



South Carolina Lieutenant Governor - Office on Aging

Payment Request Form

Agency Name: Able South Carolina
LGOA Grant Number: CDSMP12-15
Grant Period: September 1, 2012 - August 31, 2016
Final - Circle one YES NO
Payment #: 1
Payment Period: September 1st, 2014 to August 31st, 2015
Payment Request Prepared by: Sara Marin

Functional Area:		Grant Name:	
4B89		EVIDENCE BASED DISEASE PREVENTION PROGRAM	
		SYF15	
A	Current Grant Award	\$ 5,000.00	
A-1	Carry-forward from Previous SFY		
B	Actual Expenses Year To Date	\$ 157.40	
C	Prior Funds Requested Year-To-Date	\$0.00	
D	Total Request <u>This</u> Payment B-C	\$ 157.40	
E	Federal Share Requested (D) *1	\$157.40	
F	Local Share Required (D) *0	\$0	
G	Year To Date Award Balance A-C-D	\$ 4,842.60	

E-mail the payment request and activities to Denise Rivers at riversd@aging.sc.gov

Under the penalties for perjury under State Law, I certify that this report is accurate and complete to the best of my knowledge and belief.

Signature:

Kimberly Tissot

Title: Kimberly Tissot, Executive Director

Date: 10/7/2014

Telephone Number: 803-779-5121

Jul-13

Able South Carolina
Chronic Disease Self-Management Education Grant
Monthly Progress Report: September 2014
Submission Date: October 1st, 2014
Report Author Name(s): Jerri Davison, Sara Marin & Kimberly Tissot

The CDSME grant is funded by the 2012 Prevention and Public Health Funds (PPHF-2012) from the Administration on Aging/Administration for Community Living (AoA/ACL) through the Lt. Governor's Office on Aging. This report details activities undertaken during September 2014.

Staff primarily responsible for carrying out grant activities and % of time spent

Rachel Kaplan-

Grant Compliance - Activities and Accomplishments to reach your project goals

There are currently no BCBH Sessions ongoing through Able South Carolina at this time. The last BCBH Series was a partnership at Richland County Recreation Commission Adult Activity Center, and was completed the end of July 2014. Youth Transitions and Health Programs Coordinator, Rachel Kaplan will be following up with potential site locations in the Winnsboro area to try and schedule an upcoming BCBH Series Session.

Trainings Held or Attended –

N/A

Collaborations

- **Partnerships:** N/A
- **Meetings:** N/A
- **Teleconferences:** September 15, 2014 2-3:30 pm: Conference Call Update with DHEC
- **Presentations:** N/A

Material Creation: N/A

Community Outreach/Awareness and Participant/Leader Recruitment - include articles in newspapers, radio/TV, fact sheets, newsletters, information on websites, presentations, handouts, health fairs, and other informational resources (list specifics, counties reached and estimated REACH).

We provide information about our health programs when we present an overview of our services to the community and other professionals. We also have information about the BCBH program on our website. Estimated reach: 100 people in the 23 counties we serve.

Quality Assurance/Fidelity – Indicate any QA or Fidelity training or monitoring

Monthly updates between Assistant Director and leaders to ensure compliance with program requirements.

Challenges and Resolutions –

Successes: N/A.

Challenges: N/A.

Any other information you would like report: None.

<i>Performance Measures</i>	<i>Quarterly Data</i>	<i>Details (if Applicable)</i>
	2014	
# Scheduled Workshops <i>for the future</i>	0	
Actual # of Workshops <i>now in progress</i>	0	
# of Participants in current Workshops	0	
# of Completers (for classes finished in current month)	0	
Number of Referrals by Partnering Agencies	0	
Number of new Leaders Trained this month	0	
Number of existing Leaders re-Trained this month	0	
Number of Outreach Activities Performed	0	
Types of Incentives Awarded to Participants	Certificates	
Participant Feedback Received		



SOUTH CAROLINA

independent
living for all

136 Stonemark Lane, Suite 100

Columbia, SC 29210

P: 803.779.5121

TTY: 803.779.0949

F: 803.779.5114

www.able-sc.org

INVOICE

INVOICE DATE | October 7th, 2014

TO | Denise Rivers

Date	DESCRIPTION	Rate	AMOUNT
9/15/2014	40 black and white copies made	\$0.012	\$0.48
9/15/2014	R. Kaplan Fringe (SC Health CoOp) 4 Hours	\$2.40	\$9.60
9/15/2014	R. Kaplan (9/1/14-9/12/14) 4 Hours	\$15.63	\$62.52
9/15/2014	R. Kaplan (9/1/14-9/12/14) Payroll Taxes	\$4.78	\$4.78
9/25/2014	R. Kaplan Fringe (SC Health CoOp) 4 Hours	\$2.40	\$9.60
9/25/2014	R. Kaplan Fringe (Kansas City Life) 8 Hours	\$0.39	\$3.12
9/25/2014	R. Kaplan (9/13/14-9/24/14) 4 Hours	\$15.63	\$62.52
9/25/2014	R. Kaplan (9/13/14-9/24/14) Payroll Taxes	\$4.78	\$4.78
		SUBTOTAL	\$157.40
			\$157.40
			PAY THIS
			AMOUNT

DIRECT ALL INQUIRIES TO:

Sara Marin | Director of Administration

(803) 779-5121

email: smarin@able-sc.org

MAKE ALL CHECKS PAYABLE TO:

Able South Carolina

136 Stonemark Lane, Suite 100

Columbia, SC 29210

ABLE SOUTH CAROLINA
136 STONEMARK LN., SUITE 100
COLUMBIA, SC 29210
(800) 681-6805
www.able-sc.org

WELLS FARGO BANK, NA
COLUMBIA, SC 29201
67-776/532

16259

9/12/2014

PAY TO THE ORDER OF Digital Office Solutions, Inc.

\$ **247.78

Two Hundred Forty-Seven and 78/100

DOLLARS

Digital Office Solutions, Inc.
104 Saluda Ridge Court
West Columbia, SC 29169

VOID AFTER 90 DAYS

MEMO 1445-02

Dana Main
Ruby A. Priest

⑈016259⑈ ⑆053207766⑆ 2003206720095⑈

ABLE SOUTH CAROLINA
Digital Office Solutions, Inc.

16259

Date	Type	Reference	Original Amt.	Balance Due	9/12/2014 Discount	Payment
9/11/2014	Bill		247.78	247.78		247.78
					Check Amount	247.78

WELLS FARGO/Busi 1445-02

247.78

ABLE SOUTH CAROLINA
Digital Office Solutions, Inc.

16259

Date	Type	Reference	Original Amt.	Balance Due	9/12/2014 Discount	Payment
9/11/2014	Bill		247.78	247.78		247.78
					Check Amount	247.78

WELLS FARGO/Busi 1445-02

247.78



104 Saluda Ridge Ct.
West Columbia, SC
29169

CONTRACT INVOICE

Invoice Number: 183967
Invoice Date: 08/28/2014

Bill To: Able South Carolina
136 Stonemark Ln Ste 100
Columbia, SC 29210

Customer: Able South Carolina
136 Stonemark Ln Ste 100
Columbia, SC 29210

Account No		Payment Terms		Due Date		Invoice Total		Balance Due			
DA00		Net 15		09/12/2014		\$ 247.78		\$ 247.78			
Contract Number		Contact		Contract Amount		P.O. Number		Start Date		Exp. Date	
1445-02		Sara Marin 803-779-5121 X 122		\$ 229.43				07/28/2011			
Remarks											

Summary:

Contract base rate charge for the 07/28/2014 to 08/27/2014 billing period \$73.00 *
Contract overage charge for the 07/28/2014 to 08/27/2014 overage period \$156.43 **
*Sum of equipment base charges **See overage details below **\$229.43**

Detail:

Equipment included under this contract

Lanier/LD520CSPF

Number	Serial Number	Base Charge			Location				
D3580	V2205301258	\$73.00			Able South Carolina 136 Stonemark Ln Ste 100 Columbia, SC 29210				
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
Color	D3580 - Color	60,161	61,455		1,294	286	1,008	\$0.103000	\$103.82
B\W	D3580 - B\W	307,504	314,262		6,758	3,000	3,758	\$0.014000	\$52.61
									\$156.43

Federal - 218.26
ARBA - 9.97 ✓
SPILY - 4.38 ✓
Comet - 5.87 ✓
BCBH - .18 ✓
ESP - 8.82 ✓

BCBH = 70 blw copies @ .012 = .18

DATE: 9/12/14
AUTHORIZED: Kimberly A. Lissal
BY: Sara Marin

REMIT PAYMENT TO:
104 SALUDA RIDGE COURT, WEST COLUMBIA SC 29169 (803)744-0400 FAX (803)744-0405

184 BRYANT ROAD, SPARTANBURG SC 29303 (864)585-1013 FAX (864)585-2818

Past due Charges of 2.0% per month with a min charge of \$5.00 apply.

Invoice SubTotal	\$229.43
Tax:	\$18.35
Invoice Total	\$247.78
Balance Due:	\$247.78

ABLE SOUTH CAROLINA
136 STONEMARK LN., SUITE 100
COLUMBIA, SC 29210
(800) 681-6805
www.able-sc.org

WELLS FARGO BANK, NA
COLUMBIA, SC 29201
67-776/532

16276

9/12/2014

PAY TO THE ORDER OF South Carolina Health Cooperative

\$ **3,541.00

Three Thousand Five Hundred Forty-One and 00/100 ***** DOLLARS

South Carolina Health Cooperative
PO Box 1153
Seneca, SC 29679

VOID AFTER 90 DAYS

Sharon Hain
Kimberly A. Tinsch

MEMO Monthly Billing for 9/14

⑈016276⑈ ⑆053207766⑆ 2003206720095⑈

ABLE SOUTH CAROLINA

16276

South Carolina Health Cooperative

Date	Type	Reference	Original Amt.	Balance Due	9/12/2014 Discount	Payment
9/11/2014	Bill		3,541.00	3,541.00		3,541.00
					Check Amount	3,541.00



WELLS FARGO/Busi Monthly Billing for 9/14

3,541.00

ABLE SOUTH CAROLINA

16276

South Carolina Health Cooperative

Date	Type	Reference	Original Amt.	Balance Due	9/12/2014 Discount	Payment
9/11/2014	Bill		3,541.00	3,541.00		3,541.00
					Check Amount	3,541.00

WELLS FARGO/Busi Monthly Billing for 9/14

3,541.00

Monthly Billing for 9/1/2014

ABLE SOUTH CAROLINA (Grp: 10000 / 10040)

136 STONEMARK LANE

SUITE 100

COLUMBIA, SC 29212

Emp No	Insured	Class	MED RATE	EE TOB	DEP TOB	Total
14	JERRILEA S. DAVISON	FAMILY	\$872.00	(\$219) = \$438		\$872.00
16	BELINDA J. HAMPTON	EE ONLY	\$482.00			\$482.00
17	RACHEL KAPLAN	EE ONLY	\$384.00			\$384.00
18	ROBERT W. KOPP	EE ONLY	\$224.00			\$224.00
5	SARA L. MARIN	EE ONLY	\$384.00			\$384.00
8	KIMBERLY A. TISSOT	EE ONLY	\$434.00			\$434.00
9	KATHLEEN A. TRACY	EE ONLY	\$761.00			\$761.00

BCBH-R Kaplan- 7 @ 2.7 = \$9.10

9/12/14
Kubeky Tied
Jana Havin

8/16/14 - 9/12/14

Comet = \$41.30
PIDDC = \$52.00
MYF = \$2.71
SPE = \$19.51
SPC = \$8.22
PI = \$18.03
STYH = \$44.40
SPY = \$14.40

NYLN = \$127.59
DC = \$279.12
ESP = \$128.00
SPV = \$33.33
BCBH = \$9.00

Able South Carolina
 136 Stonemark Lane
 Suite 100
 Columbia, SC 29210

Wachovia Bank, NA

67-776
 532

Check Date 9/19/2014

Check Number Memo

Pay *No Dollars and No Cents*

\$*****

To the Order of:
 200

Rachel Kaplan
 207 E. Earle Street
 Greenville, SC 29609

42 -99994063
NON NEGOTIABLE



Authorized Signature

Rachel Kaplan

Able South Carolina

136 Stonemark Lane Suite 100
 Columbia, SC 29210 803-779-5121

Company	Period Begin	Division
A1464-01	9/1/2014	
Number	Period End	Branch
42	9/12/2014	
Social Security #	Check Date	Department
	9/19/2014	200
Hire Date	Check Number	Team
6/4/2013	-99994063	

Annual Leave 116.00-115.50=0.50 HOURS
 Sick Leave 116.00-59.00=57.00 HOURS

Earnings

Deductions

Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date	Description	Current	Year To Date
Salary		0:00	0:00	1111.11	2111.11	Fed (S/2) (1111.11)	90.66	1801.36
Paid Holiday		0:00	8:00	0.00	0.00	OASDI (1111.11)	68.89	1320.52
Other OT Amt					187.60	Medicare (1111.11)	16.11	308.86
						SC (1/2) (1111.11)	46.85	923.98
						United Way (Greenville)	2.00	34.00
						Net Pay Direct 32223XXXX	886.60	16909.99

BCBH-7

Able South Carolina - Time Sheet

9/1/2014-9/12/2014

Employee: Rachel Kaplan Title: Youth Transitions and Health Programs Coordinator

Day	Federal	ARRA	FFS	Annual	Sick	Other	Total
Monday 9/1/2014						8.00 H	8.00
Tuesday 9/2/2014							
Wednesday 9/3/2014						5.00 NY/DC	5.00
Thursday 9/4/2014						8.00 NY/DC	8.00
Friday 9/5/2014						8.00 DC	8.00
Saturday 9/6/2014						8.00 DC	8.00
Sunday 9/7/2014						5.00 DC	5.00
Monday 9/8/2014						8.00 SY/BC	8.00
Tuesday 9/9/2014						8.00 NY	8.00
Wednesday 9/10/2014	1.00					7.00 PIDDC/SY	8.00
Thursday 9/11/2014						6.00 PIDDC	6.00
Friday 9/12/2014	1.00					7.00 PIDDC	8.00
Total hours	2.00					78.00	80.00

Hours:
 NY = 13
 DC = 29
 SY = 7
 PIDDC = 17
 BC = 4 hrs

NOTES:

9/1 - Labor Day
 9/2: Off Work

Employee: Rachel Kaplan Date: 9/9/2014

Supervisor: Jerri Davison Date: 9.11.14

OK'd
 9.12.14

ABLE SOUTH CAROLINA
136 STONEMARK LN., SUITE 100
COLUMBIA, SC 29210
(800) 681-6805
www.able-sc.org

WELLS FARGO BANK, NA
COLUMBIA, SC 29201
67-776/632

16283

9/29/2014

PAY TO THE ORDER OF South Carolina Health Cooperative

\$ **3,103.00

Three Thousand One Hundred Three and 00/100***** DOLLARS

South Carolina Health Cooperative
PO Box 1153
Seneca, SC 29679

VOID AFTER 90 DAYS

Ara Hallin
Kibeshy A. Lisat MP

MEMO Monthly Billing for 10/14

⑈016283⑈ ⑆053207766⑆ 2003206720095⑈

ABLE SOUTH CAROLINA

16283

South Carolina Health Cooperative

Date	Type	Reference	Original Amt.	Balance Due	9/29/2014 Discount	Payment
9/25/2014	Bill		3,103.00	3,103.00		3,103.00
					Check Amount	3,103.00

WELLS FARGO/Busi Monthly Billing for 10/14

3,103.00

ABLE SOUTH CAROLINA

16283

South Carolina Health Cooperative

Date	Type	Reference	Original Amt.	Balance Due	9/29/2014 Discount	Payment
9/25/2014	Bill		3,103.00	3,103.00		3,103.00
					Check Amount	3,103.00

WELLS FARGO/Busi Monthly Billing for 10/14

3,103.00

Monthly Billing for 10/1/2014
ABLE SOUTH CAROLINA (Grp: 10000 / 10040)
136 STONEMARK LANE
SUITE 100
COLUMBIA, SC 29212

Premium: 10110

FINAL

Emp No	Insured	Class	MED RATE	EE TOB	DEP TOB	Total
14	JERRILEA S. DAVISON	FAMILY	\$872.00			\$872.00
16	BELINDA J. HAMPTON	EE ONLY	\$482.00			\$482.00
17	RACHEL KAPLAN	EE ONLY	\$384.00			\$384.00
18	ROBERT W. KOPP	EE ONLY	\$224.00			\$224.00
5	SARA L. MARIN	EE ONLY	\$384.00			\$384.00
8	KIMBERLY A. TISSOT	EE ONLY	\$434.00			\$434.00
9	KATHLEEN A. TRACY	EE ONLY	\$761.00			\$761.00

BCBH

R. Kaplan - 7 hrs @ \$27.14/hr = \$19.00

09/23/2014 11:40 AM

Styh - \$18.92
Nylm - \$43.20
PIDDC - \$20.30
BCBH - \$9.00
Comet - \$9.80
myf - \$2.80
SPH voting - \$11.20

SPIL EMD - \$4.20
ESP - \$23.80
PI - \$19.04

Kimberly A. Tracy
9.29.2014

ABLE SOUTH CAROLINA
136 STONEMARK LN., SUITE 100
COLUMBIA, SC 29210
(800) 681-6805
www.able-sc.org

WELLS FARGO BANK, NA
COLUMBIA, SC 29201
67-776/532

16295

9/29/2014

PAY TO THE
ORDER OF KCL

\$ **609.17

Six Hundred Nine and 17/100***** DOLLARS

KCL Group Benefits
PO Box 219425
Kansas City, MO 64121-9425

VOID AFTER 90 DAYS

Aara Main
Kimberly A. Tisdal

MEMO Group 91048

⑈016295⑈ ⑆053207766⑆ 2003206720095⑈

ABLE SOUTH CAROLINA

16295

KCL

Date Type Reference
9/25/2014 Bill

Original Amt.
609.17

Balance Due
609.17

9/29/2014

Discount

Payment

609.17

Check Amount

609.17

WELLS FARGO/Busi Group 91048

609.17

ABLE SOUTH CAROLINA

16295

KCL

Date Type Reference
9/25/2014 Bill

Original Amt.
609.17

Balance Due
609.17

9/29/2014

Discount

Payment

609.17

Check Amount

609.17

WELLS FARGO/Busi Group 91048

609.17



K·C·L GROUP
BENEFITS

ABLE SOUTH CAROLINA

Group Number: 91048

Date Due: 10/1/2014

Date Prepared: 9/11/2014

PROVIDES COVERAGE FROM 10/1/2014 - 10/31/2014

Group Number: 91048

Amount Due: \$736.43

Payment Due Date: 10/1/2014

Amount Enclosed:

ABLE SOUTH CAROLINA
ATTN: SARA MARIN
136 STONEMARK LANE, STE. 100
COLUMBIA, SC 29210

KCL GROUP BENEFITS
ATTN: Vanessa Cook - 91048
PO BOX 219425
KANSAS CITY, MO 64121-9425

KCL Group Benefits Contact Information

Group Customer Account Team
PO Box 219425
Kansas City, MO 64121-9425

Vanessa Cook
vcook@kclife.com
www.kclgroupbenefits.com

Phone: 877-266-6767 x8767
816-753-7299 x8767
Fax: 816-753-2964

Monthly Premium Statement Summary

Last Month's Charges	\$789.67
Payments	(\$789.67)
Excess Premium	\$0.00
<hr/>	
Past Due/Credit	\$0.00
Current Premium Due	\$736.43
Adjustments / Fees	\$0.00
EAP Fee	\$0.00
Balance Due	\$736.43

BASIC ADMINISTRATIVE INSTRUCTIONS

- PLEASE PAY AS BILLED
- VERIFY YOUR STATEMENT FOR ACCURACY, VERIFYING ALL ELIGIBLE EMPLOYEES ARE COVERED
- ENROLLMENT CARD(S) FOR NEW EMPLOYEES MUST BE PROVIDED WITHIN 31 DAYS OF ELIGIBILITY DATE
- REPORT EMPLOYEES WHO HAVE DISCONTINUED EMPLOYMENT IMMEDIATELY GIVING DATE OF TERMINATION
- REPORT ALL SALARY AND CLASS CHANGES IMMEDIATELY PROVIDING EFFECTIVE DATE OF CHANGE
- ADJUSTMENTS WILL BE REFLECTED ON BILLING SUMMARY
- ADJUSTMENTS DETAIL MAY BE VIEWED AT: <http://www.kclgroupbenefits.com>

R. Kaplan - 8 hrs @ 39.12 = 312.96



K-C-L GROUP
BENEFITS

Insured Legend		Footnotes	Cobra
EE - Employee Only	1 - Rate Change	CE - Cobra Employee (EE)	
EF - Employee + Family	2 - Coverage Change	CF - Cobra EE + Family	
SP - Spouse	3 - Both	CS = Cobra EE + Spouse	
DE - Dependent(s)		CM - Cobra EE + Child(ren)	
EM - Employee + Member			
ES - Employee + Spouse			

ABLE SOUTH CAROLINA
Group Number: 91048
Date Due: 10/1/2014
Date Prepared: 9/11/2014

PROVIDES COVERAGE FROM 10/1/2014 - 10/31/2014

	TG Life & AD&D			Voluntary Life & AD&D			STD		LTD		Vision		Total Prem	
	Life Prem	Life Cov	AD&D Prem	AD&D Cov	Life Prem	Life Cov	AD&D Prem	AD&D Cov	Prem	Cov Payroll	Prem	Prem	Prem	Prem
DAVIDSON JERRILEA														
EE	\$12.00	\$50,000	\$2.00	\$50,000	\$25.00	\$250,000	\$0.00	\$0	\$0.00	\$0	\$5.10	\$99.32		
Total	\$12.00	\$50,000	\$2.00	\$50,000	\$25.00	\$250,000	\$0.00	\$0	\$0.00	\$0	\$5.10	\$99.32		
HAMPTON BELINDA														
EM	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$10.75	\$75.86		
EE	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$29.90		
Total	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$10.75	\$105.76		
KAPLAN RACHEL														
EE	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$5.10	\$64.81		
Total	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$5.10	\$64.81		
KOPP ROBERT														
EE	\$12.00	\$50,000	\$2.00	\$50,000	\$9.00	\$100,000	\$0.00	\$0	\$0.00	\$0	\$5.10	\$75.68		
Total	\$12.00	\$50,000	\$2.00	\$50,000	\$9.00	\$100,000	\$0.00	\$0	\$0.00	\$0	\$5.10	\$75.68		
MARIN SARA														
EE	\$12.00	\$50,000	\$2.00	\$50,000	\$22.50	\$250,000	\$0.00	\$0	\$0.00	\$0	\$5.10	\$92.37		
Total	\$12.00	\$50,000	\$2.00	\$50,000	\$22.50	\$250,000	\$0.00	\$0	\$0.00	\$0	\$5.10	\$92.37		
PORCHEA LAQUANDA														
EE	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$5.10	\$61.62		
Total	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$5.10	\$61.62		
TEMPIO DORI														
EE	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$5.10	\$64.81		
Total	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$5.10	\$64.81		
TISSOT KIMBERLY														
EE	\$12.00	\$50,000	\$2.00	\$50,000	\$25.00	\$250,000	\$0.00	\$0	\$0.00	\$0	\$5.10	\$105.65		
DE	\$0.00	\$0	\$0.00	\$0	\$1.60	\$10,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$1.60		
Total	\$12.00	\$50,000	\$2.00	\$50,000	\$26.60	\$260,000	\$0.00	\$0	\$0.00	\$0	\$5.10	\$107.25		
TRACY KATHLEEN														
EE	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$5.10	\$64.81		
Total	\$12.00	\$50,000	\$2.00	\$50,000	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$5.10	\$64.81		

Able South Carolina
136 Stonemark Lane
Suite 100
Columbia, SC 29210

Wachovia Bank, NA

67-776
532

Check Date 10/3/2014

Check Number Memo

Pay No Dollars and No Cents

\$*****

To the Order of:
200

Rachel Kaplan
207 E. Earle Street
Greenville, SC 29609

42 -99993923
NON NEGOTIABLE



Authorized Signature

Rachel Kaplan

Company	Period Begin	Division
A1464-01	9/13/2014	
Number	Period End	Branch
42	9/21/2014	
Social Security #	Check Date	Department
	10/3/2014	200
Hire Date	Check Number	Team
6/4/2013	-99993923	

Able South Carolina

Annual Leave 120.00-115.50=4.50 HOURS
Sick Leave 120.00-64.00=56.00 HOURS

136 Stonemark Lane Suite 100
Columbia, SC 29210 803-779-5121

Earnings

Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date
Salary		0:00	0:00	1111:11	22222:22
Sick		0:00	5:00	0:00	0:00
Bonus					1200:00
Other OT Amt					187:60

Deductions

Description	Current	Year To Date
Fed (S/2) (1111.11)	90:66	1892:02
OASDI (1111.11)	68:89	1463:81
Medicare (1111.11)	16:11	342:37
SC (1/2) (1111.11)	46:85	970:83
United Way (Greenville)	2:00	36:00
Net Pay Direct 32223XXXX	886:60	18904:79

BCBH = A

Able South Carolina - Time Sheet

9/13/2014-9/21/2014

Employee: Rachel Kaplan Title: Youth Transitions and Health Programs Coordinator

Day	Federal	ARRA	FFS	Annual	Sick	Other	Total
Saturday	9/13/2014					1.00 NY	1.00
Sunday	9/14/2014						
Monday	9/15/2014				5.00	2.00 BC	7.00
Tuesday	9/16/2014					8.00 NY/PIDDC	8.00
Wednesday	9/17/2014					8.00 NY/SY	8.00
Thursday	9/18/2014					8.00 NY/BC/SY	8.00
Friday	9/19/2014					8.00 NY	8.00
Saturday	9/20/2014						
Sunday	9/21/2014						
Total hours					5.00	35.00	40.00

Leave Types	NOTES:	Hours:
H = Holiday	9/13: NYLN Conference Call	NY = 18 PIDDC = 7 SY = 6 BC = 4
A = Administrative Leave	9/15/2014: 2 hrs BC	
B = Bonus Day	9/16: 1 hr NY, 7 hrs PIDDC	
	9/17: 4 hrs SY, 4 hrs NY	
	9/18: 4 hrs NY, 2 hrs SY, 2 hrs BC	

Employee: Rachel Kaplan Date: 9/16/2014

Supervisor: Jerri Davison Date: 9.25.14

NA 9.29.14