



TENNESSEE DEPT OF LABOR AND WORKFORCE DEV.
 Labor Standards Division - Chattanooga Office
 540 McCallie Avenue, Room 600
 Chattanooga, TN 37402

STATEMENT OF CLAIM FOR WAGES - CASE #

Insp. 25

Do Not Write Above This Line

Claimant Information (Please Print or Type all information on this form.)

Name: Gary C Avans Social Security # [REDACTED]
 Street Address: [REDACTED] Rd Apt. No: _____
 City Trenton State GA Zip Code 30752

Contact Information
 Home () _____ Present Work () _____
 Pager () _____ Cell Phone (423) [REDACTED]

Employer (Against Whom Claim Is Made)
 Name of Corporation/Company ERLanger Hospital
 Corporate Address (Main Office) 975 East Third ST
 City Chattanooga State TN Zip Code 32462
 Corporate Phone (423) 778-7000 Corporate Fax () _____

Address Where Work Was Performed (if different from above)
 Address 632 MORRISON SPRINGS Rd
 City Red Bank State TN Zip Code 37415
 Phone (423) 778-3393 Fax () _____

Your Job Title HOSPITAL Police Your Supervisor RODNEY PATTON
 Type Of Business Health Care Owner's Name _____
 Number of Employees (including Yourself) 4500 County (Where Work Was Performed) HAMILTON
 Your Rate of Pay \$ 14.19 Per hr

Type of Claim (Please Check One)
 No Rest/Lunch Break (Currently employed by company)
 Unpaid Wages - Currently Employed by Company
 Unpaid Wages - Discharged/Terminated by Company
 Unpaid Wages - Voluntarily Quit Company

Period of Employment
 Date you were Hired 01/19/2004
 Date you were Terminated/Discharged/Quit 04/30/2011

Statement of Facts (Provide a detailed description of the facts of this case.)
as a former employee, I had deducted from my pay each day one half hour for lunch. I was the only officer at ERLanger North per shift. I could not leave or take a lunch break, numerous times, due to the fact that I was the only officer present, I would have to leave my lunch to answer calls.

You may write on the back of this form or use additional pages if needed.

Wages/Compensation Claimed (Please list the dates & hours for which you HAVE NOT been paid.)

Date	Time In	Time Out	Total Hours	Amount Due
1-19-04	0800	1600	8	
Monday - Friday				
Plus overtime				
Plus Severance				

Date	Time In	Time Out	Total Hours	Amount Due
4-30-11	0800	1600		
Monday - Friday				

Total Amount Due \$ 1/2 hr per day

Please return completed/signed form to the address at the top of the page.

I do hereby certify that the above is a true statement of the wages due me from the above named employer and that the information contained herein is correct to the best of my knowledge.

Signature Gary C Avans Date 08-16-2011



TENNESSEE DEPT OF LABOR AND WORKFORCE DEV.

Labor Standards Division - Chattanooga Office

540 McCallie Avenue, Room 600

Chattanooga, TN 37402

STATEMENT OF CLAIM FOR WAGES - CASE #

Insp 25

Do Not Write Above This Line

Claimant Information (Please Print or Type all information on this form.)

Name: HAROLD HOLLIDAY

Social Security #

Street Address:

Apt. No:

City: SODDY DAINY

State: TN

Zip Code: 37379

Contact Information

Home (X)

Present Work () NO

Pager ()

Cell Phone (423)

Employer (Against Whom Claim Is Made)

Name of Corporation/Company: ERLANGER HEALTH SYSTEMS

Corporate Address (Main Office): 975 EAST 3RD ST.

City: CHATT. TN

State: TN

Zip Code: 37402

Corporate Phone (423) 778-7000

Corporate Fax ()

Address Where Work Was Performed (If different from above)

Address: ERLANGER NORTH RED BANK & ERLANGER EAST

City: RED BANK

State: TN

Zip Code:

Phone ()

Fax ()

Your Job Title: POLICE OFFICER

Your Supervisor: RADNAY PATTON

Type Of Business: HOSPITAL

Owner's Name:

Number of Employees (including yourself): 4400

County (Where Work Was Performed): HAMILTON

Your Rate of Pay: \$ 15.12

Per HOUR

Type of Claim (Please Check One)

- () No Rest/Lunch Break (Currently employed by company)
() Unpaid Wages - Currently Employed by Company
() Unpaid Wages - Discharged/Terminated by Company
() Unpaid Wages - Voluntarily Quit Company

Period of Employment

Date you were Hired

Date you were Terminated/Discharged/Quit

Statement of Facts (Provide a detailed description of the facts of this case.)

I WORKED AT ERLANGER NORTH HOSPITAL FOR ERLANGER HEALTH SYS. FOR 13 YEARS 13y-1m. SELF ON MIDNIGHT SHIFT, AND NEVER COULD LEAVE FACILITY FOR LUNCH OR BREAK. I CARRIED A RADIO TO COMMUNICATE WITH DISPATCHER I NEVER ATE LUNCH, BECAUSE OF NO SNACK BAR WITH SANDWICHES. I HAD NEVER HAD ANY RELIEF TO BREAK OR EAT. I WORKED ERLANGER EAST FOR 1 YEAR & 5 MONTHS UNDER SAME CONDITIONS. ALSO WORKED AT SISKIN HOSP. FOR OVER A YEAR OVERTIME FOR ERLANGER.

You may write on the back of this form or use additional pages if needed.

Wages/Compensation Claimed (Please list the dates & hours for which you HAVE NOT been paid.)

Table with 5 columns: Date, Time In, Time Out, Total Hours, Amount Due. Rows from 1993 to 2006.

Table with 5 columns: Date, Time In, Time Out, Total Hours, Amount Due. Rows from 2007 to 2011, including overtime for 2009.

Total Amount Due \$

Please return completed/signed form to the address at the top of the page.

Plus my severance pay

I do hereby certify that the above is a true statement of the wages due me from the above named employer and that the information contained herein is correct to the best of my knowledge.

Signature

Harold Holliday

Date

08-16-2011



TENNESSEE DEPT OF LABOR AND WORKFORCE DEV.
Labor Standards Division - Chattanooga Office
540 McCallie Avenue, Room 600
Chattanooga, TN 37402

STATEMENT OF CLAIM FOR WAGES - CASE #

Insp 25

Do Not Write Above This Line

Claimant Information (Please Print or Type all information on this form.)

Name: JERRY L. LAWRENCE Social Security # [REDACTED]
 Street Address: P.O. Box 233, 344 [REDACTED] Apt. No: _____
 City GRAVESVILLE State TN Zip Code 37538

Contact Information

Home () _____ Present Work () _____
 Pager () _____ Cell Phone (✓) [REDACTED]

Employer (Against Whom Claim Is Made)

Name of Corporation/Company ERLANGER MEDICAL CTR.
 Corporate Address (Main Office) 975 E. 3RD ST.
 City CHATTANOOGA State TN Zip Code 37403
 Corporate Phone (423) 778-7000 Corporate Fax () _____

Address Where Work Was Performed (If different from above)

Address _____
 City _____ State _____ Zip Code _____
 Phone () _____ Fax () _____

Your Job Title POLICE OFFICER Your Supervisor RODNEY PATTON
 Type Of Business MEDICAL Owner's Name _____
 Number of Employees (including Yourself) 4,000+ County (Where Work Was Performed) HAMILTON
 Your Rate of Pay \$14.75 Per HR

Type of Claim (Please Check One)

- () No Rest/Lunch Break (Currently employed by company)
- () Unpaid Wages - Currently Employed by Company
- (X) Unpaid Wages - Discharged/Terminated by Company
- () Unpaid Wages - Voluntarily Quit Company

Period of Employment

Date you were Hired 11 130 1995
 Date you were Terminated/Discharged/Quit 04 130 2011

Statement of Facts (Provide a detailed description of the facts of this case.)

I WAS A POLICE OFFICER AT ERLANGER MEDICAL CENTER. THERE WERE MANY DAYS THAT I WOULD GET A STAT CALL WHILE WAS ON MY LUNCH BREAK IN THE CAFETERIA. I WOULD PUNCH NO LUNCH SOME TIMES AND I WOULD BE CALLED INTO OUR SUPERVISOR'S OFFICE AND INFORMED THAT ERLANGER HAD TOLD HIM THAT WE COULD NOT PUNCH NO LUNCH. BECAUSE WE HAD TIME TO EAT LUNCH BECAUSE WE WORKED 13 HOURS SHIFT. ERLANGER WOULD DEDUCT OUR 30 MIN. LUNCH. IF WE TOOK OUR LUNCH OR NOT, ALSO WAS NOT PAID SEVERANCE WHEN I LEFT.

You may write on the back of this form or use additional pages if needed.

Wages/Compensation Claimed (Please list the dates & hours for which you **HAVE NOT** been paid.)

Date	Time In	Time Out	Total Hours	Amount Due	Date	Time In	Time Out	Total Hours	Amount Due
1995 THUR 0630		1900	1300		1995 THUR 0630		1900	1300	
2011					2011				
PLUS OVERTIME									

Total Amount Due \$ 1/2 Hour Per Day

Please return completed/signed form to the address at the top of the page.

I do hereby certify that the above is a true statement of the wages due me from the above named employer and that the information contained herein is correct to the best of my knowledge.

Signature Jerry Lawrence Date 8/16/2011