

TIME RECEIVED  
March 12, 2015 4:59:20 PM EDT

REMOTE CSID  
803 957 2343

DURATION  
328

PAGES  
6

STATUS  
Received

03/12/15 15:56 Postal Express (803)957-2343 Page 1

# Postal Express



## Facsimile Transmittal

To: Mikki Haley Fax: 803-734-5167  
 From: Mary Ann Ayer Date: 3/11/2015  
 Re: Unemp. Appeal & Pages: incl. Cover Pg 6  
 CC: Compens & Per

☒ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Mr. Haley,  
 I have worked very hard to  
 get info to unemployment office  
 they do not have any fact  
 and then they reply not in on time  
 or no fact. Plus info they have is  
 incorrect.

Postal Express  
 955 E Main St Ste E  
 Lexington, SC 29072

803-957-2342  
 803-957-2343 - Fax

Sending Cert. Mail let receipt  
 Also.

[www.postalexpress-sc.com](http://www.postalexpress-sc.com)

**CONFIDENTIAL**

Mary Ann Ayer  
803-960-4143  
557 406 70 5440

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# Postal Express

## Facsimile Transmittal



*unemployment*  
*Not a Fax!*

To: *Appeals Unemp.* Fax: *737-3225*  
 From: *Mary Ann Cline* Date: *3/11/2015*  
 Re: *Requesting an appeal* Pages: *4* incl. Cover Pg *5*  
 CC: *Dear Mary Ann Cline* *cc: Clerk*  
☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle  
*DOB 8/31/51* *John No. 803-734-5467* *803-737-2100*

*Please see enclosed*

1. pay cover sheet dated: 15:24 3/10/2015 (3:24)
2. Results OK
3. Taped to: 737-0287 - gave this fax No: 3/10
4. Letter req. Appeal
5. Letter req. appeal (enclosed)
6. *and fax that has not been rec'd*

Postal Express  
955 E Main St Ste E  
Lexington, SC 29072

803-957-2342  
803-957-2343 - Fax

*Please process my request and pay my unemp.*

www.postalexpress-sc.com

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*Letter from my father coming*

*Postal Express unemp*

HP Color LaserJet Pro MFP M177fw

Fax Confirmation

Postal Express (803)957-2343

Mar-10-2015 15:28

Job	Date	Time	Type	Identification	Duration	Pages	Result
492	03/10/2015	15:24:26	Send	7370287	3:36	2	OK

*3:24*

*3/10/2015  
803-134-3225  
Blk Mark  
Fax to him*

**Postal Express**

Facsimile Transmittal



To: *Appeals SC unemp* Fax: *737-0287*  
 From: *Mary Ann Ayle* Date: *3/10/2015*  
 Re: *484-20-5940* Pages: *2 incl. Cover Pg*  
 CC: *NOB 8/3/15*

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

*See letter attached  
for Appeal per  
Amway C*

*Mary Ann Ayle*

Postal Express  
965 E Main St Ste E  
Lexington, SC 29072

803-957-2342  
803-957-2343 - Fax

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# Postal Express



## Facsimile Transmittal

737-3225

To: Appeals SC Unemployment Fax: 737-0287  
From: Mary Ann Aske Date: 3/10/2015  
Re: 406-70-5940 Pages: 2 incl. Cover Pg  
CC: NOB 8/3/15

☒ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

See letter attached  
for Appeal per  
Amway C

Postal Express  
955 E Main St Ste E  
Lexington, SC 29072

803-957-2342  
803-957-2343 - Fax

Mary Ann Aske

[www.postalexpress-sc.com](http://www.postalexpress-sc.com)

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3/11/2015

On file to:

3/10/2015

737-3225

Attn: Appeals

SC Unemployment  
Office

Mary Ann Ayer

DOB: 8/3/1951

SSN 406-70-5740

Please be informed  
requesting Appeal

W/ in time frame

per Advisory C.

at Unemp. office

Appeal W/ in time  
frame -

fax 737-0287

Mary Ann Ayer

We can fax to make sure

YOU LEFT YOUR MOST RECENT BONA FIDE EMPLOYER WHEN YOU FAILED TO RETURN TO WORK FOLLOWING A LEAVE OF ABSENCE. THEREFORE, YOU LEFT VOLUNTARILY WITHOUT GOOD CAUSE UNDER THE SOUTH CAROLINA CODE SECTION 41-35-120. YOU ARE DISQUALIFIED FROM 01/11/15 AND UNTIL YOU RETURN TO WORK AND EARN AT LEAST EIGHT TIMES YOUR WEEKLY BENEFIT AMOUNT.

*Alta Rouse Ana Ayer*  
*DOB 8-31-51*

*Alta Rouse*

UCB-103  
Rev. 7/13

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE  
P.O. BOX 995, COLUMBIA, S.C. 29202

MARYANN AYER

DATE OF THIS NOTICE 02/26/15

108 MIST LN

LEXINGTON

SC 29073

CLAIMANT'S NAME			EFFECTIVE DATE		DISQUALIFICATION ENDS	
MARYANN AYER			01/11/15		INDEF	
SC WORKS #	TYPE	CATEGORY	WEEKLY BENEFIT AMOUNT	MAXIMUM POTENTIAL ENTITLEMENT	LESS REDUCTION OF	NET TOTAL BENEFITS
320	I	01	\$ 238.00	\$ 4454.00	\$ 0.00	\$ 4454.00
					BENEFIT YEAR ENDS	
					01/10/16	

*3238.00 x 8 = 1,904.00*  
*1904*

DETERMINATION BY CLAIMS ADJUDICATOR ON CLAIM FOR BENEFITS

— You are eligible for benefits from the above effective date.

☒ You have been disqualified from receiving benefits or have been found to be ineligible for benefits for the following reason(s).