected -- or must
2 be subject of a new officer and acceptance.

3 Q Okay. So would you agree that the
4 employment ends at the end of the school year and if
5 she's going to continue there has to be a new
6 contract for the following school year?

7 A Yes, sir.

8 Q Now, in this case, do you recall if the
9 school district solicited an indication of interest
10 from Donna Dozier about whether she would continue?

11 A This is for the '15/'16 school year?

12 (PLF. EXH. 7, Letter to Ms. Dozier from Mr.
13 Jenkins, June 1, 2016, was marked for identification.)
14 BY MR. WRIGHT:

15 Q '14/'15. This would be for the '15/'16
16 school year.

17 A You have something you were going to show
18 me?

19 Q Yes. That's what we've marked as 6.

20 A That is an employee consideration form
21 that the employee states that they would like to
22 return or would not like to return for the upcoming
23 school year.

24 Q So basically that was your indication that
25 she wanted to determine work if possible.

1 A Yes, sir.

2 Q Take a look at this Plaintiff's 7.

3 A Yes, sir.

4 Q Can you identify that document?

5 A Yes, sir. This is a document that pretty
6 much states that we haven't received a release from
7 the doctor to allow them to return to work.

8 Q Okay. So because she could not be
9 returned to work without restrictions, she was
10 terminated, correct?

11 A Yes, sir.

12 Q Non-renewed? Maybe that's better.

13 A Yes.

14 Q Mr. Jenkins, I think we established that
15 for your testimony that Ms. Dozier typically worked
16 30 hours a week?

17 A Yes, sir.

18 Q Andy I believe you also told us that the
19 cafeteria employees at Waccamaw Intermediate School
20 were subject to federal minimum wage under the Fair
21 Standards Labor Act, correct?

22 A I don't know if I actually said those
23 terms, but yes, sir, that would be correct.

24 Q You would agree with that?

25 A Yes, sir.

1 Q And what was the federal minimum wage in
2 2014/2015?

3 A I don't know if it was \$7.25 or \$7.50.

4 Q In any event, an amount not less than
5 \$7.25 an hour?

6 A Yes.

7 Q You agree with that?

8 A Yes.

9 Q Could you get your calculator for me,
10 please?

11 If we multiply 30 hours a week times
12 federal minimum wage of \$7.25 an hour, what number
13 does that produce?

14 A \$217.50.

15 Q \$217.50?

16 A Yes.

17 Q All right, sir. Now, if we look back at
18 the Plaintiff's Exhibit Number 5, Mr. Lindler's
19 apparent computation of the average weekly wage of
20 \$200.77, would you agree that that that is less than
21 the required federal minimum wage?

22 MR. KILLEN: Object to the form of the
23 question. That doesn't take into account she's not
24 working 30 hours every week.

25 THE WITNESS: I would defer to counsel.

1 BY MR. WRIGHT:

2 Q I'm asking you the question. Would you
3 agree --

4 A No, I would not agree.

5 Q You would not agree that that number is
6 less than the federal minimum wage?

7 A Not when you don't take anything else into
8 consideration.

9 Q Did she typically work 30 hours a week?

10 A Yes, sir.

11 Q And if you multiply \$7.25, that's more
12 than \$200.77, is it not? Because we're talking
13 average weekly wages.

14 MR. KILLEN: Object to the form of the
15 question.

16 THE WITNESS: That doesn't take into
17 consideration spring break, two weeks at Christmas
18 break, the ten days worth of sick leave that she
19 accumulated. So I would not agree.

20 BY MR. WRIGHT:

21 Q Do you take out sick leave whenever you're
22 calculating federal minimum wage rate?

23 A No, sir, we actually include it. So
24 that's why she missed 15 days but was only docked
25 for five.

DOUGLAS JENKINS - EX. BY MR. KILLEN

1 Q Because she gets 10? Every employee gets
2 10?

3 A No, sir.

4 Q How many employees get 10?

5 A It depends on your contractual status and
6 how many days you work. You can have a minimum of
7 10 or maximum of 15.

8 Q Okay. But in any event, the hourly wage
9 that she was supposed to be paid was \$10.61 an hour?

10 A Yes, sir.

11 MR. WRIGHT: I think those are all the
12 questions I have for Mr. Jenkins.

13 EXAMINATION

14 BY MR. KILLEN:

15 Q My name is Tim Killner. I represent
16 Georgetown School District and the South Carolina
17 School Boards Insurance Trust in this matter.

18 Can I see this flurry of exhibits?

19 A Sure.

20 Q On Exhibit 6, the employment
21 consideration, did Ms. Dozier indicate that she
22 would come back for the 2015/2016 school year?

23 A Yes, sir.

24 Q Okay. How often are school district
25 employees paid?

DOUGLAS JENKINS - EX. BY MR. KILLEN

1 A According to Policy DKA, it clearly states
2 that employees will be paid on 15th and 30th of each
3 month. When the 15th or 30th falls on a Saturday or
4 Sunday, it will be distributed the last day before
5 their regular pay date. Their would be no early
6 release or advancement of payroll checks to
7 employees and all payroll changes will be at the
8 discretion of the superintendent with the approval
9 of the board.

10 Q So there are 24 pay periods; is that
11 correct?

12 A Yes, sir.

13 Q Okay. And school employees such as
14 Ms. Dozier -- I think we've established through
15 Plaintiff's Exhibit 1 that June the 5th was the last
16 day of school, June 5, 2015?

17 A Mm-hmm.

18 Q I'm looking at Plaintiff's Exhibit 2 to
19 your deposition. Ms. Dozier was paid on June the
20 15th, 2015; is that correct?

21 A Yes, sir.

22 Q She was paid \$451.71; is that correct?

23 A Yes, sir.

24 Q She was also paid on June 25, 2015; is
25 that correct?

DOUGLAS JENKINS - EX. BY MR. KILLEN

1 A Yes, sir.

2 Q Again \$451.71?

3 A Yes, sir.

4 Q And two pay periods in July as well; is
5 that correct?

6 A Yes, sir.

7 Q She wasn't working during those
8 two months; is that correct?

9 A That's in August.

10 Q And also August, in two weeks in August;
11 is that correct?

12 A Yes, sir.

13 Q Okay. So she received pay for time when
14 she was not working; is that correct?

15 A Yes, sir.

16 Q Okay. Form 20 -- so she received pay for
17 October 1, 2014 through June 30, 2015. This number
18 in paragraph 2 on the Form 20 which is Plaintiff's
19 Exhibit 5, for the first quarter, the quarter ending
20 in June 30, 2015, would include the paychecks when
21 she wasn't working, correct?

22 A Yes, sir.

23 Q Okay. And Number 5, I think you read
24 earlier, it says list total number of weeks paid to
25 employee; is that correct?

1 A Yes, sir.

2 MR. KILLEN: That's all the questions I
3 have. Thank you.

4 EXAMINATION

5 BY MR. WRIGHT:

6 Q Mr. Jenkins, if the board chose to pay
7 wages over 52 weeks and the wages are actually
8 earned over 39 weeks, would you agree that
9 stretching it out over 52 weeks would understate the
10 daily rate and the weekly rate that is earned when
11 the employee actually works?

12 MR. KILLEN: Object to the form of the
13 question.

14 THE WITNESS: Ask it one more time,
15 please.

16 BY MR. WRIGHT:

17 Q Okay. If Ms. Dozier was paid for time
18 that she actually worked over a period of 33 weeks
19 no matter how many weeks you paid over -- because
20 she only worked for 33 weeks, correct?

21 MR. KILLEN: Object to the form of the
22 question.

23 THE WITNESS: She worked 150 days.

24 BY MR. WRIGHT:

25 Q Okay. And five days a week for roughly

1 30-plus weeks. But in any event we know she didn't
2 work more than 33 because you went through the
3 schedule, correct?

4 MR. KILLEN: Object to the form of the
5 question.

6 THE WITNESS: I'm deferring to counsel.
7 BY MR. WRIGHT:

8 Q No, you can't defer to counsel. You have
9 to answer the question, sir.

10 A Then ask it one more time.

11 Q All right. I think we've already
12 established from your testimony that she worked no
13 more than 33 weeks.

14 MR. KILLEN: Object to the form of the
15 question.

16 BY MR. WRIGHT:

17 Q Please feel free to review the exhibit
18 again.

19 A I am. Question one more time?

20 Q Would you agree that she earned wages for
21 no more than 33 weeks that she actually worked?

22 A Would she have earned wages for more than
23 33 weeks? The answer to that would be no. Because
24 she would receive 33 weeks of payment plus ten sick
25 days, so that would be 35 weeks in compensation in

1 all.

2 Q In any event, less than 39, if you're
3 taking out sick days?

4 MR. KILLEN: Object to the form of the
5 question.

6 THE WITNESS: Yes.

7 BY MR. WRIGHT:

8 Q You would agree with that?

9 A Yes.

10 Q All right. Because you weren't paying her
11 for any work after June 5th, correct?

12 A Unless she worked in the Summer Feeding
13 Program.

14 Q And you don't have any records that she
15 worked in the Summer Feeding Program, correct?

16 A No, sir.

17 Q So no matter how you paid it, the actual
18 time worked that she actually was serving students
19 at school would have been 33 weeks based on the
20 calendar?

21 A Say it one more time.

22 Q Based on the calendar when she was present
23 serving food to students was no more than 33 weeks
24 during the school year?

25 A According to the time records.

DOUGLAS JENKINS - EX. BY MR. KILLEN

1 Q So after June 5th you weren't actually
2 paying her for sitting on the swing on her back
3 porch in Pawleys Island, you were choosing to pay
4 over a period of longer than 39 weeks but she was
5 not actually paid?

6 MR. KILLEN: Object to the form of the
7 question.

8 THE WITNESS: According to Policy DKA, we
9 pay 24 equal installments for year-round employment.
10 BY MR. WRIGHT:

11 Q But she was not actually working
12 year-round, correct?

13 A No, sir.

14 Q Thank you, sir.

15 EXAMINATION

16 BY MR. KILLEN:

17 Q Ms. Dozier did not have to contract for
18 employment with the school district, did she?

19 A No, sir.

20 Q Okay. Ms. Dozier did receive payments
21 during the summer when she wasn't working, correct?

22 A Yes, sir.

23 Q Ms. Dozier received payments for the
24 two weeks over Christmas when she didn't work,
25 correct?

1 A Yes, sir.

2 Q Ms. Dozier received payments for the week
3 over spring break when she didn't work, correct?

4 A Yes.

5 Q That's all I have.

6 A In addition to the multiple holidays that
7 we take through the school year as well.

8 Q A week is seven days, not five days,
9 correct?

10 A Yes.

11 Q Thank you.

12 EXAMINATION

13 BY MR. WRIGHT:

14 Q But the school workweek is five days,
15 correct?

16 A For a cafeteria worker, yes.

17 Q There would not have been any weeks based
18 on her schedule where she worked more than five
19 days?

20 A That was documented, no. But we do have
21 situations where cafeteria workers do work more than
22 five days a week.

23 Q But we don't have any evidence that she
24 worked more than five days a week?

25 A No, sir.

1 Q As far as you know, the only reason we're
2 paying her over a period of time longer than what
3 she actually worked is because of school board
4 policy?

5 MR. KILLEN: Object to the form of the
6 question.

7 THE WITNESS: I work for the school board
8 at the school board's discretion and I follow their
9 policy and that's what is their policy is.

10 BY MR. WRIGHT:

11 Q Okay. So the answer is yes?

12 MR. KILLEN: Object to the form of the
13 question.

14 THE WITNESS: I'll refer to my original
15 question -- or the original statement. Sorry.

16 MR. WRIGHT: Thank you, sir.

17 MR. KILLEN: Thanks very much.

18 (The deposition was concluded at 12:36 PM.)

19 (The witness, after having been advised of
20 his right to read and sign this transcript, does not
21 waive that right.)
22
23
24
25

SIGNATURE OF DEPONENT

DEPONENT: DOUGLAS JENKINS
DEPOSITION DATE: APRIL 16, 2018
REPORTER: LINDA MAHONEY RAMIREZ
CASE CAPTION: DOZIER V. GCSD, ET AL.

(Please return both Signature of Deponent pages)

I, the undersigned, DOUGLAS JENKINS, do hereby
certify that I have read the foregoing deposition and
find it to be a true and accurate transcription of my
testimony, with the following corrections, if any:

PAGE	LINE	CHANGE	REASON

SIGNATURE OF DEPONENT (CONTINUED)

46

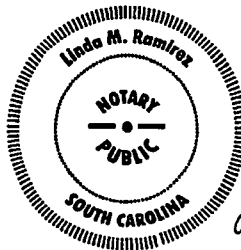
DEPONENT: DOUGLAS JENKINS
DEPOSITION DATE: APRIL 16, 2018
REPORTER: LINDA MAHONEY RAMIREZ
CASE CAPTION: DOZIER V. GCSD, ET AL.

PAGE	LINE	CHANGE	REASON

DOUGLAS JENKINS,

Date

I, LINDA MAHONEY RAMIREZ, Notary Public for the State of South Carolina at Large, do hereby certify that the deponent was advised of his or her right to read and sign said deposition both verbally and in writing. If the deponent fails to execute and return foregoing Signature of Deponent page within the thirty (30) days allowed pursuant to the Rules of Civil Procedure, the original transcript may be filed with the court.



Linda M. Ramirez

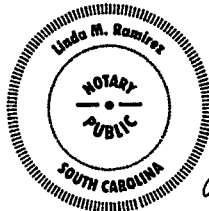
Linda Mahoney Ramirez, Court Reporter
My Commission Expires
September 29, 2027

CERTIFICATE OF REPORTER

I, Linda Mahoney Ramirez, Court Reporter
and Notary Public for the State of South Carolina at
Large, do hereby certify that the foregoing transcript
is a true, accurate and complete record.

I further certify that I am neither
related to nor counsel for any party to the cause
pending or interested in the events thereof.

Witness my hand, I have hereunto affixed
my official seal this 17th day of April, 2018, at
Horry County, South Carolina.



Linda M. Ramirez

Linda Mahoney Ramirez, Court Reporter
My Commission expires
September 29, 2027

I N D E X

Page/Line

WITNESS/EXAMINATION

DOUGLAS JENKINS

3 1

EXAMINATION

BY MR. WRIGHT:

3 3

EXAMINATION

BY MR. KILLEN:

36 13

EXAMINATION

BY MR. WRIGHT:

39 4

EXAMINATION

BY MR. KILLEN:

42 15

EXAMINATION

BY MR. WRIGHT:

43 12

CERTIFICATE OF REPORTER

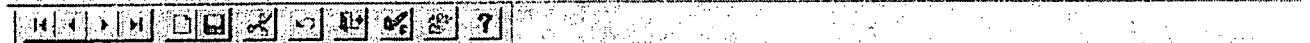
47 1

REQUESTED INFORMATION INDEX

(No Information Requested)

E X H I B I T S

	Page/Line
DFT. EXH. 1, Appeal	5 17
PLF. EXH. 1, Appeal	4 22
PLF. EXH. 2, Screen Shot	14 8
PLF. EXH. 3, Georgetown County School District Employment Agreement,	19 24
PLF. EXH. 4, Blank Workers' Compensation Commission Form 20	22 12
PLF. EXH. 5, 'Filled in Workers' Compensation Commission Form 20	24 15
PLF. EXH. 6, Employment Consideration Georgetown County School District,	26 6
PLF. EXH. 7, Letter to Ms. Dozier from Mr. Jenkins, June 1, 2016	32 12



Inquire Employee History for Year Ending 06/30/2015

SSN: Last/First/MI/Suffix: DOZIER DONNA N

History date: 06/30/2015 Pay Period: NHAI NEW HIRE AUG II

Demographics		Salary/Tax	
Type of Employee	S Salaried	FTE	1.0000
Hrs/Pay Period	45.25	State	SC
Pay Rate	397.8800	FICA	Y FICA/MEDI Withheld
Annual Tax Wages	9,549.00	EIC	0 Not Eligible
Overtime Factor	0.00	Std/Curr Contract Days	181 150
Employment Status	F Full Time	Budgeted Ann Sal	11,522.00
Tax Status	S Single	Daily Rate	63.6600
Federal Exemptions	2	Hours Worked Daily	6.0000
Add'l Fed Tax	0.00	Hourly Rate	10.6100
State Exemptions	2 Tax Code		
Add'l State Tax	0.00		

☐ Certified ☐ Substitute

Note

Inquire Employee History for Year Ending 06/30/2015



FY 2017-2018

GEORGETOWN COUNTY SCHOOL DISTRICT
LABOR HISTORY BY EMPLOYEE - DETAIL
 PAY DATES: 07/01/2014 TO 06/30/2015

INCLUDES INACTIVES

<u>EMPLOYEE NAME</u>	<u>SS NUMBER</u>	<u>PAYROLL DATE</u>	<u>PAY TYPE</u>	<u>HOURS</u>	<u>AMOUNT</u>
DOZIER, DONNA N	6290-2560-110-029-0000 ADMIN SAL	10/15/2014	REG		454.71
		10/30/2014	REG		454.71
		11/14/2014	REG		454.71
		11/24/2014	REG		454.71
		12/15/2014	REG		454.71
		12/18/2014	REG		454.71
		01/14/2015	REG		454.71
		01/30/2015	REG		454.71
		01/30/2015	DOCKPAY	(1.57)	(99.95)
		02/12/2015	REG		454.71
		02/27/2015	REG		454.71
		03/11/2015	REG		454.71
		03/11/2015	DOCKPAY	(1.00)	(63.66)
		03/30/2015	REG		454.71
		03/30/2015	DOCKPAY	(3.00)	(190.98)
		04/15/2015	REG		454.71
		04/30/2015	REG		454.71
		05/15/2015	REG		454.71
		05/29/2015	REG		454.71
		06/15/2015	REG		454.71
		06/25/2015	REG		454.71
		07/15/2015	REG	A	454.71
		07/30/2015	REG	A	454.71
		08/14/2015	REG	A	454.71
SUBTOTAL FOR 6290-2560-110-029-0000 ADMIN SAL				(5.57)	9,194.32
SUBTOTAL FOR DOZIER, DONNA N				(5.57)	9,194.32
Grand Total:				(5.57)	9,194.32



DJENKINS
 pr161r11

04/09/2018 9:41:49AM

PAGE: 1

GEORGETOWN COUNTY SCHOOL DISTRICT
2018 CHURCH STREET
GEORGETOWN, S.C. 29440
E M P L O Y M E N T A G R E E M E N T

Name: DONNA DOZIER

Social Security No

Address: P.O. BOX 139
MURRELLS INLET, SC 29576

School/Department Name: WACCAMAW INTERMEDIATE SCHOOL

This is to notify you of an offer of employment for the 2014-2015 school year as a FOOD SERVICE OPERATOR assigned to WACCAMAW INTERMEDIATE SCHOOL.

1. You will be employed for a total of 181 (150) work days.
2. Loss or reduction in any amount of anticipated or appropriated federal, state or local funding may, at the discretion of the District, result in a reduction in salary, a reduction in work days with a pro-rata reduction of salary, or termination of this Agreement.
3. Your daily schedule will be arranged by your principal or supervisor.
4. The assignment stated above is tentative, and all employees are subject to transfer or reassignment at any time under this Agreement.
5. Should you now indicate your desire to return to your present position and later decide not to return to the District, a letter of resignation should be immediately submitted to your principal or immediate supervisor.
6. All employees are required to perform their work duties at a level satisfactory to the District; to comply with State law and all District policies, regulations, and procedures, and to attend all school and District meetings or activities required of an employee holding this position.
7. The District has the right to terminate this Agreement for any reason deemed sufficient by the District. In case of termination of this Agreement, the employee shall only be entitled to be paid those days she/he has actually worked.
8. It is understood that your employment with the District terminates automatically at the end of the school year noted above. Any continuation of employment beyond that point must be the subject of a new offer and acceptance.

Kindly indicate your acceptance of this offer by signing the Employment Agreement and returning it no later than October 24, 2014 to the Office of Human Resources. If your acceptance is not received by this date, the position will be considered vacant.

OCTOBER 14, 2014
(Date)

Signed: [Signature]

(Superintendent)

10-17-14
(Date)

Signed: [Signature]

(Employee)

I, (please print) Donna Dozier, hereby certify that I am physically and mentally able to perform the duties of this position.

Human Resources Copy



South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5723



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: _____ Employer's Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: () - _____ Work Phone: () - _____ Insurance Carrier: _____
Preparer's Name: _____ Preparer's Phone #: () - _____

Date of Injury: _____
month day year

A. Total Wages Paid

1. Check Applicable Method:

- ☐ Report of earnings of injured employee based on four completed quarters.
☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire date: _____
☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just (attach documentation to show how average weekly wage and compensation rate were calculated).

2. List total wages paid as reported to the Employment Security Commission on the Employer Quarterly Contribution and Age Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid
1st	_____	\$ _____
2nd	_____	\$ _____
3rd	_____	\$ _____
4th	_____	\$ _____

Total Paid 2. \$0.00

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

3. \$ _____

4. Add lines 2 and 3.

TOTAL WAGES PAID:

4. \$0.00

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. _____

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE:

6. \$ _____

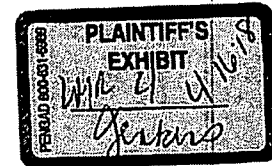
C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. \$0.00

8. The compensation rate is as follows (choose one):

- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.
☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8. _____
☐ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.



WEEKLY COMPENSATION RATE: 8. \$ _____

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803)737-5723.

WCC Form # 20
Rev. Date 01/2014

20

STATEMENT OF EARNINGS
OF INJURED EMPLOYEE

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1512157
Carrier File # WC016580
Carrier Code # 0926
Employer FEIN _____

Dozier, Donna

Claimant's Name

Social Security

Georgetown School District 1

Employer's Name

Address

City

Zip

Address

City

State

Zip

Home Phone #

Work Phone #

SC School Boards Insurance Trust

Insurance Carrier

James Lindler

Preparer's Name

803-988-0257

Phone #

A. Total Wages Paid

Date of Injury: 8/19/2015

month day year

1. Check Applicable Method:

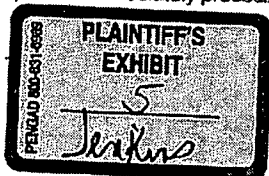
Report of earnings of injured employee based on four completed quarters.

Report of earnings of injured employee who did not complete four quarters based on actual time worked.

Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire Date: 10/01/14

Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.



Quarter	Ending Date	Total Wages Paid
1st	06/30/2015	2,728.26
2nd	03/31/2015	2,373.67
3rd	12/31/2014	2,728.26
4th		

Total Paid **2. 7,830.19**

3. List total value of other allowances of any character made in lieu of wages during four quarters above.

4. Add lines 2 and 3:

TOTAL WAGES PAID: 4. 7,830.19

5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred.

5. 39

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

AVERAGE WEEKLY WAGE: 6. 200.77

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate.

7. 133.86

8. The compensation rate is as follows (choose one):

When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.

When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.

When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line 8.

Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable exception here and enter appropriate compensation rate on line 8:

The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 133.86

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED, THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803) 737-5723.

WCC FORM # 20 REV. DATE 3/97

Forms On-A-Disk, Inc. • Dallas, Texas • (214) 340-9429

20

**STATEMENT OF EARNINGS
OF INJURED EMPLOYEE**

Employment Consideration Georgetown County School District

To: All Employees
From: Mr. Jon R. Tester, Executive Director for Human Resources
Subject: Employment Consideration for 2015-2016
Date: January 12, 2015

Please indicate your wishes regarding employment with Georgetown County Schools for the 2015-2016 school year by checking one of the statements below. Our district needs to determine our staffing needs at all levels for the next school term as soon as possible. Please return this form to your principal/department head no later than Friday, January 23, 2015.

- (1) ☒ I **WOULD** like to be considered for employment for the 2015-2016 school year.
- (2) ☐ I **DO NOT** wish to be considered for employment for the 2015-2016 school year.

Name of Employee: Donna Dozier
School/Dept. & Position: WACC Intermediate School (COOK)
Signature of Employee: Donna Dozier
Social Security Number: _____
Address: P.O. BOX 139
Murrells Inlet S.C. 29576
Phone Number: 843 - (318 - 8497)

PLEASE REMEMBER TO RETURN THIS FORM TO YOUR PRINCIPAL OR DEPARTMENT SUPERVISOR NO LATER THAN JANUARY 23, 2015.



Georgetown County School District

J.B. Beck Administration and Education Center
Office of Human Resources
2018 Church Street • Georgetown, SC 29440 • (843) 436-7000

Jon R. Tester
Executive Director

Doug D. Jenkins
Director

Myrtle B. Morris
Director



June 1, 2016

CERTIFIED MAIL

Ms. Donna Dozier
PO Box 139
Murrells Inlet, SC 29576

Dear Ms. Dozier:

We are saddened to learn that you were unable to receive a medical release from your physician stating that you will be able to return to work by the deadline of June 1, 2016. Because we did not receive your release, you will not be issued an employment agreement for the upcoming school year.

Your name will be presented to the School Board at the next scheduled session as part of an updated personnel list. The Board will be notified you were unable to return to work for medical reasons.

Please contact Ms. Aisha Greene in the Benefits Office to schedule an exit interview at your earliest convenience. We appreciate all your service to the staff, administrators, and children of Georgetown County School District. In the future if you obtain a medical release, please do not hesitate to contact me regarding any open positions we have for which you are qualified. We wish you the best in all your endeavors.

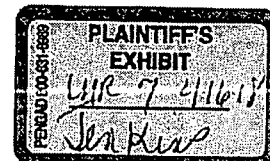
Sincerely,

A handwritten signature in black ink, appearing to read "Doug Jenkins".

Mr. Douglas D. Jenkins
Director of Human Resources

am

c: Dr. Tim Carnahan
Jan Knox
Payroll/Benefits
Personnel and Medical File



BARNETT & WRIGHT, P.A.
ATTORNEYS AT LAW
1304 AZALEA COURT, SUITE B
MYRTLE BEACH, SOUTH CAROLINA 29577

ROBERT L. BARNETT
NEIL D. WRIGHT
MATTHEW N. WRIGHT

Telephone: (843)449-0781-Ext#3
Telecopier: (843)449-1583
E-mail: nwright@barnettandwright.com
(Not for Confidential Communication)

February 9, 2018

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211

RE: Donna Dozier, Employee, Appellant,
v.
Georgetown County School District, Employer, Respondent, and,
SC School Boards Insurance Trust, Carrier, Respondent
W.C.C. File No. 1512151

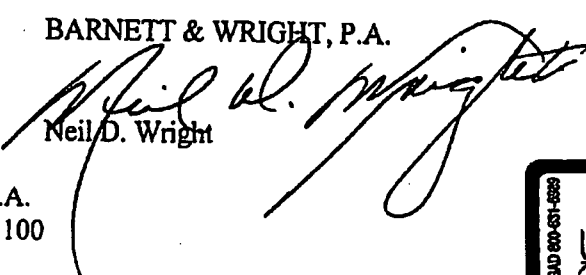
Dear Ms. Kitchings:

Enclosed for filing is the Appellant's Notice of Appeal in the above case. Also enclosed are the following:

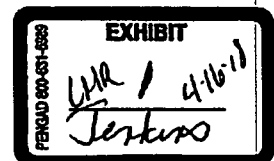
- (1) Proof of Service of the Notice of Appeal upon the Respondents;
- (2) Proof of Service of the Notice of Appeal upon the South Carolina Worker's Compensation Commission;
- (3) A copy of the Commission's Appellate Panel Decision and Order dated January 12, 2018 which is to be challenged on appeal; and,
- (4) A filing fee in the amount of \$100.00.

Very truly yours,

BARNETT & WRIGHT, P.A.


Neil D. Wright

cc: Timothy B. Killen, Esq.
Wilson, Jones, Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Attorney for Respondents



THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Donna Dozier, Employee, Appellant

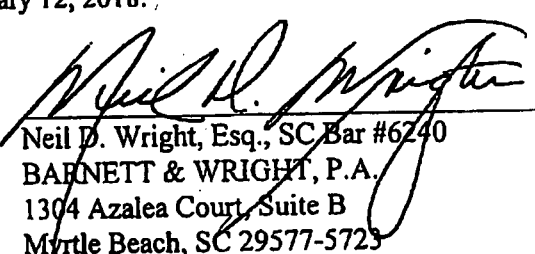
v.

Georgetown County School District, Employer, Respondent
And
SC School Boards Insurance Trust, Carrier, Respondent

NOTICE OF APPEAL

Donna Dozier appeals the Commission's Appellate Panel Decision and Order dated January 12, 2018. Appellant received a copy of the Commission's Appellate Panel Decision and Order by an e-mail transmission from the Commission on January 12, 2018.

February 9, 2018


Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

Other Counsel of Record:
Timothy B. Killen, Esq.
Wilson, Jones, Carter & Baxley, P.A.
421 Wando Park Boulevard, Suite 100
Mount Pleasant, SC 29464
Office: (843) 284-0831
Fax: (843) 284-1081
tckillen@wjlaw.net
Attorney for Respondents

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Donna Dozier, Employee, Appellant

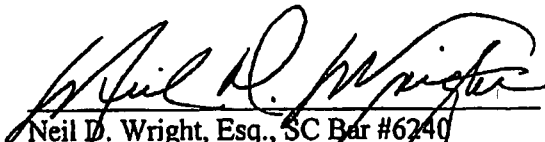
v.

Georgetown County School District, Employer, Respondent
And
SC School Boards Insurance Trust, Carrier, Respondent

PROOF OF SERVICE

I certify that I have served the Appellant's Notice of Appeal upon the Respondents Georgetown County School District and SC School Boards Insurance Trust by depositing a copy of the Appellant's Notice of Appeal in the United States Mail, postage prepaid, on February 9, 2018, addressed to the Respondents' counsel of record, Timothy B. Killen, Esq., at Wilson, Jones, Carter & Baxley, P.A., 421 Wando Park Boulevard, Suite 100, Mount Pleasant, SC 29464.

February 9, 2018


Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

cc: Hon. Jenny Abbott Kitchings
Timothy B. Killen, Esq.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Donna Dozier, Employee, Appellant

v.

Georgetown County School District, Employer, Respondent
And
SC School Boards Insurance Trust, Carrier, Respondent

PROOF OF SERVICE

I certify that I have served the Appellant's Notice of Appeal on the South Carolina Worker's Compensation Commission by depositing a copy of the Appellant's Notice of Appeal in the United States Mail, postage prepaid, on February 9, 2018, addressed to the Commission at P.O. Box 1715, Columbia, SC 29202-1715.

February 9, 2018


Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

cc: Hon. Jenny Abbott Kitchings
Timothy B. Killen, Esq.

**APPELLATE PANEL
DECISION AND ORDER**

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1512151

Donna Dozier,

**APPELLANT
CLAIMANT,**

vs.

Georgetown County School District,

EMPLOYER,

AND

SC School Boards Insurance Trust,

**CARRIER,
DEFENDANTS/DEFENDANTS**

Appellate Panel Review held in Columbia, South Carolina,
on November 14, 2017, per notices timely and properly served
upon all parties of interest.

Appellate Panel Decision and Order filed

January 12, 2018

APPEARANCES:

Appellant Donna Dozier, Claimant represented by Neil D.
Wright of Myrtle Beach, South Carolina.

Defendants/Respondents represented by Timothy B. Killen,
Esquire of Willson Jones Carter & Baxley, P.A. in Mount
Pleasant, South Carolina.

STATEMENT OF THE CASE

The parties were heard by Commissioner Gene McCaskill, on March 21, 2017, in Columbia, South Carolina. On August 16, 2017, he issued the following Order:

IT IS, THEREFORE, ORDERED, that the Claimant Donna Dozier has not yet reached maximum medical improvement.

IT IS FURTHER ORDERED, that the request of the Defendant Employer and the Defendant Carrier to stop payment of temporary total disability compensation to the Claimant Donna Dozier is hereby denied.

IT IS FURTHER ORDERED, that the request of the Defendant Employer and the Defendant Carrier for a credit for overpayment of temporary total compensation benefits paid to the Claimant Donna Dozier since October 31, 2016 is hereby denied.

IT IS FURTHER ORDERED, that the Claimant Donna Dozier shall receive any and all reasonable and customary causally related medical care and treatment for her left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED, that the Defendant Employer and the Defendant Carrier shall pay for any and all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED, that the Defendant Employer and the Defendant Carrier shall pay temporary total disability compensation to the Claimant Donna Dozier at the compensation rate of \$133.85 per week until the Claimant reaches maximum medical improvement or by further Order of this Commission or by agreement of the Parties.

IT IS FURTHER ORDERED, that Claimant's alleged back and left hip injuries are hereby denied.

IT IS FURTHER ORDERED, that all other issues are held in abeyance at this time.

AND IT IS SO ORDERED.

The Claimant timely appealed the Single Commissioner's Order by filing a Form 30 on August 30, 2017. Claimant appealed the calculation of the Average Weekly Wage and Compensation Rate, as well as the related Findings, Conclusions, and Orders related thereto.

DISCUSSION

Employer is a school district. Claimant was an employee of the school. Claimant's annual salary for the 2014 – 2016 school year was \$11,522.00. Claimant's Exhibit 3. Claimant's annual salary for the 2015 – 2016 school year was \$11,857.00. Claimant's Exhibit 1. The annual contracts between employees of the school district and the school district require those employees to work One Hundred and Eighty-One (181) school days during the year. Claimant's Exhibit 2. Such was the case for Claimant. *Id.*

Claimant was injured on August 19, 2015. Defendants filed a Form 20 on or about September 16, 2016, at which time Temporary Total Disability (TTD) benefits began.

Claimant asserted that the Commissioner erred in his application of S.C. Code Ann. § 42-1-40. Specifically, Claimant asserted that, because Claimant didn't work when school was not in session, including weekends, she is entitled to an Average Weekly Wage (AWW) and Compensation Rate (CR) calculated on a *daily* basis, rather than a weekly basis ("Division of the Claimant's annual gross wage of \$11,522.00 . . . by the required 181 day work period . . . reveals that Claimant earned[] \$63.66 per day" Appellant's Brief, p. 7; "The accuracy of the Claimant's daily compensation rate of \$63.66" Appellant's Brief, p. 7 (emphasis added)).

The Single Commissioner correctly determined the Claimant's AWW and CR to be \$200.77 and \$133.85, respectively, as shown on the Form 20. Defendants filed the Form 20 on or about September 16, 2016, at which time they began a running award of TTD benefits. The Form 20 shows that the Claimant was paid wages of: (1) \$2,728.36 for the period ending June 30, 2015;

(2) \$2,373.67 for the period ending March 31, 2015; and (3) \$2,728.26 for the period ending December 31, 2014. These amount total \$7,830.19 earned during the three (3) quarters prior to the quarter in which the injury occurred. Form 20. This amount was then divided by Thirty-Nine (39) weeks, resulting in an AWW and CR of \$200.77 and \$133.85, respectively. Form 20.

Claimant did not work during a fourth quarter prior to the quarter in which the injury occurred.

S.C. Code Ann. § 42-1-40 reads as follows:

"Average weekly wages" means the earnings of the injured employee in the employment in which he was working at the time of the injury during the period of fifty-two weeks immediately preceding the date of the injury "Average weekly wage" must be calculated by taking the total wages paid for the last four quarters immediately preceding the quarter in which the injury occurred as reported on the Department of Employment and Workforce's Employer Contribution Reports divided by fifty-two or by the actual number of weeks for which wages were paid, whichever is less. When the employment, prior to the injury, extended over a period of less than fifty-two weeks, the method of dividing the earnings during that period by the number of weeks and parts thereof during which the employee earned wages shall be followed, as long as results fair and just to both parties will be obtained.

...

When for exceptional reasons the foregoing would be unfair, either to the employer or employee, such other method of computing average weekly wages may be resorted to as will most nearly approximate the amount which the injured employee would be earning were it not for the injury.

In her Brief, Claimant cites the 1950 case of Breeland v. Colleton County, et al., 216 S.C. 147, 57 S.E.2d 63 (1950), as "binding precedent". Appellant's Brief, p. 9. However, in her argument, Claimant fails to note that Defendants herein and the Single Commissioner calculated the AWW and CR in the identical manner (using 39 as the divisor) the Court in Breeland.

In Breeland, Claimant was paid on a monthly basis for nine (9) months. The Industrial Commission calculated Claimant's AWW and CR using thirty-six (36) weeks as the divisor, purportedly because Claimant wouldn't work during Christmas and holidays (though this reasoning was not elucidated in the Commission's Orders). The Supreme Court overruled this calculation, as the Commission failed to show exceptional reasons for excluding those three (3)

weeks. Breeland v. Colleton County, et al., 216 S.C. 147, 57 S.E.2d 63 (1950). Supreme Court divided the wages earned by 39 weeks, as did Defendants herein.

~~The Single Commissioner found that Claimant worked fewer than fifty-two (52) weeks~~
prior to the August 19, 2015, work injury. Order, p. 17. In his Order, the total wages earned (\$7,830.19) were divided by the number of weeks those wages were earned (39). Accordingly, the Single Commissioner's Order should be affirmed.

Additionally, Defendants argue that Claimant's contentions that her AWW and CR should be based on her total annual salary divided by the number of work days in her contract creates a preposterous result. To wit, Claimant demands an AWW of \$318.30, based on her annual salary divided by thirty (30) weeks. Claimant arrive at the thirty (30) week divisor, apparently, because the Claimant came to work with Employer during the prior school year, and her contract for that year required only 150 work days. Claimant then divides 150 days by five (5) (rather than seven (7) days, or a week). The Court in Breeland specifically wrote that this very mechanism of calculation of AWW is error: "Saturdays and Sundays could as well have been deducted from the work period as the Christmas vacation, and the average wage thereby artificially increased." Breeland v. Colleton County, et al., 216 S.C. 147, 150, 57 S.E.2d 63, 64 (1950) (emphasis added).

It is important to note that, if used, Claimant's calculations would approximate an annual salary of \$16,551.60. This is nearly thirty percent (30%) higher than her salary at the time of the accident. Manifestly, such a calculation would not be fair to all parties, as the Code requires.

Because an average daily wage is not appropriate under any circumstances and would not be fair or just to any Employer (not just school districts), because the Single Commissioner calculated the AWW and CR based on the number of weeks wages were earned, and because the Claimant's calculations do not approximate the wages that would have been earned but for the injury, and for the reasons as set for the above, the Order of the Single Commissioner is hereby

affirmed.

FINDINGS OF FACT

~~Based upon the documentary evidence submitted by the respective parties, pursuant to the~~
Administrative Procedures Act, and the Commission's file relative to this claim, WE, THE
APPELLATE PANEL, FIND THE FOLLOWING AS FACT:

1. Based upon the stipulation of the parties, we find that on August 19, 2015 the Claimant Donna Dozier was an employee of the Defendant Employer, Georgetown County School District.
2. Based upon the stipulation of the parties, we find that on August 19, 2015 the Claimant and the Defendant Georgetown County School District were subject to the provisions of the South Carolina Workers' Compensation Act.
3. Based upon the stipulation of the parties, we find that on August 19, 2015 the Claimant Donna Dozier suffered a compensable work-related accidental injury to her right knee arising out of and within the course and scope of her employment with the Defendant Employer Georgetown County School District.
4. Based upon the evidence in the record, we find that timely notice of the Claimant's work-related injury was given to the Defendant Employer Georgetown County School District.
5. Based upon the evidence in the record, we find that the Defendant Employer and Defendant Carrier have provided medical care and treatment for the work-related accidental injury to the Claimant's right knee, including arthroscopic surgery to the Claimant's right knee for repair of a tear of the medial meniscus.
6. Based upon the evidence in the record, we find that the Claimant has asserted that both of her knees were injured when she fell on August 19, 2015. We further find that the initial injury to the Claimant's right knee appeared to be significantly greater than the injury to the Claimant's left knee and that the Claimant received medical treatment provided by the Defendant

Employer and the Defendant Carrier only for her right knee injury while the condition of the Claimant's left knee injury worsened over time.

~~7. Based upon the pleading of the Claimant, we find that the Claimant has also~~
asserted that she has suffered an injury to her left lower back arising out of her fall on August 19, 2015.

8. Based upon the testimony of the Claimant, we find that the Claimant has also asserted that she suffers pain in her left hip arising out of her fall on August 19, 2015.

9. Based upon the pleading of the Defendant Employer and the Defendant Carrier and the arguments offered by their legal counsel at the hearing, we find that the Defendant Employer and the Defendant Carrier only admit that the Claimant suffered a compensable work-related accidental injury to her right knee arising out of her fall on August 19, 2015. We further find that the Defendant Employer and the Defendant Carrier contend that the Claimant reached maximum medical improvement with respect to her right knee injury on October 31, 2016, that the Claimant's authorized treating physician, Dr. Todd M. Tupis, has assigned a 2% permanent medical impairment as a result of the injury to the Claimant's right leg, and that this case is ripe for a determination of permanency.

10. Based upon our review of the entire transcript of the deposition testimony of Dr. Todd M. Tupis, which was taken on March 15, 2017, we find that Dr. Tupis was questioned extensively about injury to the Claimant's left knee. We further find that Dr. Tupis has determined that the Claimant has suffered a meniscus tear in her left knee. We further find that Dr. Tupis has expressed his medical opinion, which he holds to a reasonable degree of medical certainty, that the meniscus tear in the Claimant's left knee was caused by Claimant's overcompensating alteration of her gait which transferred her weight to her left leg to relieve pressure on her surgically repaired right knee.

11. Based upon the evidence in the record, we find that while Dr. Tupis was not the Claimant's original authorized treating physician, he is steadfastly consistent in his opinion concerning the cause of the meniscus tear in the Claimant's left knee and capably defended his opinion concerning the cause of the meniscus tear in the Claimant's left knee against challenges that his opinion was based upon subjective complaints of the Claimant rather than objective evidence by pointing out that the Claimant's subjective complaints were consistent with the objective evidence in the medical record.

12. Based upon the evidence in the record, we find that Dr. Tupis' testimony is unwavering and convincing concerning the cause of the meniscus tear in the Claimant's left knee.

13. Based upon my review of all of the medical and lay evidence in the record, we are persuaded and we hereby find that the meniscus tear in the Claimant's left knee and the Claimant's symptoms and complaints of injury to her left knee are causally related to her work-related accident on August 19, 2015.

14. Based upon the evidence in the record, we find that the Claimant has not reached maximum medical improvement.

15. Based upon the evidence in the record, we find that the Claimant is entitled to receive and the Defendant Employer and the Defendant Carrier are obligated to provide all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury until such time as Claimant reaches maximum medical improvement.

16. Based upon the evidence in the record, we find that the Claimant should continue to receive causally related medical care and treatment from Dr. Tupis, who shall continue to serve as the Claimant's authorized treating physician. We further find that the Claimant is entitled to receive any and all reasonable and customary causally related medical care and treatment as Dr.

Tupis shall provide or direct until such time as Claimant reaches maximum medical improvement, including surgery to repair the meniscus tear in Claimant's left knee.

~~17. Although Claimant alleges an injury to the back, there is insufficient evidence in~~
the record to support a finding of a causally related injury to the back. Although the Claimant alleges an injury to the hip, there is even less evidence to support a finding of a causally related injury to the hip. Further, Claimant failed to plead the hip as an affected/injured body part; therefore, the alleged hip injury is not properly before us.

18. The Hearing Commissioner observed the Claimant's demeanor on the witness stand during her testimony. The Claimant never shifted, grimaced, or provided any other indication that she was in pain as she sat during the hearing.

19. The Claimant did not ask to stand during the hearing until counsel for the Defendant Employer and the Defendant Carrier brought it to her attention that she had not asked to stand. That exchange and Claimant's request to stand occurred at 3:46 P.M., an hour and eight minutes after the hearing began at 2:38 P.M.

20. The Claimant's lay testimony concerning her alleged back injury was that she feels like if she "gets her knees straight" her back will improve.

21. Based upon the medical evidence and the lay testimony in the record, and based upon the Hearing Commissioner's observation of the demeanor of the Claimant during her testimony, we find that there is insufficient evidence to support a finding that the Claimant suffered a compensable injury to her back or to her left hip. Accordingly, we further find that the Claimant has failed to carry, by a preponderance of the evidence, her burden of proof as to the compensability of the alleged injury to her back and her left hip.

22. Based upon the evidence in the record, we find that the Claimant worked less than fifty-two (52) weeks as a food service employee for the Defendant Employer prior to her injury on

August 19, 2015. We further find and conclude that S.C. Code Ann. § 42-1-40, which governs the calculation of an employee's average weekly wage, requires that when an employee has worked less than fifty-two (52) weeks prior to injury the computation of average weekly wage must be fair

and just to all parties. We further find, upon consideration of all evidence concerning the Claimant's average weekly wage, that the calculation of the Claimant's average weekly wage by the Defendant Employer and the Defendant Carrier which calculated the Claimant's average weekly wage at \$200.77 as reflected on the Form 20 filed by the Defendant Carrier most correctly reflects the directives of the Act concerning calculation of average weekly wage. Accordingly, based upon the evidence in the record, we further find that the Claimant's compensation rate is \$133.85 as reflected on the Form 20 filed by the Defendant Carrier.

23. We further find that all other issues should be held in abeyance at this time.

CONCLUSIONS OF LAW

In view of those Findings of Fact, and as provided in the South Carolina Code of Laws, WE, THE APPELLATE PANEL, CONCLUDE THE FOLLOWING AS MATTERS OF LAW:

1. Pursuant to S.C. Code Ann. § 42-1-130, the Claimant, Donna Dozier, was a covered employee of the Defendant Employer Georgetown County School District at the time of her work-related injury on August 19, 2015.
2. Pursuant to S.C. Code Ann. § 42-1-140, the Defendant Employer Georgetown County School District was the Claimant's employer at the time of the Claimant's work-related injury on August 19, 2015.
3. Pursuant to S.C. Code Ann. § 42-1-160, the Claimant sustained compensable injuries to her right knee and her left knee by accident arising out of and within the course and scope of her employment with the Defendant Employer Georgetown County School District on August 19, 2015.

4. S.C. Code Ann. § 42-1-40 which governs the calculation of an employee's average weekly wage provides that when the employment, prior to injury, extended over a period of less than ~~fifty two weeks the method of dividing the earnings during that period by the number of weeks and~~ parts thereof during which the employee earned wages shall be followed, as long as results fair and just to both parties will be obtained.

5. Pursuant to S.C. Code Ann. § 42-9-10, the Claimant is entitled to compensation for her period of temporary total disability which shall continue until the Claimant reaches maximum medical improvement at a compensation rate of \$133.85 per week.

6. Pursuant to SC Code Ann. § 42-15-60 the Defendant Employer and the Defendant Carrier are responsible for payment of the cost of all additional medical care and treatment that Todd M. Tupis, M.D., determines to be reasonable and customary for the treatment of the Claimant's left knee injuries that are causally related to the accident of August 19, 2015.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,
IT IS, THEREFORE, ORDERED that the Claimant Donna Dozier has not yet reached maximum medical improvement.

IT IS FURTHER ORDERED that the request of the Defendant Employer and the Defendant Carrier to stop payment of temporary total disability compensation to the Claimant Donna Dozier is hereby denied.

IT IS FURTHER ORDERED that the request of the Defendant Employer and the Defendant Carrier for a credit for overpayment of temporary total compensation benefits paid to the Claimant Donna Dozier since October 31, 2016 is hereby denied.

IT IS FURTHER ORDERED that the Claimant Donna Dozier shall receive any and all reasonable and customary causally related medical care and treatment for her left knee injury as

Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

~~IT IS FURTHER ORDERED that the Defendant Employer and the Defendant Carrier shall~~
pay for any and all reasonable and customary causally related medical care and treatment for the Claimant's left knee injury as Dr. Tupis shall provide or direct, including surgery to repair the meniscus tear in Claimant's left knee, until such time as Claimant achieves maximum medical improvement.

IT IS FURTHER ORDERED that the Defendant Employer and the Defendant Carrier shall pay temporary total disability compensation to the Claimant Donna Dozier at the compensation rate of \$133.85 per week until the Claimant reaches maximum medical improvement or by further Order of this Commission or by agreement of the Parties.

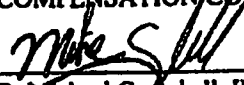
IT IS FURTHER ORDERED that Claimant's alleged back and left hip injuries are hereby denied.

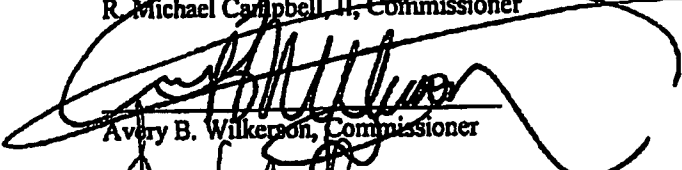
IT IS FURTHER ORDERED that all other issues are held in abeyance at this time.

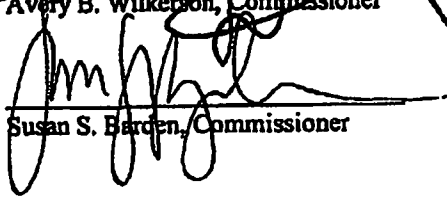
AND IT IS SO ORDERED!

FULL AFFIRMATION

**SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION**


R. Michael Campbell, II, Commissioner


Avery B. Wilkerson, Commissioner


Susan S. Barden, Commissioner

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Eugenia on January 12, 2018

(CASH ONLY IF ALL CHECKLOCK SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING)



Neil D. Wright, P.C.
1504-B Argyle Court
Myrtle Beach, SC 29577-5723
(843) 449-0781

THE CONWAY NATIONAL BANK
1353 21st Avenue North
Myrtle Beach, SC 29577
67-231/532

1542

2/9/2018

PAY TO THE ORDER OF South Carolina Court of Appeals

\$ **100.00

One Hundred and 00/100..... DOLLARS

MEMO Dozier v. Georgetown School District WC 1512151

Neil D. Wright

Neil D. Wright, P.C.

South Carolina Court of Appeals
Client Advances

Dozier, Donna Nesbit 04037 001-Appeal Fee

2/9/2018

1542
100.00

CNB - Operating Dozier v. Georgetown School District WC 15121 100.00

Neil D. Wright, P.C.

South Carolina Court of Appeals
Client Advances

Dozier, Donna Nesbit 04037 001-Appeal Fee

2/9/2018

1542
100.00

CNB - Operating Dozier v. Georgetown School District WC 15121 100.00



ENDORSE HERE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

PROTECT YOUR BUSINESS!

By using Intuit® *CheckLock*™ secure checks
you are reducing your risk of fraud.

To learn about more ways to protect your
business call our fraud protection experts at
1-800-548-0289 or visit:
www.intuitmarket.com/fraudcenter

REPLICATING, FORGING OR ALTERING THIS CHECK IS EXTREMELY DIFFICULT DUE TO *CheckLock*™ SECURITY FEATURES

- Patented Security Weave® pattern on the back is designed to deter check fraud (U.S. Patent No. 5,510,109)
- Microprint lines and security border are resistant to copying
- The word "VOID" will appear below this message if check is copied
- Check paper will turn brown or produce spots if chemicals are used
- Fraud sensitive ink on back will turn pink or disappear if check is washed

DO NOT CASH IF:

- Any of the features listed are missing or appear altered
- Small type microprint lines appear as broken or as solid lines
- "VOID" appears clearly to the right of this message
- Stains or colored spots appear on front or back
- Ink on the back looks pink or has disappeared

Intuit logo visible on front and back alerts that check has security features
© 2004 Intuit. All rights reserved. Intuit is a registered trademark of Intuit Software Corporation.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Appellate Case No. 2018-000216

Donna Dozier, Claimant, Appellant

v.

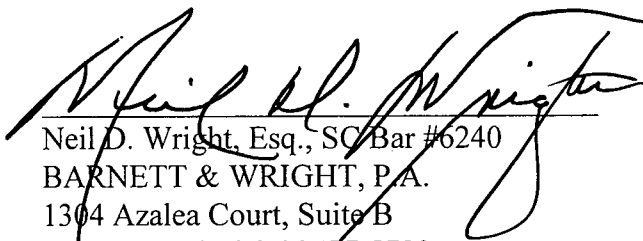
Georgetown County School District, Employer
And
SC School Boards Insurance Trust, Carrier, Respondents

RECEIVED
SEP 07 2018
SC Court of Appeals

CERTIFICATE OF COUNSEL

I certify that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

August 16, 2018


Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKER'S COMPENSATION COMMISSION

W.C.C. File No. 1512151

Appellate Case No. 2018-000216

Donna Dozier, Claimant, Appellant

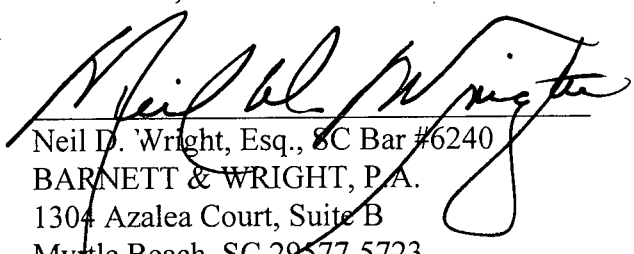
v.

Georgetown County School District, Employer
And
SC School Boards Insurance Trust, Carrier, Respondents

PROOF OF SERVICE

I certify that I have served the proposed Record on Appeal upon the Respondents Georgetown County School District and SC School Boards Insurance Trust by depositing a copy of same with Federal Express overnight delivery service on August 16, 2018, addressed to the Respondents' counsel of record, Timothy B. Killen, Esq., at Holder Padgett Littlejohn + Prickett, LLC, 349 West Coleman Boulevard, Suite 300, Mount Pleasant, SC 29464

August 16, 2018



Neil D. Wright, Esq., SC Bar #6240
BARNETT & WRIGHT, P.A.
1304 Azalea Court, Suite B
Myrtle Beach, SC 29577-5723
Office: (843) 449-0781 Ext. #3
Fax: (843) 449-1583
nwright@barnettandwright.com
Attorney for Appellant

cc: Timothy B. Killen, Esq.

RECEIVED
SEP 07 2018
SC Court of Appeals