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**Jan 19 2022**

**SC Court of Appeals**

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

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APPEAL FROM SOUTH CAROLINA  
WORKERS' COMPENSATION COMMISSION

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Case No. 2021-000585

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Ana Rodriguez Galvan, Respondent,

v.

Griffin Stafford North Charleston, Employer; Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America, Hartford Accident & Indemnity Co., and Employers Preferred Insurance Company, Carriers, Defendants,

of whom Griffin Stafford North Charleston, Employer, and Employers Preferred Insurance Company, Carrier, are the Appellants,

and Accident Fund General Insurance Company c/o Accident Fund Insurance Company of America and Hartford Accident & Indemnity Co are Respondents.

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**APPENDIX TO RECORD ON APPEAL**

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Kathryn Fiehrer Walton, Esquire  
Wood Law Group, LLC  
P.O. Box 20550  
Charleston, SC 29413  
(843) 577-5732  
Attorney for Appellants

Regan A. Cobb, Esquire  
Holder Padgett Littlejohn + Prickett, LLC  
945 Houston Northcutt Blvd.  
Mt. Pleasant, SC 29464  
(843) 277-0944  
Attorney for Respondent Griffin Stafford  
North Charleston and Accident Fund General  
Insurance Company c/o Accident Fund Ins.  
Co. of America

Lynnley D. Ross Esquire  
Andrew Thomas Smith, Esquire  
Willson Jones Carter & Baxley, P.A.  
4922 O'Hear Avenue, Suite 301  
North Charleston, SC 29405  
(843) 284-1080  
Attorneys for Respondent Griffin Stafford  
North Charleston and Hartford Accident  
& Indemnity Co.

Michael J. Jordan, Jr., Esquire  
Steinberg Law Firm, LLP  
P.O. Box 1028  
Goose Creek, SC 29445  
(843) 572- 0700  
Attorney for Employee Respondent

Frederick Elliot Quinn, IV, Esquire  
Steinberg Law Firm, LLP  
103 Grandview Dr., Suite A  
Summerville, SC 29483  
(843) 871-6522  
Attorney for Employee Respondent

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DAVID T. PEARLMAN  
J. KEVIN HOLMES  
THOMAS M. WHITE  
MALCOLM M. CROSLAND, JR.  
STEVEN E. GOLDBERG  
MICHAEL J. JORDAN  
BENJAMIN W. AKERY



**STEINBERG**  
LAW FIRM | LLP

CATHERINE D. MEEHAN  
KELLY M. ALFREDS  
CHARLES S. GOLDBERG, LLC,  
OF COUNSEL  
HUGO M. SPITZ (RETIRED)  
IRVING STEINBERG (1902-1980)

118 Goose Creek Blvd, South | P.O. Box 1028 | Goose Creek | SC | 29415 | (843) 572-0700 | (843) 572-1871 fax | [steinberglawfirm.com](http://steinberglawfirm.com)

March 6, 2018

The Honorable Amy Bracy  
Judicial Director  
S.C. Workers' Compensation Commission  
P.O. Box 1715  
Columbia, SC 29202-1715

Re: Claimant: Ana Rodriguez Galvan  
Employer: Griffin Stafford N. Charleston  
WCC No.: 1515209 (DOI: October 9, 2015)

Dear Ms. Bracy:

Enclosed please find an original and one (1) copy of a WCC Form No. 50 (Claimant's Request for Hearing), together with a Certificate of Mailing. I am requesting a Hearing convenient to the Commission's schedule. Also enclosed is our check for \$25.00 for the filing fee.

By copy of this letter to Kathryn Fiehrer Walton, Esquire, I am serving upon the Defendants a copy of the Form No. 50, as reflected on the attached Certificate of Mailing.

With kindest regards, I am

Sincerely,

Michael J. Jordan  
Email: [mjordan@steinberglawfirm.com](mailto:mjordan@steinberglawfirm.com)  
Direct Fax: (843) 735-6321

MJJ/ld  
Enclosures

cc: Ana Rodriguez Galvan  
Kathryn Fiehrer Walton, Esquire

DOWNTOWN | 61 Broad Street | P.O. Box 9 | Charleston | SC | 29402-0009 | 843.720.2800 | 843.722.1190 fax  
SUMMERVILLE | 103 Grandview Drive | Suite A | P.O. Box 2670 | Summerville | SC | 29484 | 843.871.6522 | 843.871.8565 fax

South Carolina Workers' Compensation Commission  
Street, Suite 500 • Post Office Box 1715  
Columbia, South Carolina 29202-1715  
803-751-5723  
wcc.sc.gov



WCC File #: 1515209  
File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: Ana Rodriguez Galvan SSN: [REDACTED] Employer's Name: Griffin Stafford N. Charleston  
Address: 2357 Dunlap Street Address: 124 Floyd Smith Drive  
Lot # 36  
City: N. Charleston State: SC Zip: 29406 City: Charlotte State: NC Zip: 28262  
Home Phone: (843) 751-0064 Work Phone: \_\_\_\_\_ Insurance Carrier: Employers Preferred Insurance Company  
Preparer's Name: Michael J. Jordan Law Firm: The Steinberg Law Firm Preparer's Phone #: (843) 572-0700

**Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.**

- A claim for workers' compensation benefits is made based on the following grounds:** Date of Injury or Illness: October 9, 2015
- Injury  Illness  Repetitive Trauma  Occupational Disease  Physical Brain Injury  Concurrent Jurisdiction
- The claimant sustained an injury to right shoulder, right arm, neck (Part(s) of Body Injured) on October 9, 2015 (Month/Day/Year) in Charleston County, State of South Carolina.  
Body part(s) affected are: right shoulder, right arm, neck
  - Briefly describe how the accident occurred. Claimant slipped and fell while cleaning a bathroom.
  - Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
  - The relationship of employer and employee existed at the time of injury.
  - At the time of the injury the claimant was performing services arising out of and in the course of employment.
  - Notice of the accidental injury was given to the Employer on October 9, 2015 (Month/Day/Year) in the following manner: Employer was aware of the injury
  - Due to injury, the claimant is in need of (check one):  
 (a) medical examination and treatment for: \_\_\_\_\_  
 (b) additional medical examination and treatment for: Injuries listed above.
  - Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: To be determined.
  - 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.
  - Due to the injury, the Claimant has a serious bodily disfigurement consisting of: None known at this time.
  - 10a. At the time of the injury, the Claimant was paid weekly wages of \$Form 20 requested, 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: The Employer herein; and/or to be determined
  11. Further grounds or unusual aspects of claim: To provide all benefits under the Act.
  - 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:  
Self
  - 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: 45 minutes
  - 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](mailto:mediation@wcc.sc.gov).

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: [Signature] Attorney for Claimant: mjordan@steinberglawfirm.com Date: March 6, 2018  
Title: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.

WCC Form # 50  
Revised 7/13

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Employee's Notice of Claim and/  
Request for Hearing

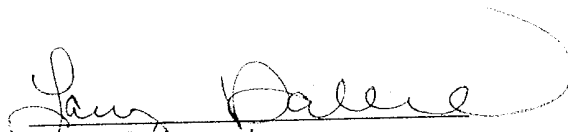
CERTIFICATE OF SERVICE

I hereby certify that on March 7, 2018, I served the Defendant in the foregoing matter with a copy of the attached WCC Form No. 50 (Employee's Request for Hearing) by mailing a copy of same via certified mail, postage pre-paid and addressed as follows:

S.C. Workers' Compensation Commission  
P.O. Box 1715  
Columbia, SC 29202

Kathryn Fiehrer Walton, Esquire  
Wood Law Group LLC  
PO Box 20550  
Charleston, SC 29413

By:

  
Lacey Daleşandro

**CLIENT: GALVAN, ANA RODRIGUEZ**  
**DATE OF SERVICE: 04/14/2017**  
**PAGE 5**

**CLIENT #: 58538**

Based upon figure 16-40, 16-43, and 16-46, the patient will have impairment of the upper extremity based upon range of motion loss. A 6% impairment of the upper extremity is based upon her range of motion loss in flexion, 5% based upon her range of motion loss in abduction, 1% of the upper extremity based upon range of motion loss in external rotation, and 0% based upon mild internal rotation restriction.

Additionally, based upon table 16-35, the patient has a ratable impairment of 6% of the upper extremity based upon her strength loss in forward flexion and additional 3% based upon strength loss in abduction totaling 9% upper extremity impairment based upon strength loss.

Utilizing combined values table, this is a 20% impairment of her upper extremity. Utilizing a 60% modifier for the shoulder, this is a 33% impairment to her shoulder.

As noted above, I do not believe that surgical intervention, particularly arthroscopic debridement or capsulotomy, would necessarily afford predictable improvement. However, future medical treatment could be considered to include non-provocative progressive range of motion of her shoulder particularly in forward flexion and abduction with external rotation.

As noted by Dr. McCoy, occasional injection of her shoulder may offer some palliative benefit.

With respect to permanent restrictions, the patient should at this point avoid any type of activity, which would require horizontal or overhead lifting, particularly in weights with excess of 5 pounds. If further restrictions are required, functional capacity evaluation could be considered.

All of my opinions are expressed most probable and to a reasonable degree of medical certainty.

If there are any further questions, please do not hesitate to contact me.

Sincerely yours,



Bright McConnell, III, M.D.  
BMcC:ATL 001

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**GALVAN RODRIGUEZ, ANA (Id #187536, dob: [REDACTED] 1982)**

**Encounters and Procedures**

Clinical Encounter Summaries

**Encounter Date: 02/15/2019**

Patient

**Name** GALVAN RODRIGUEZ, ANA (36yo, F) **Appt. Date/Time** 02/15/2019 02:45PM  
 ID# 187536

**DOB** [REDACTED] 1982 **Service Dept.** SC Sports Medicine & Orthopaedic Center

**Provider** GEORGE PAPPAS, MD

**Insurance** Med Primary: \*SELF PAY\*  
 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information details

**Chief Complaint**

None recorded.

**Patient's Pharmacies**

**CVS 16950 IN TARGET (ERX): 7250 RIVERS AVE, N CHARLESTON SC 29406, Ph (843) 572-8918, Fax (843) 405-5212**

**Vitals**

02/15/2019 03:12 pm

**Ht:** 5 ft 3 in

**Wt:** 152 lbs

**BMI:** 26.9

**Allergies**

Reviewed Allergies  
NKDA

**Medications**

No medications reported

**Problems**

Reviewed Problems  
• Shoulder pain - Onset: 02/15/2019, Right  
• Hand pain - Onset: 02/03/2017, Right

**Family History**

Reviewed Family History  
Father - No current problems or disability  
Mother - No current problems or disability

**Social History**

Reviewed Social History  
**Ortho**  
Smoking Status: Never smoker  
Non-smoker  
Occupation: house keeping supervisor  
Marital status: Married  
Alcohol intake: None  
Hand Dominance: Right  
5154#

**Surgical History**

Reviewed Surgical History  
Rt. shoulder surgery

**GYN History**

GYN History not reviewed (last reviewed 02/03/2017)

**Obstetric History**

Obstetric History not reviewed (last reviewed 02/03/2017)

**Past Medical History**

Reviewed Past Medical History

**Screening**

None recorded.

GALVAN RODRIGUEZ, ANA (id #187536, dob: [REDACTED] 1982)

## ROS

**Constitutional:** Constitutional: no significant weight gain or loss and no fever, night sweats, or exercise intolerance.

**Eyes:** Eyes: no irritation, dry eyes, or vision change.

**ENMT:** Ears: no difficulty hearing or ear pain. Nose: no frequent nosebleeds or nose/sinus problems. Mouth/Throat: no snoring, sore throat, bleeding gums, dry mouth, mouth ulcers, oral abnormalities, or teeth problems.

**Cardiovascular:** Cardiovascular: no shortness of breath when walking or breath when lying down and no palpitations, chest pain, arm pain on exertion, or known heart murmur.

**Respiratory:** Respiratory: no cough, wheezing, shortness of breath, or coughing up blood.

**Gastrointestinal:** Gastrointestinal: no vomiting, diarrhea, or abdominal pain and normal appetite and not vomiting blood.

**Genitourinary:** Genitourinary: no incontinence, hematuria, difficulty urinating, or increased frequency.

**Musculoskeletal:** Musculoskeletal: no muscle aches or weakness, no back pain or swelling in the extremities, and **arthralgias/joint pain; hand pain.**

**Integumentary:** Skin: no jaundice, rashes, or abnormal mole.

**Neurologic:** Neurologic: no weakness, numbness, seizures, dizziness, headaches, or loss of consciousness.

**Psychiatric:** Psych: no depression, sleep disturbances, or alcohol abuse and feeling safe in relationship.

**Endocrine:** Endocrine: no fatigue.

**Hematologic/Lymphatic:** Hematologic/Lymphatic no bruising or swollen glands.

**Allergic/Immunologic:** Allergy/Immunologic: no itching, hives, runny nose, sinus pressure, or frequent sneezing.

## Assessment / Plan

CHIEF COMPLAINT: Right shoulder pain

DOI: October 4, 2015

PROCEDURE: Right shoulder diagnostic arthroscopy and mini-open rotator cuff repair (Dr. James McCoy)

DOS: February 24, 2016

**HISTORY:** Pleasant and healthy 36-year-old right-hand dominant non-smoker who works as a hotel housekeeper for Suburban Extended Stay Hotel. Patient reports injuring her right shoulder in a work-related slip and fall that occurred on October 4, 2015. She slipped on a wet floor while cleaning the bathroom and attempted to break her fall by grabbing the handle with her right upper extremity. She immediately noticed right anterolateral shoulder pain that was significantly worse on the following day. She could not lift her arm. On the following day she presented to Health First where x-rays were negative for fracture and she was placed in a sling. She also followed up with Concentra. Patient was referred to Dr. James McCoy at Lowcountry Orthopaedics. An MRI was ordered on November 2, 2015 and revealed a full-thickness rotator cuff tear. Patient underwent a right shoulder rotator cuff repair by Dr. McCoy on February 24, 2016. Postoperatively the patient underwent physical therapy at Therapy Centers of Carolina on Rivers Avenue. She attended physical therapy for 3-4 months until June 13, 2016. The physical therapy notes indicate that the patient had continued pain that was consistent with her objective findings. The patient reports that due to continued complaints of pain and weakness, Dr. McCoy ordered a repeat postoperative MRI of the right shoulder that was performed at Tricounty Radiology on December 12, 2017. The patient also complained of neck pain and numbness and tingling within her right hand and was seen by Dr. Santiago who performed an EMG and nerve conduction study that did not reveal any obvious neuropathy. Patient was also evaluated by Dr. Robert Richardson at Southeastern Spine Institute who reported that an MRI of the cervical spine was a normal appearing study with mild disc bulging but without compression. Dr. Richardson was also concerned that the patient might have a frozen shoulder. He also opined that her neck pain was secondary to overuse as a compensation for her right shoulder and therefore causally related. He also felt that she had not reached maximum medical improvement. The patient has not had any physical therapy now since June 2016. She continues to have significant lateral shoulder pain that radiates distally as well as into her trapezius. Patient has significant difficulty sleeping due to shoulder pain and currently cannot raise her arm overhead. She still working with limitations in a more supervisory role at Suburban Extended Stay Hotel.

**PHYSICAL EXAM:** Patient is alert and oriented and in no acute distress. Inspection of the skin reveals normal turgor. Head is atraumatic and normocephalic. Trachea is midline. Normal neck range of motion. No midline cervical tenderness. Negative Spurling. Bilateral upper extremities are warm and well-perfused. 2+ radial pulse bilaterally. Sensation intact to light touch in the median, radial, and ulnar distributions. Strength 5/5 for EPL, FDP, FDI. Evaluation of the left shoulder reveals full forward flexion, ER 90/95°, IR 45°. Evaluation of the right shoulder reveals active forward flexion 90° and passive forward flexion 150° with pain. ER 85/85°. IR 30°. 4+/5

**GALVAN RODRIGUEZ, ANA (id #187536, dob: [REDACTED] 1982)**

infraspinatus. 3+/5 supraspinatus with pain. Negative belly press. Strongly positive subacromial impingement maneuvers. Mild AC joint tenderness. Mild bicipital groove tenderness. Positive Yergason's. Speed and O'Brien referable laterally.

**RADIOGRAPHS (SCSM 12/15/2019):** 7 views of the right shoulder (AP, internally and externally rotated AP, AC, scapular Y, axillary) reveal no evidence for fracture or dislocation. Glenohumeral space is preserved. Humeral head is centered wrt glenoid. Mildly degenerative AC joint with distal clavicle hypertrophy. Type 2-3 acromion with 4 mm anterior spur. Single metal suture anchor is noted within the greater tuberosity and appears to be slightly prominent by 2-4 mm.

**MRI RIGHT SHOULDER (Lowcountry Ortho 11/2/2015):** Per report, full-thickness minimally retracted tear involving supraspinatus tendon with minimal partial-thickness infraspinatus and subscapularis tendon tears. No atrophy of the muscles. Unremarkable glenohumeral joint. Minimal degeneration of AC joint. Curved type 2 acromion.

**MRI RIGHT SHOULDER (Tricounty 12/12/2017):** Evidence for rotator cuff repair of the supraspinatus with single metal anchor. Rotator cuff appears to be grossly intact without large full-thickness tear, however the study is limited by metal susceptibility artifact. Intact long head biceps tendon. Mild AC joint OA.

**IMPRESSION AND PLAN:** Pleasant and healthy 36-year-old right-hand dominant non-smoker whose history, physical exam and imaging are consistent with right shoulder subacromial impingement and bursitis in the setting of possible failed rotator cuff repair. The patient continues to have significant pain and weakness as well as limitations in her range of motion. She does not appear to have adhesive capsulitis on today's examination as she has excellent external rotation range of motion and her forward flexion appears to be limited by pain and weakness. The patient has clearly not achieved maximum medical improvement (MMI). At this point I would recommend a plain film XR arthrogram followed immediately by CT arthrogram of the right shoulder (to be done at same time after single injection of contrast) to determine whether she has a residual rotator cuff tear as her MRI is limited by metal susceptibility artifact. If the XR and CT arthrogram confirms rotator cuff tearing, I would recommend revision rotator cuff repair surgery. If the arthrogram studies are still equivocal, her pain may be due to inflammation from residual subacromial impingement, which may be aggravated by prominence of the metal anchor. Regardless, I believe the appropriate next step would be diagnostic arthroscopy with possible intra-articular surgery, subacromial decompression, bursectomy followed by rotator cuff debridement vs repair, and possible removal of metal screw.

The opinions expressed above are to a reasonable degree of medical certainty, more likely than not.

**1. Shoulder pain**

M25.511: Pain in right shoulder

- XR, SHOULDER - Note to Imaging Facility: R shoulder.

**Return to Office**

None recorded.

**Encounter Sign-Off**

Encounter signed-off by George Pappas, MD, 02/20/2019.

Encounter performed and documented by George Pappas, MD

Encounter reviewed & signed by George Pappas, MD on 02/20/2019 at 11:46am

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**MOD INCIDENT REPORT**

Name of person filing report: Ana Erika Rodriguez Galvan

Address--  Home or  Business (check one):

19910 Hawthorne Dr. Lot 219

Street

North Charleston

SC

29406

City

State

Zip Code

Telephone: Home (843) 343-1229 Business ( ) \_\_\_\_\_

Date of incident: Friday Oct, 9, 15 Time of incident: 1:15pm

Date incident reported: Friday Oct 9 Time incident reported: 1:25pm

2015

Person filing report --  Guest or  Non-guest or  Hotel employee (check one):

If guest: Check-in date: \_\_\_\_\_ Time: \_\_\_\_\_ Room #: \_\_\_\_\_

If non-guest: Purpose of hotel visit: \_\_\_\_\_

Thorough description (include: incident, nature of injury, material damages, outcome, etc.):

After mopping the bathroom floor, as I was walking out, I slipped. I tried to get ahold of the bathroom door handle but since the hotel door handles are not steady this caused me to fall to the ground while holding the end of the handle. I twisted my right arm and fell on my right side. I had a lot of trouble ~~walking~~ getting up and walking afterwards. I couldn't longer move my ~~right~~ right arm to clean and do the rest of my working duties.

Location of incident: Suburban ~~Hotel~~ Extended Stay Hotel

7582 Stafford Road N. Charleston SC 29406

MOD Incident Report, Page 2

Was a vehicle(s) involved?  No  Yes -Make & Model:

Year: \_\_\_\_\_ Where was vehicle parked: \_\_\_\_\_

Medical treatment required?  No  Yes - Medical Facility: \_\_\_\_\_

Did emergency officials respond?  No  Yes

Is this incident being investigated by authorities?  No  Yes

Official's name/ affiliation: \_\_\_\_\_ Case #: \_\_\_\_\_

Did anyone involved in this incident threaten a lawsuit?  No  Yes -Provide details: \_\_\_\_\_

Witness (es): coworkers - Fabiola Santiago + Marisol

Current status of situation / outcome of the incident:

*I can't work due to my <sup>shoulder</sup> arm. I have <sup>hip and</sup> back pains. ~~and~~ I had to get X rays done. where it was said by the doctor that I ~~need to go again~~ need to go again because there is something <sup>unnormal</sup> seen on the X ray. (shoulder). currently wearing an arm sling. possibility of fractured bone (shoulder).*

Note: if you require immediate assistance from Choice Hotels International, call the licensee communications hotline 1-301-592-6152 or 1-800-998-9572.

MOD Signature: *[Signature]* Date/ time: 10/12/15

Submit completed report to the general manager

**MOD INCIDENT REPORT**

Name of person filing report: Ava Erika Rodriguez Galvan

Address—  Home or  Business (check one):

7582 Stafford Road  
Street

North Charleston SC 29406  
City State Zip Code

Telephone: Home ( ) \_\_\_\_\_ Business (843) 414-6800

Date of incident: Oct. 9, 2015 Time of incident: 1:23 pm

Date incident reported: Oct 9, 2015 Time incident reported: 1:26 pm

Person filing report --  Guest or  Non-guest or  Hotel employee (check one):

If guest: Check-in date: \_\_\_\_\_ Time: \_\_\_\_\_ Room #: \_\_\_\_\_

If non-guest: Purpose of hotel visit: Employee

Thorough description (include: incident, nature of injury, material damages, outcome, etc.):

Ava slipped as she was walking out of the bathroom that she had just mopped. She said that she tried to stop from falling by grabbing the bathroom door handle, but that didn't help. She landed on her right side and twisted her arm. She did continue to clean using her left hand due to the fact that her right arm was hurting. She said she was in a lot of pain, but did complete the room. Fabiola + Marisol helped her to get up. This occurred in Room 333.

Location of incident: Room # 333 @ Suburban Extended Stay Hotel 7582 Stafford Road North Charleston, SC 29406.

*Person didn't return to work today due to the pain*

**MOD Incident Report, Page 2**

Was a vehicle(s) involved?  No  Yes -Make & Model:

Year: \_\_\_\_\_ Where was vehicle parked: \_\_\_\_\_

Medical treatment required?  No  Yes - Medical Facility: Propper Emergency Room of Health First

Did emergency officials respond?  No  Yes

Is this incident being investigated by authorities?  No  Yes

Official's name/ affiliation: \_\_\_\_\_ Case #: \_\_\_\_\_

Did anyone involved in this incident threaten a lawsuit?  No  Yes -Provide details: \_\_\_\_\_

Witness (es): Mariola Santiago

Current status of situation / outcome of the incident:

Ona went to the Emergency Room to be seen.

Note: if you require immediate assistance from Choice Hotels International, call the licensee communications hotline 1-301-592-6152 or 1-800-998-9572.

MOD Signature: [Signature] Date/time: Oct 10, 2015

Submit completed report to the general manager

## **Room Attendant**

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### **JOB SUMMARY**

A room attendant is responsible for the cleanliness and overall appearance of hotel rooms. Essential job functions include: vacuuming and or sweeping carpets and floors; mopping floors as needed; dusting, brushing, polishing and/or vacuuming furniture; dusting and cleaning room decorations, appliances and structural surfaces (e.g., wall fixtures, window sills, vents); cleaning showers, tubs, sinks, and bathroom items; making beds according to hotel standards; removing used guest amenities and trash; replenishing guest amenities and supplies; inspecting rooms for safety hazards and for the operating conditions of equipment; checking for damaged linens; reporting lost and found articles, maintenance problems, or special room problems (e.g., pets in the rooms) to a supervisor; maintaining storage rooms and stocking carts; emptying linen from housekeeping cart into laundry cart; recording the status on work assignment sheets; providing information to guests about local attractions/services; preparing rooms for guest arrival and responding to special guest requests, such as delivering newspapers or cleaning a spill; meeting hotel standards for guest service and work habits; and other duties as assigned.

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# 2014 W-2 and EARNINGS SUMMARY



Safe, accurate, FAST! Use **e-file** Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile)

## Employee Reference Copy W-2 Wage and Tax Statement 2014

Copy C for employee's records  
Control number Dept. Cop. Employer use only  
010179 CHAR/D4T000002 A EIC 15

c Employer's name, address, and ZIP code  
**GRIFFIN STAFFORD NORTH  
CHARLESTON LLC  
124 FLOYD SMITH DRIVE  
CHARLOTTE NC 28262**  
  
Batch #00557

a/f Employee's name, address, and ZIP code  
**ANA RODRIGUEZ-GALVAN  
1990 HAWTHORNE DR., LOT 219  
NORTH CHARLESTON SC 29406**

1 Wages, tips, other comp. 13341.12	2 Federal income tax withheld
3 Social security wages 13341.12	4 Social security tax withheld 827.15
5 Medicare wages and tips 13341.12	5 Medicare tax withheld 193.45
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d 13 Stat emp/Ret. plan/3rd party sick pay
15 State Employer's state ID no. SC 25521333-4	16 State wages, tips, etc. 13341.12
17 State income tax 80.75	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2014 pay stub plus any adjustments submitted by your employer.

Gross Pay	14536.20	Social Security Tax Withheld Box 4 of W-2	627.15	SC State Income Tax Box 17 of W-2 SUI/SOI Box 14 of W-2	80.75
Fed. Income Tax Withheld Box 2 of W-2		Medicare Tax Withheld Box 6 of W-2	193.45		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	SC State Wages, Tips, Etc. Box 15 of W-2
14,536.20	14,536.20	14,536.20	14,536.20	14,536.20
Less Other Cata 125	1,195.08	1,195.08	1,195.08	1,195.08
<b>Reported W-2 Wages</b>	<b>13,341.12</b>	<b>13,341.12</b>	<b>13,341.12</b>	<b>13,341.12</b>

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**ANA RODRIGUEZ-GALVAN  
1990 HAWTHORNE DR., LOT 219  
NORTH CHARLESTON SC 29406**

Social Security Number: [REDACTED]  
Taxable Marital Status: MARRIED  
Exemptions/Allowances:  
FEDERAL: 4  
STATE: 4

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1 Wages, tips, other comp. 13341.12	2 Federal income tax withheld
3 Social security wages 13341.12	4 Social security tax withheld 827.15
5 Medicare wages and tips 13341.12	5 Medicare tax withheld 193.45
d Control number Dept. Cop. Employer use only 010179 CHAR/D4T000002 A EIC 15	
c Employer's name, address, and ZIP code <b>GRIFFIN STAFFORD NORTH CHARLESTON LLC 124 FLOYD SMITH DRIVE CHARLOTTE NC 28262</b>	
b Employer's FED ID number	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d 13 Stat emp/Ret. plan/3rd party sick pay
e/f Employee's name, address and ZIP code <b>ANA RODRIGUEZ-GALVAN 1990 HAWTHORNE DR., LOT 219 NORTH CHARLESTON SC 29406</b>	
15 State Employer's state ID no. SC [REDACTED]	16 State wages, tips, etc. 13341.12
17 State income tax 80.75	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
<b>W-2 Wage and Tax Statement 2014</b> Copy B to be filed with employee's Federal Income Tax Return.	

1 Wages, tips, other comp. 13341.12	2 Federal income tax withheld
3 Social security wages 13341.12	4 Social security tax withheld 827.15
5 Medicare wages and tips 13341.12	5 Medicare tax withheld 193.45
d Control number Dept. Cop. Employer use only 010179 CHAR/D4T000002 A EIC 15	
c Employer's name, address, and ZIP code <b>GRIFFIN STAFFORD NORTH CHARLESTON LLC 124 FLOYD SMITH DRIVE CHARLOTTE NC 28262</b>	
b Employer's FED ID number	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b 12c 12d 13 Stat emp/Ret. plan/3rd party sick pay
e/f Employee's name, address and ZIP code <b>ANA RODRIGUEZ-GALVAN 1990 HAWTHORNE DR., LOT 219 NORTH CHARLESTON SC 29406</b>	
15 State Employer's state ID no. SC [REDACTED]	16 State wages, tips, etc. 13341.12
17 State income tax 80.75	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
<b>W-2 Wage and Tax Statement 2014</b> Copy 2 to be filed with employee's State Income Tax Return.	

1 Wages, tips, other comp. 13341.12	2 Federal income tax withheld
3 Social security wages 13341.12	4 Social security tax withheld 827.15
5 Medicare wages and tips 13341.12	5 Medicare tax withheld 193.45
d Control number Dept. Cop. Employer use only 010179 CHAR/D4T000002 A EIC 15	
c Employer's name, address, and ZIP code <b>GRIFFIN STAFFORD NORTH CHARLESTON LLC 124 FLOYD SMITH DRIVE CHARLOTTE NC 28262</b>	
b Employer's FED ID number	a Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b 12c 12d 13 Stat emp/Ret. plan/3rd party sick pay
e/f Employee's name, address and ZIP code <b>ANA RODRIGUEZ-GALVAN 1990 HAWTHORNE DR., LOT 219 NORTH CHARLESTON SC 29406</b>	
15 State Employer's state ID no. SC [REDACTED]	16 State wages, tips, etc. 13341.12
17 State income tax 80.75	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
<b>W-2 Wage and Tax Statement 2014</b> Copy 2 to be filed with employee's State Income Tax Return.	

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## 2013 W-2 and EARNINGS SUMMARY

Employee Reference Copy  
**W-2** Wage and Tax Statement **2013**

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

Control number 0179 CHAR/D4T000002		Dept. 000002	Corp. A	Employer use only EIC 20
c Employer's name, address, and ZIP code GRIFFIN STAFFORD NORTH CHARLESTON LLC 124 FLOYD SMITH DRIVE CHARLOTTE NC 28262  Batch #00573				
e/f Employee's name, address, and ZIP code ANA RODRIGUEZ-GALVAN 1990 HAWTHORNE DR., LOT 219 NORTH CHARLESTON SC 29406				
b Employer's FED ID number	a Employee's SSA number			
1 Wages, tips, other comp. 5180.10	2 Federal income tax withheld 321.17			
3 Social security wages 5180.10	4 Social security tax withheld 321.17			
5 Medicare wages and tips 5180.10	6 Medicare tax withheld 75.11			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
14 Other	12b	12c	12d	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no. SC 25521333-4	16 State wages, tips, etc. 5180.10			
17 State income tax 40.23	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			

1. The following information reflects your final 2013 pay stub plus any adjustments submitted by your employer.

Gross Pay	5180.10	Social Security Tax Withheld Box 4 of W-2	321.17	SC. State Income Tax Box 17 of W-2 SU/SDI	40.23
Fed. Income Tax Withheld Box 2 of W-2		Medicare Tax Withheld Box 6 of W-2	75.11	Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay	5,180.10	Wages, Tips, other Compensation Box 1 of W-2	5,180.10	Social Security Wages Box 3 of W-2	5,180.10	Medicare Wages Box 5 of W-2	5,180.10	SC. State Wages, Tips, Etc. Box 16 of W-2	5,180.10
Reported W-2 Wages	5,180.10		5,180.10		5,180.10		5,180.10		5,180.10

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

ANA RODRIGUEZ-GALVAN  
1990 HAWTHORNE DR., LOT 219  
NORTH CHARLESTON SC 29406

Social Security Number: [REDACTED]  
Taxable Marital Status: MARRIED  
Exemptions/Allowances:  
FEDERAL: 4  
STATE: 4

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1 Wages, tips, other comp. 5180.10	2 Federal income tax withheld 321.17			
3 Social security wages 5180.10	4 Social security tax withheld 321.17			
5 Medicare wages and tips 5180.10	6 Medicare tax withheld 75.11			
d Control number 010179 CHAR/D4T000002	Dept. 000002	Corp. A	Employer use only EIC 20	
c Employer's name, address, and ZIP code GRIFFIN STAFFORD NORTH CHARLESTON LLC 124 FLOYD SMITH DRIVE CHARLOTTE NC 28262				
b Employer's FED ID number	a Employee's SSA number			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
14 Other	12b	12c	12d	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code ANA RODRIGUEZ-GALVAN 1990 HAWTHORNE DR., LOT 219 NORTH CHARLESTON SC 29406				
15 State Employer's state ID no. SC	16 State wages, tips, etc. 5180.10			
17 State income tax 40.23	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			
Federal Filing Copy <b>W-2</b> Wage and Tax Statement <b>2013</b> Copy B to be filed with employee's Federal Income Tax Return.				

1 Wages, tips, other comp. 5180.10	2 Federal income tax withheld 321.17			
3 Social security wages 5180.10	4 Social security tax withheld 321.17			
5 Medicare wages and tips 5180.10	6 Medicare tax withheld 75.11			
d Control number 010179 CHAR/D4T000002	Dept. 000002	Corp. A	Employer use only EIC 20	
c Employer's name, address, and ZIP code GRIFFIN STAFFORD NORTH CHARLESTON LLC 124 FLOYD SMITH DRIVE CHARLOTTE NC 28262				
b Employer's FED ID number	a Employee's SSA number			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
14 Other	12b	12c	12d	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code ANA RODRIGUEZ-GALVAN 1990 HAWTHORNE DR., LOT 219 NORTH CHARLESTON SC 29406				
15 State Employer's state ID no. SC	16 State wages, tips, etc. 5180.10			
17 State income tax 40.23	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			
SC. State Reference Copy <b>W-2</b> Wage and Tax Statement <b>2013</b> Copy 2 to be filed with employee's State Income Tax Return.				

1 Wages, tips, other comp. 5180.10	2 Federal income tax withheld 321.17			
3 Social security wages 5180.10	4 Social security tax withheld 321.17			
5 Medicare wages and tips 5180.10	6 Medicare tax withheld 75.11			
d Control number 010179 CHAR/D4T000002	Dept. 000002	Corp. A	Employer use only EIC 20	
c Employer's name, address, and ZIP code GRIFFIN STAFFORD NORTH CHARLESTON LLC 124 FLOYD SMITH DRIVE CHARLOTTE NC 28262				
b Employer's FED ID number	a Employee's SSA number			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
14 Other	12b	12c	12d	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code ANA RODRIGUEZ-GALVAN 1990 HAWTHORNE DR., LOT 219 NORTH CHARLESTON SC 29406				
15 State Employer's state ID no. SC	16 State wages, tips, etc. 5180.10			
17 State income tax 40.23	18 Local wages, tips, etc.			
19 Local income tax	20 Locality name			
SC. State Filing Copy <b>W-2</b> Wage and Tax Statement <b>2013</b> Copy 2 to be filed with employee's State Income Tax Return.				



File: 010183  
Dept: 000002  
Rate: 8.0000

RODRIGUEZ-GALVAN, ANA

File: 010170  
Dept: 000002  
Rate: 9.2500

DEPT TOTAL  
000002

180.50 REG  
.00 O/T  
16.00 HOURS 3  
.00 HOURS 4

1,442.66 REG  
128.00 EARNINGS 3  
.00 EARNINGS 5  
1,570.66 GROSS

.00 O/T  
.00 EARNINGS 4  
1,570.66 GROSS

53.05 FIT  
93.93 SS  
21.97 MED  
36.06 STATE

10.00 V VAC  
128.00 V VAC  
306.06 35 SC  
26.46 H UNIFOR  
15.49 52 AFLAC

11.35 P LIFEIN  
40.26 M MEDICL  
325.98 V CHECK1

4.40 SC  
8.77 H UNIFOR  
38.10 M MEDICL

419.64 TOTAL DEDUCTIONS  
3 Pays  
946.11



Payroll Register

GS-N CHARLESTON SC  
Company Code: D4T

Batch: 7418-032 Period Ending: 10/12/2014 Week 42  
Service Center: 032 Pay Date: 10/17/2014 Page 1

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RODRIGUEZ-GALVAN, ANA

File: 010178  
Dept: 000002  
Rate: 9.2500

DEPT TOTAL  
000002

154.10 REG  
.00 O/T  
24.00 HOURS 3  
.00 HOURS 4

1,374.50 REG  
222.00 EARNINGS 3  
.00 EARNINGS 5  
1,596.50 GROSS

.0262 FIT  
94.80 SS  
22.17 MED  
39.34 STATE

367.93 TOTAL DEDUCTIONS  
3 Pays  
1,009.44

24.00 V VAC  
222.00 V VAC  
391.34 35 SC

5.18 SC  
8.80 H UNIFOR  
47.60 M MEDICL

541.27



Payroll Register

GS-N CHARLESTON SC  
Company Code: D4T

Batch: 0463-032 Period Ending: 10/28/2014 Week 44  
Service Center: 032 Pay Date: 10/31/2014 Page 1

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RODRIGUEZ-GALVAN, ANA

File: 010179  
Dept: 000002  
Rate: 9.2500

DEPT TOTAL  
000002

182.67 REG  
.00 O/T  
24.00 HOURS 3  
.00 HOURS 4

1,642.66 REG  
128.00 EARNINGS 3  
.00 EARNINGS 5  
1,770.66 GROSS

.00 O/T  
.00 EARNINGS 4  
1,770.66 GROSS

53.05 FIT  
93.93 SS  
21.97 MED  
36.06 STATE

10.00 V VAC  
128.00 V VAC  
306.06 35 SC  
26.46 H UNIFOR  
15.49 52 AFLAC

11.35 P LIFEIN  
40.26 M MEDICL  
325.98 V CHECK1

419.64 TOTAL DEDUCTIONS  
3 Pays  
946.11



Payroll Register

GS-N CHARLESTON SC  
Company Code: D4T

Batch: 2055-032 Period Ending: 11/09/2014 Week 46  
Service Center: 032 Pay Date: 11/14/2014 Page 1

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File: 010165  
Dept: 000002  
Rate: 8.0000

RODRIGUEZ-GALVAN, ANA  
File: 010179  
Dept: 000002  
Rate: 8.2500

DEPT TOTAL  
000002

435.40	5.02 SC	360.72 V CHECK1 4.16 M MEDICL 15.49 62 AFLAC	6.60 H UNIFORM 11.35 P LIFEIN	Voucher# 480003
201.36	.00 FIT 13.97 SS 3.27 MED	8.80 H UNIFORM	36.10 M MEDICL	Check# 98485330
1,343.26 REG .00 O/T .00 EARNINGS 3 .00 EARNINGS 5 1,343.26 GROSS	59.01 FIT 79.83 SS 18.67 MED 39.25 STATE	937.14 TOTAL DEDUCTIONS	199.36	3 Pays 199.36



ADP Payroll Register

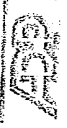
GS-N CHARLESTON SC  
Company Code: D4T

Batch : 3667-032 Period Ending : 11/23/2014 Week 48  
Service Center : 032 Pay Date : 11/28/2014 Page 1

PERSONNEL  
File: 010179  
Dept: 000002  
Rate: 9.2500

103.48 REG 00 O/T 32.00 HOURS 3 .00 HOURS 4	904.00 REG 283.00 EARNINGS 3 .00 EARNINGS 5 1,187.00 GROSS	9.95 H UNIFORM 36.10 M MEDICL	216.38	3 Pays 216.38
24.00 H HCL 212.00 H HCL	9.00 V VAC 74.00 V VAC	812.04 TOTAL DEDUCTIONS	216.38	3 Pays 216.38

HOURS ANALYSIS:  
EARNINGS ANALYSIS:



ADP Payroll Register

GS-N CHARLESTON SC  
Company Code: D4T

Batch : 5194-032 Period Ending : 12/21/2014 Week 50  
Service Center : 032 Pay Date : 12/26/2014 Page 2

RODRIGUEZ-GALVAN, ANA  
File: 010179  
Dept: 000002  
Rate: 9.2500

127.40 REG .00 O/T .00 HOURS 3 .00 HOURS 4	1,125.16 REG .00 EARNINGS 3 .00 EARNINGS 5 1,125.16 GROSS	0.80 H UNIFORM 36.10 M MEDICL	263.76	3 Pays 263.76
719.92 TOTAL DEDUCTIONS	719.92	719.92 TOTAL DEDUCTIONS	263.76	3 Pays 263.76



ADP Payroll Register

GS-N CHARLESTON SC  
Company Code: D4T

Batch : 6821-032 Period Ending : 12/21/2014 Week 52  
Service Center : 032 Pay Date : 12/26/2014 Page 1

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Payroll Register New (S109)	
Check Date :	01/09/2015-1 TO 12/31/2015-1
Period Range :	12/22/2014 TO 12/20/2015
Week Number :	Week #53

Employee Name	Social Security Number		YTD		Frequency	Current Amount	YTD Amount	Check Number	Check Date	Check Type	Net Check
	Rate of Pay	Current Amount	Hours	Amount							
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -					Bi-Weekly			140671	01/09/2015	Regular	
02 Regular	9.25	32.10	1151.45	10,845.30	0.00	189.96	510.59				
03 Overtime	0.00	0.00	10.30	150.65	36.10	144.40	719.15				
05 Vacation	9.25	16.00	48.00	448.00	0.00	-2.58	168.19				
07 Holiday	9.25	16.00	32.00	300.00	0.00	-2.58	117.00				
Check Totals:		64.10	1241.75	11,743.95	36.10	331.78	1,004.34				
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -					Bi-Weekly			143945	01/23/2015	Regular	
02 Regular	9.25	40.22	1151.45	10,845.30	0.00	189.96	445.24				
03 Overtime	0.00	0.00	10.30	150.65	36.10	144.40	719.15				
05 Vacation	9.25	16.00	48.00	448.00	0.00	-2.58	168.19				
07 Holiday	0.00	0.00	32.00	300.00	0.00	-2.58	117.00				
Check Totals:		56.22	1241.75	11,743.95	36.10	331.78	1,004.34				
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -					Bi-Weekly			147817	02/06/2015	Regular	
02 Regular	9.25	65.48	1151.45	10,845.30	17.60	189.96	504.38				
03 Overtime	0.00	0.00	10.30	150.65	36.10	144.40	719.15				
05 Vacation	0.00	0.00	48.00	448.00	0.00	-2.58	168.19				
07 Holiday	0.00	0.00	32.00	300.00	0.00	-2.58	117.00				
Check Totals:		65.48	1241.75	11,743.95	53.70	331.78	1,004.34				
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -					Bi-Weekly			151665	02/20/2015	Regular	
02 Regular	9.25	66.99	1151.45	10,845.30	18.38	189.96	515.99				
03 Overtime	0.00	0.00	10.30	150.65	36.10	144.40	719.15				
05 Vacation	0.00	0.00	48.00	448.00	0.00	-2.58	168.19				
07 Holiday	0.00	0.00	32.00	300.00	0.00	-2.58	117.00				
Check Totals:		66.99	1241.75	11,743.95	54.48	331.78	1,004.34				
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -					Bi-Weekly			154650	03/06/2015	Regular	
02 Regular	9.25	59.16	1151.45	10,845.30	8.39	189.96	559.47				
03 Overtime	0.00	0.00	10.30	150.65	0.00	144.40	719.15				
05 Vacation	9.25	8.00	48.00	448.00	0.00	-2.58	168.19				
07 Holiday	0.00	0.00	32.00	300.00	0.00	-2.58	117.00				
Check Totals:		67.16	1241.75	11,743.95	8.39	331.78	1,004.34				

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Payroll Register New (S109)

Check Date :	01/09/2015-1 TO 12/31/2015-1
Period Range :	12/22/2014 TO 12/20/2015
Week Number :	Week #53

Employee Name	Earnings Description	Rate of Pay	Social Security Number		YTD Amount	Salary Deductions Description	Frequency	YTD Amount	Check Number	Check-Date	Check-Type	Net-Check
			Current	YTD								
Rodriguez-Galvan, Ana			6000009	XXXX-XX-XXXX					156214	03/20/2015	Regular	465.40
	02 Regular	9.25	58.21	538.44	1151.45	0.00	8.70	189.96				33.38
	03 Overtime	0.00	0.00	0.00	10.30	08 Uniform Deductic	0.00	144.40				7.81
	05 Vacation	0.00	0.00	0.00	48.00	30 Sec 125 Medical	0.00	-2.58				3.15
	07 Holiday	0.00	0.00	0.00	32.00	33 Life Insurance	0.00					
	Check Totals:		58.21	538.44	1241.75		8.70	331.78				44.34
Rodriguez-Galvan, Ana			6000009	XXXX-XX-XXXX					156547	04/03/2015	Regular	559.10
	02 Regular	9.25	66.10	611.43	1151.45	0.00	0.00	189.96				37.91
	03 Overtime	0.00	0.00	0.00	10.30	08 Uniform Deductic	0.00	144.40				8.87
	05 Vacation	0.00	0.00	0.00	48.00	30 Sec 125 Medical	0.00	-2.58				5.55
	07 Holiday	0.00	0.00	0.00	32.00	33 Life Insurance	0.00					
	Check Totals:		66.10	611.43	1241.75		0.00	331.78				52.33
Rodriguez-Galvan, Ana			6000009	XXXX-XX-XXXX					156899	04/17/2015	Regular	413.33
	02 Regular	9.25	50.06	463.06	1151.45	0.00	13.05	189.96				28.71
	03 Overtime	0.00	0.00	0.00	10.30	08 Uniform Deductic	0.00	144.40				6.71
	05 Vacation	0.00	0.00	0.00	48.00	30 Sec 125 Medical	0.00	-2.58				1.25
	07 Holiday	0.00	0.00	0.00	32.00	33 Life Insurance	0.00					
	Check Totals:		50.06	463.06	1241.75		13.05	331.78				36.68
Rodriguez-Galvan, Ana			6000009	XXXX-XX-XXXX					156937	05/07/2015	Regular	559.02
	02 Regular	9.25	67.68	626.04	1151.45	0.00	13.05	189.96				38.81
	03 Overtime	0.00	0.00	0.00	10.30	08 Uniform Deductic	0.00	144.40				9.08
	05 Vacation	0.00	0.00	0.00	48.00	30 Sec 125 Medical	0.00	-2.58				6.08
	07 Holiday	0.00	0.00	0.00	32.00	33 Life Insurance	0.00					
	Check Totals:		67.68	626.04	1241.75		13.05	331.78				53.97
Rodriguez-Galvan, Ana			6000009	XXXX-XX-XXXX					173659	05/15/2015	Regular	493.61
	02 Regular	9.25	59.20	547.60	1151.45	0.00	8.70	189.96				33.95
	03 Overtime	0.00	0.00	0.00	10.30	08 Uniform Deductic	0.00	144.40				7.94
	05 Vacation	0.00	0.00	0.00	48.00	30 Sec 125 Medical	0.00	-2.58				3.40
	07 Holiday	0.00	0.00	0.00	32.00	33 Life Insurance	0.00					
	Check Totals:		59.20	547.60	1241.75		8.70	331.78				45.29

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 e-mail:

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#M3GRF03GSNC Griffin Stafford North Charleston, LLC

Payroll Register New (S109)	
Check Date :	01/09/2015-1 TO 12/31/2015-1
Period Range :	12/22/2014 TO 12/20/2015
Week Number :	Week #53

Employee Name Earnings Description	Rate of Pay	Social Security Number		YTD Hours	YTD Amount	Salary Deductions Description	Frequency	YTD Amount	Taxes Description	Check Number	Check Date	Check Type	Net Check
		Current Hours	Current Amount										
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -	9.25	30.33	280.55	1151.45	10,845.30	08 Uniform Deducit	Bi-Weekly	189.96	OASDI	177942	05/29/2015	Regular	250.39
02 Regular	9.25	30.33	280.55	1151.45	10,845.30	08 Uniform Deducit	8.70	189.96	OASDI				17.39
03 Overtime	0.00	0.00	0.00	10.30	150.65	30 Sec 125 Medical	0.00	144.40	Medicare				4.07
05 Vacation	0.00	0.00	0.00	48.00	448.00	33 Life Insurance	0.00	-2.58	State SC (1/4)				0.00
07 Holiday	0.00	0.00	0.00	32.00	300.00								
Check Totals:		30.33	280.55	1241.75	11,743.95		8.70	331.78					21.46
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -	9.25	31.27	289.25	1151.45	10,845.30	08 Uniform Deducit	Bi-Weekly	189.96	OASDI	209526	09/04/2015	Regular	259.65
02 Regular	9.25	31.27	289.25	1151.45	10,845.30	08 Uniform Deducit	7.48	189.96	OASDI				17.93
03 Overtime	0.00	0.00	0.00	10.30	150.65	30 Sec 125 Medical	0.00	144.40	Medicare				4.19
05 Vacation	0.00	0.00	0.00	48.00	448.00	33 Life Insurance	0.00	-2.58	State SC (1/4)				0.00
07 Holiday	0.00	0.00	0.00	32.00	300.00								
Check Totals:		31.27	289.25	1241.75	11,743.95		7.48	331.78					22.12
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -	9.25	69.57	643.52	1151.45	10,845.30	08 Uniform Deducit	Bi-Weekly	189.96	OASDI	214012	09/18/2015	Regular	652.65
02 Regular	9.25	69.57	643.52	1151.45	10,845.30	08 Uniform Deducit	0.00	189.96	OASDI				44.48
03 Overtime	0.00	0.00	0.00	10.30	150.65	30 Sec 125 Medical	0.00	144.40	Medicare				10.40
05 Vacation	0.00	0.00	0.00	48.00	448.00	33 Life Insurance	0.00	-2.58	State SC (1/4)				9.98
07 Holiday	9.25	8.00	74.00	32.00	300.00								
Check Totals:		77.57	717.52	1241.75	11,743.95		0.00	331.78					64.87
Rodriguez-Galvan, Ana - 5000009 - XXX-XX-XXXX -	9.25	66.36	613.83	1151.45	10,845.30	08 Uniform Deducit	Bi-Weekly	189.96	OASDI	218735	10/02/2015	Regular	544.77
02 Regular	9.25	66.36	613.83	1151.45	10,845.30	08 Uniform Deducit	16.46	189.96	OASDI				38.06
03 Overtime	0.00	0.00	0.00	10.30	150.65	30 Sec 125 Medical	0.00	144.40	Medicare				8.90
05 Vacation	0.00	0.00	0.00	48.00	448.00	33 Life Insurance	0.00	-2.58	State SC (1/4)				5.64
07 Holiday	0.00	0.00	0.00	32.00	300.00								
Check Totals:		66.36	613.83	1241.75	11,743.95		16.46	331.78					52.60
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -	9.75	78.25	762.94	1151.45	10,845.30	08 Uniform Deducit	Bi-Weekly	189.96	OASDI	223000	10/16/2015	Regular	690.00
02 Regular	9.75	78.25	762.94	1151.45	10,845.30	08 Uniform Deducit	19.73	189.96	OASDI				48.54
03 Overtime	14.63	1.37	20.04	10.30	150.65	30 Sec 125 Medical	0.00	144.40	Medicare				11.35
05 Vacation	0.00	0.00	0.00	48.00	448.00	33 Life Insurance	0.00	-2.58	State SC (1/4)				13.35
07 Holiday	0.00	0.00	0.00	32.00	300.00								
Check Totals:		79.62	782.98	1241.75	11,743.95		19.73	331.78					73.25

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Payroll Register New (S109)	
Check Date :	01/09/2015-1 TO 12/31/2015-1
Period Range :	12/22/2014 TO 12/20/2015
Week Number :	Week #53

Employee Name Earnings Description	Rate of Pay	Current		Social Security Number		YTD Amount	Salary Deductions Description	Frequency	YTD Amount	Taxes Description	Check Number	Check Date	Check Type	Net Check
		Hours	Amount	Hours	Amount									
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -														
02 Regular	9.75	28.53	278.17	1151.45	10,845.30	189.96	08 Uniform Deductic	Bi-Weekly	19.80	189.96	227308	10/30/2015	Regular	237.09
03 Overtime	0.00	0.00	0.00	10.30	150.65	0.00	30 Sec 125 Medical		0.00	144.40				17.25
05 Vacation	0.00	0.00	0.00	48.00	448.00	0.00	33 Life Insurance		0.00	-2.58				4.03
07 Holiday	0.00	0.00	0.00	32.00	300.00	0.00			0.00					0.00
Check Totals:		28.53	278.17	1241.75	11,743.95	331.78			19.80	331.78				21.28
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -														
02 Regular	9.75	75.44	735.54	1151.45	10,845.30	189.96	08 Uniform Deductic	Bi-Weekly	18.70	189.96	231359	11/19/2015	Regular	677.37
03 Overtime	14.63	2.17	31.74	10.30	150.65	0.00	30 Sec 125 Medical		0.00	144.40				47.57
05 Vacation	0.00	0.00	0.00	48.00	448.00	0.00	33 Life Insurance		0.00	-2.58				11.13
07 Holiday	0.00	0.00	0.00	32.00	300.00	0.00			0.00					12.51
Check Totals:		77.61	767.28	1241.75	11,743.95	331.78			18.70	331.78				71.21
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -														
02 Regular	9.75	77.96	760.11	1151.45	10,845.30	189.96	08 Uniform Deductic	Bi-Weekly	11.22	189.96	235707	11/27/2015	Regular	714.99
03 Overtime	14.63	2.86	41.83	10.30	150.65	0.00	30 Sec 125 Medical		0.00	144.40				49.72
05 Vacation	0.00	0.00	0.00	48.00	448.00	0.00	33 Life Insurance		0.00	-2.58				11.63
07 Holiday	0.00	0.00	0.00	32.00	300.00	0.00			0.00					14.38
Check Totals:		80.82	801.94	1241.75	11,743.95	331.78			11.22	331.78				75.73
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -														
02 Regular	9.75	59.22	577.40	1151.45	10,845.30	189.96	08 Uniform Deductic	Bi-Weekly	0.00	189.96	240927	12/11/2015	Regular	716.21
03 Overtime	14.63	3.80	57.04	10.30	150.65	0.00	30 Sec 125 Medical		0.00	144.40				49.01
05 Vacation	0.00	0.00	0.00	48.00	448.00	0.00	33 Life Insurance		0.00	-2.58				11.46
07 Holiday	0.00	0.00	0.00	32.00	300.00	0.00			0.00					13.76
Check Totals:		79.12	780.44	1241.75	11,743.95	331.78			0.00	331.78				74.23
Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -														
02 Regular	9.75	69.32	675.87	1151.45	10,845.30	189.96	08 Uniform Deductic	Bi-Weekly	0.00	189.96	244617	12/24/2015	Regular	618.64
03 Overtime	0.00	0.00	0.00	10.30	150.65	0.00	30 Sec 125 Medical		0.00	144.40				41.90
05 Vacation	0.00	0.00	0.00	48.00	448.00	0.00	33 Life Insurance		0.00	-2.58				9.80
07 Holiday	0.00	0.00	0.00	32.00	300.00	0.00			-2.58					8.11
Check Totals:		69.32	675.87	1241.75	11,743.95	331.78			-2.58	331.78				59.81

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Payroll Register New (S109)			
Check Date:	01/09/2015-1 TO 12/31/2015-1	Check Date:	Current Amount
Period Range:	12/22/2014 TO 12/20/2015	Check Type:	Net Check
Week Number:	Week #53	YTD Amount:	YTD Amount

Employee Name Earnings Description	Rate of Pay	Social Security Number		Salary Deductions Description	Frequency	YTD Amount	Current Amount	Check Date	Check Type	Net Check
		Hours	Amount							
02 Regular	9.25	782.73	7,055.27	08 Uniform Deducitc	189.96	189.96	189.96	719.15		719.15
02 Regular	9.75	388.72	3,790.03	30 Sec 125 Medical	144.40	144.40	144.40	168.19		168.19
03 Overtime	14.63	10.30	150.65	33 Life Insurance	-2.58	-2.58	-2.58	117.00		117.00
05 Vacation	9.75	8.00	78.00			448.00				
05 Vacation	9.25	40.00	370.00			448.00				
07 Holiday	9.75	8.00	78.00			300.00				
07 Holiday	9.25	24.00	222.00			300.00				
<b>Employee Totals:</b>		1241.75	11,743.95		331.78	331.78	331.78	1,004.34		1,004.34
<b>Company:</b>				<b>20 Checks</b>	<b>1 EMPLOYEES</b>					
02 Regular	0.00	1151.45	10,845.30	08 Uniform Deducitc	189.96	189.96	189.96	719.15		719.15
03 Overtime	0.00	10.30	150.65	30 Sec 125 Medical	144.40	144.40	144.40	168.19		168.19
05 Vacation	0.00	48.00	448.00	33 Life Insurance	-2.58	-2.58	-2.58	117.00		117.00
07 Holiday	0.00	32.00	300.00			300.00		1,004.34		1,004.34
				ER OASDI				719.15		719.15
				ER MEDICARE				168.19		168.19
				ER FUJ				42.02		42.02
				SC-Contingency Asmt				0.08		0.08
				SC-SUI				172.85		172.85
				SC-Contingency Asmt				6.96		6.96
<b>Company Totals:</b>		1241.75	11,743.95		331.78	331.78	331.78	1,108.25		1,108.25
								2,113.59		2,113.59

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Payroll Register New (S109)	
Check Date :	01/08/2016-1 TO 12/31/2016-1
Period Range :	12/21/2015 TO 12/18/2016
Week Number :	Week #53

Employee Name	Earnings Description	Rate of Pay	Social Security Number		YTD Amount	Salary Deductions Description	Frequency	Taxes	Check Number	Check Date	Check Type	Net Check
			Current	YTD								
Rodriguez-Galvan, Ana			Hours	Amount	SC							
	02 Regular	9.75	40.13	391.27	744.90	08 Uniform Deducitc	Bi-Weekly	0.00	249231	01/08/2016	Regular	640.13
	03 Overtime	0.00	0.00	0.00	4.47			44.22				515.72
	05 Vacation	9.75	24.00	234.00	32.00							120.61
	07 Holiday	9.75	8.00	78.00	32.00							102.63
	08 Bonus	0.00	0.00	0.00	0.00							
	15 Incentive	0.00	0.00	0.00	0.00							
	Check Totals:		72.13	703.27	813.37			44.22				738.96
Rodriguez-Galvan, Ana			Hours	Amount	SC							
	02 Regular	9.75	52.06	507.59	744.90	08 Uniform Deducitc	Bi-Weekly	0.00	253015	01/22/2016	Regular	762.93
	03 Overtime	0.00	0.00	0.00	4.47			44.22				515.72
	05 Vacation	9.75	8.00	78.00	32.00							120.61
	07 Holiday	9.75	8.00	78.00	32.00							102.63
	08 Bonus	9.75	0.00	200.00	0.00							
	15 Incentive	0.00	0.00	0.00	0.00							
	Check Totals:		68.06	863.59	813.37			44.22				738.96
Rodriguez-Galvan, Ana			Hours	Amount	SC							
	02 Regular	9.75	62.93	613.57	744.90	08 Uniform Deducitc	Bi-Weekly	0.00	257893	02/05/2016	Regular	84.16
	03 Overtime	0.00	0.00	0.00	4.47			44.22				515.72
	05 Vacation	0.00	0.00	0.00	32.00							120.61
	07 Holiday	0.00	0.00	0.00	32.00							102.63
	08 Bonus	0.00	0.00	0.00	0.00							
	15 Incentive	0.00	0.00	0.00	0.00							
	Check Totals:		62.93	613.57	813.37			44.22				738.96
Rodriguez-Galvan, Ana			Hours	Amount	SC							
	02 Regular	9.75	39.54	385.52	744.90	08 Uniform Deducitc	Bi-Weekly	0.00	261523	02/19/2016	Regular	52.57
	03 Overtime	0.00	0.00	0.00	4.47			44.22				345.41
	05 Vacation	0.00	0.00	0.00	32.00							515.72
	07 Holiday	0.00	0.00	0.00	32.00							120.61
	08 Bonus	0.00	0.00	0.00	0.00							102.63
	15 Incentive	0.00	0.00	0.00	0.00							
	Check Totals:		62.93	613.57	813.37			44.22				738.96

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Payroll Register New (S109)	
Check Date :	01/08/2016-1 TO 12/31/2016-1
Period Range :	12/21/2015 TO 12/18/2016
Week Number :	Week #53

Employee Name	Earnings Description	Rate of Pay	Social Security Number		Hours	Amount	YTD Amount	Salary Deductions Description	Current Amount	Frequency	YTD Amount	Taxes	Check Number	Check Description	Check Date	Check Type	Net Check	
			Hours	Amount														Current Amount
<b>Check Totals:</b>																		
Rodriguez-Galvan, Ana			39.54	385.52	813.37	8,318.24	SC SC	0.00	0.00	Bi-Weekly	44.22	44.22	-99988407	Memo	03/31/2016	Manual	29.49	738.96
02 Regular		0.00	0.00	0.00	744.90	7,384.69	08 Uniform Deducitc	0.00	0.00	0.00	44.22	44.22	OASDI				0.00	515.72
03 Overtime		0.00	0.00	0.00	4.47	67.05				0.00			Medicare				0.00	120.61
05 Vacation		0.00	0.00	0.00	32.00	312.00				0.00			State SC (1/4)				0.00	102.63
07 Holiday		0.00	0.00	0.00	32.00	316.00				0.00							0.00	
08 Bonus		0.00	0.00	0.00	0.00	200.00				0.00							0.00	
15 Incentive		0.00	0.00	0.00	0.00	38.50				0.00							0.00	
<b>Check Totals:</b>																		
Rodriguez-Galvan, Ana			62.65	610.84	813.37	8,318.24	SC SC	0.00	0.00	Bi-Weekly	44.22	44.22	349776		09/02/2016	Regular	0.00	738.96
02 Regular		9.75	62.65	610.84	744.90	7,384.69	08 Uniform Deducitc	0.00	0.00	0.00	44.22	44.22	OASDI				37.87	515.72
03 Overtime		0.00	0.00	0.00	4.47	67.05				0.00			Medicare				8.86	120.61
05 Vacation		0.00	0.00	0.00	32.00	312.00				0.00			State SC (1/4)				5.63	102.63
07 Holiday		0.00	0.00	0.00	32.00	316.00				0.00							0.00	
08 Bonus		0.00	0.00	0.00	0.00	200.00				0.00							0.00	
15 Incentive		0.00	0.00	0.00	0.00	38.50				0.00							0.00	
<b>Check Totals:</b>																		
Rodriguez-Galvan, Ana			62.65	610.84	813.37	8,318.24	SC SC	0.00	0.00	Bi-Weekly	44.22	44.22	354207		09/16/2016	Regular	52.26	738.96
02 Regular		10.00	42.66	426.60	744.90	7,384.69	08 Uniform Deducitc	0.00	0.00	0.00	44.22	44.22	OASDI				31.60	515.72
03 Overtime		0.00	0.00	0.00	4.47	67.05				0.00			Medicare				7.39	120.61
05 Vacation		0.00	0.00	0.00	32.00	312.00				0.00			State SC (1/4)				2.37	102.63
07 Holiday		10.00	8.00	80.00	32.00	316.00				0.00							0.00	
08 Bonus		0.00	0.00	0.00	0.00	200.00				0.00							0.00	
15 Incentive		10.00	0.00	3.00	0.00	38.50				0.00							0.00	
<b>Check Totals:</b>																		
Rodriguez-Galvan, Ana			50.66	509.60	813.37	8,318.24	SC SC	0.00	0.00	Bi-Weekly	44.22	44.22	359358		09/30/2016	Regular	41.36	738.96
02 Regular		10.00	33.66	336.60	744.90	7,384.69	08 Uniform Deducitc	0.00	0.00	0.00	44.22	44.22	OASDI				20.87	515.72
03 Overtime		0.00	0.00	0.00	4.47	67.05				0.00			Medicare				4.88	120.61
05 Vacation		0.00	0.00	0.00	32.00	312.00				0.00			State SC (1/4)				0.00	102.63
07 Holiday		0.00	0.00	0.00	32.00	316.00				0.00							0.00	
08 Bonus		0.00	0.00	0.00	0.00	200.00				0.00							0.00	

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Payroll Register New (S109)	
Check Date :	01/08/2016-1 TO 12/31/2016-1
Period Range :	12/21/2015 TO 12/18/2016
Week Number :	Week #53

Employee Name Earnings Description	Rate of Pay		Current		Social Security Number		YTD		Salary Deductions Description	Frequency	YTD Amount	Check Number	Check Date	Check Type	Net Check
	Hours	Amount	Hours	Amount	Hours	Amount	Hours	Amount							
15 Incentive	0.00	0.00	0.00	0.00	0.00	0.00	38.50								
<b>Check Totals:</b>			33.66	336.60	813.37	8,318.24					44.22			25.75	738.96
<i>Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -</i>															
02 Regular	10.00	571.20	744.90	7,384.69	08 Uniform Deducit	0.00	0.00	Bi-Weekly	0.00	44.22	363700	10/14/2016	Regular	35.41	738.96
03 Overtime	0.00	0.00	4.47	67.05										8.28	515.72
05 Vacation	0.00	0.00	32.00	312.00										4.10	120.61
07 Holiday	0.00	0.00	32.00	316.00											102.63
08 Bonus	0.00	0.00	0.00	200.00											
15 Incentive	0.00	0.00	0.00	38.50											
<b>Check Totals:</b>			57.12	571.20	813.37	8,318.24				44.22				47.79	738.96
<i>Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -</i>															
02 Regular	10.00	771.50	744.90	7,384.69	08 Uniform Deducit	0.00	0.00	Bi-Weekly	0.00	44.22	368028	10/20/2016	Regular	53.29	775.96
03 Overtime	15.00	4.47	67.05	67.05										12.46	515.72
05 Vacation	0.00	0.00	32.00	312.00										17.84	120.61
07 Holiday	0.00	0.00	32.00	316.00											102.63
08 Bonus	0.00	0.00	0.00	200.00											
15 Incentive	10.00	0.00	0.00	38.50											
<b>Check Totals:</b>			81.62	859.55	813.37	8,318.24				44.22				83.59	738.96
<i>Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -</i>															
02 Regular	10.00	684.20	744.90	7,384.69	08 Uniform Deducit	0.00	0.00	Bi-Weekly	0.00	44.22	372327	11/10/2016	Regular	42.42	623.38
03 Overtime	0.00	0.00	4.47	67.05										9.92	515.72
05 Vacation	0.00	0.00	32.00	312.00										8.48	120.61
07 Holiday	0.00	0.00	32.00	316.00											102.63
08 Bonus	0.00	0.00	0.00	200.00											
15 Incentive	0.00	0.00	0.00	38.50											
<b>Check Totals:</b>			66.42	684.20	813.37	8,318.24				44.22				60.82	738.96
<i>Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX -</i>															
02 Regular	10.00	705.90	744.90	7,384.69	08 Uniform Deducit	0.00	0.00	Bi-Weekly	0.00	44.22	376577	11/25/2016	Regular	44.66	656.16
03 Overtime	0.00	0.00	4.47	67.05										10.45	515.72
05 Vacation	0.00	0.00	32.00	312.00										10.11	120.61
07 Holiday	0.00	0.00	32.00	316.00											102.63

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Payroll Register New (S109)

Check Date :	01/08/2016-1 TO 12/31/2016-1
Period Range :	12/21/2015 TO 12/18/2016
Week Number :	Week #53

Employee Name	Earnings Description	Rate of Pay	Social Security Number		YTD Amount	Salary Deductions Description	Frequency	Check Number		Check Date	Check Type	Net Check
			Current	YTD				Current Amount	YTD Amount			
	08 Bonus	0.00	0.00	0.00	200.00							
	15 Incentive	10.00	0.00	0.00	38.50							
	Check Totals:		70.59	813.37	8,318.24							
	Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX-											
	02 Regular	10.00	65.96	744.90	7,384.69	08 Uniform Deducitc	Bi-Weekly	0.00	380771	12/09/2016	Regular	738.96
	03 Overtime	0.00	0.00	4.47	67.05							672.00
	05 Vacation	0.00	0.00	32.00	312.00							515.72
	07 Holiday	10.00	8.00	32.00	316.00							120.61
	08 Bonus	0.00	0.00	0.00	200.00							102.63
	15 Incentive	0.00	0.00	0.00	38.50							
	Check Totals:		73.96	813.37	8,318.24							
	Rodriguez-Galvan, Ana - 6000009 - XXX-XX-XXXX-											
	02 Regular	10.00	72.03	744.90	7,384.69	08 Uniform Deducitc	Bi-Weekly	0.00	385004	12/23/2016	Regular	738.96
	03 Overtime	0.00	0.00	4.47	67.05							655.09
	05 Vacation	0.00	0.00	32.00	312.00							515.72
	07 Holiday	0.00	0.00	32.00	316.00							120.61
	08 Bonus	0.00	0.00	0.00	200.00							102.63
	15 Incentive	0.00	0.00	0.00	38.50							
	Check Totals:		72.03	813.37	8,318.24							
	02 Regular	9.75	257.31	744.90	7,384.69	08 Uniform Deducitc						738.96
	02 Regular	10.00	487.59	744.90	7,384.69							515.72
	03 Overtime	15.00	4.47	4.47	67.05							120.61
	05 Vacation	9.75	32.00	32.00	312.00							102.63
	07 Holiday	9.75	16.00	32.00	316.00							
	07 Holiday	10.00	16.00	32.00	316.00							
	08 Bonus	9.75	0.00	0.00	200.00							
	15 Incentive	10.00	0.00	0.00	38.50							
	Employee Totals:		813.37	813.37	8,318.24							
	Company					14 Checks	7 EMPLOYEES					738.96
	02 Regular	0.00	744.90	744.90	7,384.69	08 Uniform Deducitc						7,535.06
	03 Overtime	0.00	4.47	4.47	67.05							515.72
												120.61

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Payroll Register New (S109)	
Check Date :	01/08/2016-1 TO 12/31/2016-1
Period Range :	12/21/2015 TO 12/18/2016
Week Number :	Week #53

Employee Name	Rate of Pay	Current		Social Security Number		Salary Deductions Description	Frequency	Check Number	Check Date	Check Type	Net/Check							
		Hours	Amount	Hours	YTD							Current Amount	YTD Amount					
05 Vacation:	0.00	32.00	312.00	32.00	312.00													
07 Holiday	0.00	32.00	316.00	32.00	316.00													
08 Bonus	0.00	0.00	200.00	0.00	200.00													
15 Incentive	0.00	0.00	38.50	0.00	38.50													
Company Totals:											813.37	8,318.24	813.37	8,318.24	44.22	44.22		
											102.63	738.96	515.72	120.61	42.01	-0.05	213.80	4.99
											1,636.04	1,636.04	897.08	4.99	897.08	1,636.04		

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Employee Name Earnings Description	Rate of Pay		Social Security Number		Hours		Current		YTD		YTD Amount	YTD Amount	YTD Amount					
	Rate	Hours	Amount	Hours	Amount	Hours	Amount	Hours	Amount									
Company																		
02 Regular	322.16	322.16	2,979.99	322.16	2,979.99	322.16	322.16	2,979.99	322.16	2,979.99	3,497.99	3,497.99	3,021.01					
05 Vacation	40.00	40.00	370.00	40.00	370.00	40.00	40.00	370.00	40.00	370.00	48.63	48.63	207.91					
07 Holiday	148.00	16.00	148.00	16.00	148.00	16.00	16.00	148.00	16.00	148.00	22.97	22.97	48.63					
6 Checks													3,021.01					
1 EMPLOYEES													3,021.01					
08 Uniform Deductible													53.07					
30 Sac: 125 Medical													144.40					
ER OASDI													207.91					
ER MEDICARE													48.63					
ER FUI													207.91					
SC-Contingency Asmt													0.08					
SC-SUI													49.96					
SC-Contingency/Asmt													2.00					
Company Totals:													378.16	3,497.99	378.16	3,497.99	197.47	608.21

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Payroll Register New (S109)		Check Date:	04/03/2015-J TO 06/30/2015-1
		Period Range:	03/16/2015 TO 06/21/2015
		Week Number:	Week #26
Employee Name	Rate of Pay	Current Hours	YTD Amount
02 Regular	273.37	2,528.88	5,808.67
06 Vacation	0.00	0.00	370.00
07 Holiday	0.00	0.00	148.00
<b>Company Totals:</b>		<b>2,528.88</b>	<b>6,028.67</b>
Agency	YTD Amount	Current Amount	YTD Amount
1 EMPLOYEES	43.50	0.00	43.50
Check Number	Check Date	Check Type	YTD Amount
08 Uniform Deducib	04/03/2015	OASDI	96.57
30 Sec 125 Medical	04/03/2015	Medicare	144.40
	04/03/2015	State SC	16.28
	04/03/2015	ER OASDI	209.78
	04/03/2015	ER MEDICARE	156.77
	04/03/2015	ER FLU	36.67
	04/03/2015	SC-Contingency Asmit	15.18
	04/03/2015	SC-SUI	0.04
	04/03/2015	SC-Contingency Asmit	37.88
	04/03/2015	SC-Contingency Asmit	1.55
<b>Company Totals:</b>		<b>2,528.88</b>	<b>6,028.67</b>
		<b>43.50</b>	<b>240.97</b>
		<b>457.52</b>	<b>1,056.75</b>

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Payroll Register New (S109)		Check Date: 07/10/2015-1 TO 09/30/2015-1		Period Range: 06/22/2015 TO 09/13/2015		Week Number: Week #39					
Employee Name	Rate of Pay	Hours	Current Amount	Social Security Number	YTD Hours	YTD Amount	Check Number	Check Date	Check Type	Check Amount	YTD Amount
<b>Company</b>											
02 Regular	100.84	100.84	932.77	696.37	5,441.44	5,441.44	08	08/04/2015	08	104.05	812.30
05 Vacation	0.00	0.00	0.00	40.00	370.00	370.00	08	08/04/2015	08	14.99	427.10
07 Holiday	8.00	8.00	74.00	24.00	222.00	222.00	08	08/04/2015	08	14.99	427.10
<b>1 EMPLOYEES</b>											
<b>2 Checks</b>		<b>7.48</b>		<b>248.46</b>		<b>248.46</b>		<b>08/04/2015</b>		<b>248.46</b>	
08 Uniform Deductible		0.00		0.00		0.00		08/04/2015		0.00	
30 Soc 125 Medical		74.00		222.00		222.00		08/04/2015		222.00	
ER OASDI		14.59		14.59		14.59		08/04/2015		14.59	
ER MEDICARE		6.05		6.05		6.05		08/04/2015		6.05	
ER FUI		0.05		0.05		0.05		08/04/2015		0.05	
SC-Contingency Asmt		14.99		14.99		14.99		08/04/2015		14.99	
SC-SUI		0.60		0.60		0.60		08/04/2015		0.60	
SC-Contingency Asmt		98.70		98.70		98.70		08/04/2015		98.70	
<b>Company Totals:</b>		<b>108.84</b>		<b>1,008.77</b>		<b>7,033.44</b>		<b>7.48</b>		<b>248.46</b>	

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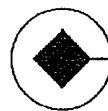
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**GARRETT JENIO**

*January 25, 2017*

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