

August 18, 2015

Dear Governor Haley,

I am writing you this letter in hopes of help and a small change within your Department of Employment and Workforce. My name is, Sarah Saunders. Until August 8, 2014 I was a Paramedic in Berkeley County where I worked for over 10 years. I sustained injuries on the job while attempting to help an elderly man who was badly burned. I was released from employment before all my medical care was completed but even so, I was not able to go back to my previous job and due to restrictions, found it a challenge to find another one. After attempting to sustain my family on my worker's compensation and my husband's "cop salary" I filed for benefits, 11 months after I was terminated.

I was also in the process of moving into a different home when I filed for my benefits and did not receive letters in regard to a decision from the DEW that I was disqualified for 5 weeks because I lost my job due to medical reasons. The appeal was made concerning the fact that I could not refute this decision because I never received the letters. My appeal has been denied. I am not sure why but the U.S Postal Service has now only forwarded my mail and I have the letters in front of me. The original posting is July 27, 2015 and the revised posting is September 13, 2015.

One small change would, in this situation, have helped me dramatically. If these letters that carry such a heavy weight of importance on them could only be sent requiring a signature I might not have lost 5 weeks of \$159.00 in benefits and I would not have lost my appeal due to a clerical error made by a third party.

I had only wanted to provide for my family on my own. I only sought help when the burden became too much to carry alone. Yet, I have been penalized for not seeking assistance sooner and for the Postal Service not being accountable or responsible.

I know that you are busy and that this is a small issue but it is an issue that could affect so many residence of South Carolina that are just trying to get by. I have taken a job that pays what I was receiving on unemployment because I pride myself on making my own way. I have always worked, in some form, since the age of 12 and this was the first time I have ever needed assistance. I hope to gain a more substantial employment soon with the assistance of your Vocational Rehabilitation Center located in Moncks Corner.

In closing, I know that you cannot change my situation but I hope that you can help ease the hardship of this process in the future by just making it mandatory that these important documents to require a signature and that "automatic" disqualifications need to be reviewed and circumstances need to be addressed in order to make an informed decision. Thank you, and keep up the good work!

Sincerely,



Sarah Saunders

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SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT AND WORKFORCE
P.O. BOX 995
COLUMBIA, S.C. 29202
OFFICIAL BUSINESS
UCB-103

FORWARDING SERVICE REQUESTED

SARAH N SAUNDERS
145 ASHLEY MARIE LN
MONCK'S CORNER

SC 29461 1260915C0009/13/15

NOTIFY SENDER OF NEW ADDRESS
SAUNDERS
1101 LANGDOC ST
MONCK'S CORNER SC 29461-9252
SC: 29461829201 1980-00130-13-20

29461829201

FYY-SMP 2946

AN INDIVIDUAL MUST BE ABLE TO WORK IN ORDER TO BE ELIGIBLE TO RECEIVE UNEMPLOYMENT INSURANCE BENEFITS UNDER THE SOUTH CAROLINA CODE SECTION 41-35-110. DUE TO A HEALTH CONDITION, YOU ARE UNABLE TO PERFORM THE DUTIES OF YOUR LAST OCCUPATION. HOWEVER, IT IS DETERMINED YOU ARE ABLE TO PERFORM OTHER WORK FOR WHICH YOU HAVE HAD TRAINING AND/OR EXPERIENCE. THEREFORE, YOU ARE ELIGIBLE FOR BENEFITS.

YOU STATED YOU ARE NOT ABLE TO PERFORM THE FUNCTIONS OF YOUR CUSTOMARY JOB DUE TO MEDICAL ISSUES BUT HAVE TRAINING OR EXPERIENCE IN ANOTHER OCCUPATION THAT YOU CAN PERFORM WORK IN.

____ LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

MAILING DATE 07/24/2015

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT 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 BY MAIL ADDRESSED TO "APPEAL TRIBUNAL, POSTOFFICE BOX 995, C OUMBIA,SOUTH CAROLINA 29202", OR BY FAX 803.737.0287. FOR ADDITIONAL INFORMATION ON FILING AN APPEAL, CONTACT THE APPEALS DEPARTMENT AT 803.737.2520 OR VISIT OUR WEB SITE AT WWW.DEW.SC.GOV/APPEALS.ASP.

YOU WERE SEPARATED FROM YOUR JOB WITH YOUR MOST RECENT BONA FIDE EMPLOYER DUE TO A MEDICAL PROBLEM THAT PREVENTED YOU FROM DOING THE JOB AS REQUIRED. SINCE YOU WERE UNABLE TO DO YOUR WORK DUE TO MEDICAL REASONS, A MINIMUM DISQUALIFICATION IS IMPOSED UNDER PROVISIONS OF SOUTH CAROLINA CODE SECTION 41-35-125(2)(B). YOU ARE DISQUALIFIED FOR 05 WEEKS. YOUR MAXIMUM BENEFITS ARE ALSO REDUCED BY 05 TIMES YOUR WEEKLY BENEFIT AMOUNT.

LAST SEPARATION FROM NON-LIABLE EMPLOYER

UI CLAIMS ADJUDICATOR

MAILING DATE 07/27/2015

IMPORTANT: THIS DETERMINATION WILL BE THE FINAL DECISION OF THE DEPARTMENT 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 BY MAIL ADDRESSED TO "APPEAL TRIBUNAL, POSTOFFICE BOX 995, COLUMBIA, SOUTH CAROLINA 29202", OR BY FAX 803.737.0287. FOR ADDITIONAL INFORMATION ON FILING AN APPEAL, CONTACT THE APPEALS DEPARTMENT AT 803.737.2520 OR VISIT OUR WEB SITE AT WWW.DEW.SC.GOV/APPEALS.ASP.

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