

COLLETON COUNTY GOVERNMENT PERSONNEL ACTION REQUEST

#4562

EMPLOYEE / APPLICANT INFORMATION	Type of Transaction (Check applicable items)																											
Effective Date of Action: <u>7-13-23</u>	New Employee <input type="checkbox"/> Regular Employee <input type="checkbox"/> PRN <input type="checkbox"/>																											
Name: <u>Hayes Laura C.</u>	Probationary: Initial 6-month <input type="checkbox"/> Transfer / Extension 3-month <input type="checkbox"/>																											
Address: [REDACTED]	Full Time <input type="checkbox"/> End of Probation <input type="checkbox"/> Part-time <input type="checkbox"/>																											
Cell / Phone Number: [REDACTED]	Non-Guaranteed Hours / Convenience of the County <input type="checkbox"/>																											
Email Address: [REDACTED]	Temporary <input type="checkbox"/> Type: _____																											
Social Security Number: [REDACTED]	Provisional Timeframe: _____																											
Department / Agency / Office: <u>Clerk of Court</u>	Transfer <input type="checkbox"/> Old Position #: _____																											
Payroll Account Number: <u>100-412-412-40-1100-0000</u>	Other: <u>Resigned Jan 8-14-23 BS</u>																											
Payroll Manager: <u>Rebecca H. Hill</u>	<u>Resigned from SF &amp; TC 7-31-23 BS</u>																											
Position / Job Classification and Pay Data:	Salary Change Due to: _____																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Present</th> <th>Proposed</th> </tr> </thead> <tbody> <tr> <td>Position Name</td> <td><u>Deputy Clerk</u></td> <td></td> </tr> <tr> <td>Category / Position #</td> <td></td> <td></td> </tr> <tr> <td>Grade</td> <td><u>11</u></td> <td></td> </tr> <tr> <td>Hourly Rate</td> <td><u>\$25.24</u></td> <td></td> </tr> <tr> <td>Annual Salary</td> <td><u>\$52,499.98</u></td> <td></td> </tr> <tr> <td>Workweek</td> <td><u>40</u></td> <td></td> </tr> <tr> <td>Shift / Hours per Day</td> <td><u>8</u></td> <td></td> </tr> <tr> <td>Cycle</td> <td></td> <td></td> </tr> </tbody> </table>		Present	Proposed	Position Name	<u>Deputy Clerk</u>		Category / Position #			Grade	<u>11</u>		Hourly Rate	<u>\$25.24</u>		Annual Salary	<u>\$52,499.98</u>		Workweek	<u>40</u>		Shift / Hours per Day	<u>8</u>		Cycle			Merit <input type="checkbox"/> Reclassification <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Other <input type="checkbox"/>  Suspension <input type="checkbox"/> Number of Days: _____ Suspension with Pay <input type="checkbox"/> Suspension without Pay <input type="checkbox"/> Leave / Timeframe: _____ Remarks: _____
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Cycle																												
Exempt / Salaried <input checked="" type="checkbox"/> Non-Exempt / Hourly <input type="checkbox"/>	**Documentation must be attached for all salary changes** Termination Action (Check applicable items): Resignation w/ status <input type="checkbox"/> <u>Seal Certificate Notary Called 7-31-23</u> Layoff <input type="checkbox"/> Retiring <input type="checkbox"/> Terminated at the Pleasure <input type="checkbox"/> Other <input type="checkbox"/> _____ Additional Remarks: _____																											
Employee / Candidate's Signature: [REDACTED] Date: <u>8-2-2023</u>	**Documentation must be attached for all salary changes** FINAL REVIEW: Human Resource Manager _____ Date _____ Finance Director _____ Date _____ County Administrator _____ Date _____																											
DEPARTMENTAL REVIEW: [REDACTED] Date: <u>7-13-23</u> [REDACTED] Date: <u>7.13.23</u>																												





Deadgrea Sadler <dsadler@colletoncounty.org>

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**Laura Hayes and savannah martin**

1 message

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**Rebecca Hill** <rhill@colletoncounty.org>  
To: Deadgrea Sadler <dsadler@colletoncounty.org>

Wed, Jul 26, 2023 at 8:55 AM

Good morning, Queen D,

Per an earlier email, please allow this email to serve that Laura Hayes and Savann Martin both verbally quit their employment with the Colleton County Clerks Office on Thursday, July 13th, 2023. The PAR form for both of them has been delivered to you for their signature.

Sincerely,

COURTESY OF  
LUNA SHARK MEDIA

LAURA CAROL HAYES

**Demographics & Salary Tax Information**

DATE OF BIRTH		PAY RATE	2,120.19
RACE	W	PAY RATE EFFECTIVE DATE	
SEX	F	ANNUAL TAX SALARY	55,124.94
DATE OF EMPLOYMENT	02/17/2022	OVERTIME FACTOR	
PR DATE INACTIVATED		EMPLOYMENT STATUS	F
CLASS	8810 CLERICAL	TAX STATUS	S
DEPARTMENT	412 JUDICIAL	FEDERAL EXEMPTIONS	
LOCATION	412-40 CLERK OF COURT	STATE EXEMPTIONS	1
CATEGORY	DCOC1A DEPUTY CLERK OF COURT	ADDITIONAL FEDERAL TAX	
JOB TITLE		ADDITIONAL STATE TAX	
SALARY CLASS	11 GRADE 11	FICA WITHHOLDING	Y
TOTAL YEARS EXPERIENCE	1	EARNED INCOME CREDIT	0
TYPE OF EMPLOYEE	SALARIED	LOCAL TAX CODE	
PAY PERIOD	B BIWEEKLY	CONTRACT DAYS - STANDARD:	260
HOURS/PAY PERIOD	80.00	CURRENT:	260
SUPERVISOR	HILL, REBECCA H	BUDGETED ANNUAL SALARY	55,124.94
PAY GRADE		DAILY RATE	212.02
PAY STEP		LEAVE ACCRUAL DATE	2/17/2022
LONGEVITY / MERIT DATE			

DAILY HOURS 8.00 RATE 26.50

**Notes:**

**Deduction Information**

<u>DED CODE/DESC</u>	<u>EMPLOYER COST</u>	<u>STD AMT</u>	<u>CURRENT AMT</u>
SCRS SC RETIREMENT	18.56%	9.00%	9.00%

RECCNT	REC CNTR MEMBERSHIP	10.96	10.96
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**Leave Information**

<u>LEAVE CODE/DESC</u>	<u>ACCUM RATE</u>	<u>PRIOR BAL</u>	<u>YTD EARNED</u>	<u>YTD USED</u>	<u>BALANCE</u>
V80 VACATION (80)	3.0800	27.8000	6.1600	4.0000	29.9600
S80 SICK LEAVE (80)	3.7000	19.0000	7.4000	8.0000	18.4000

**Direct Deposit Information**

**EMPLOYEE MASTER SHEETS**

**Account Distribution**

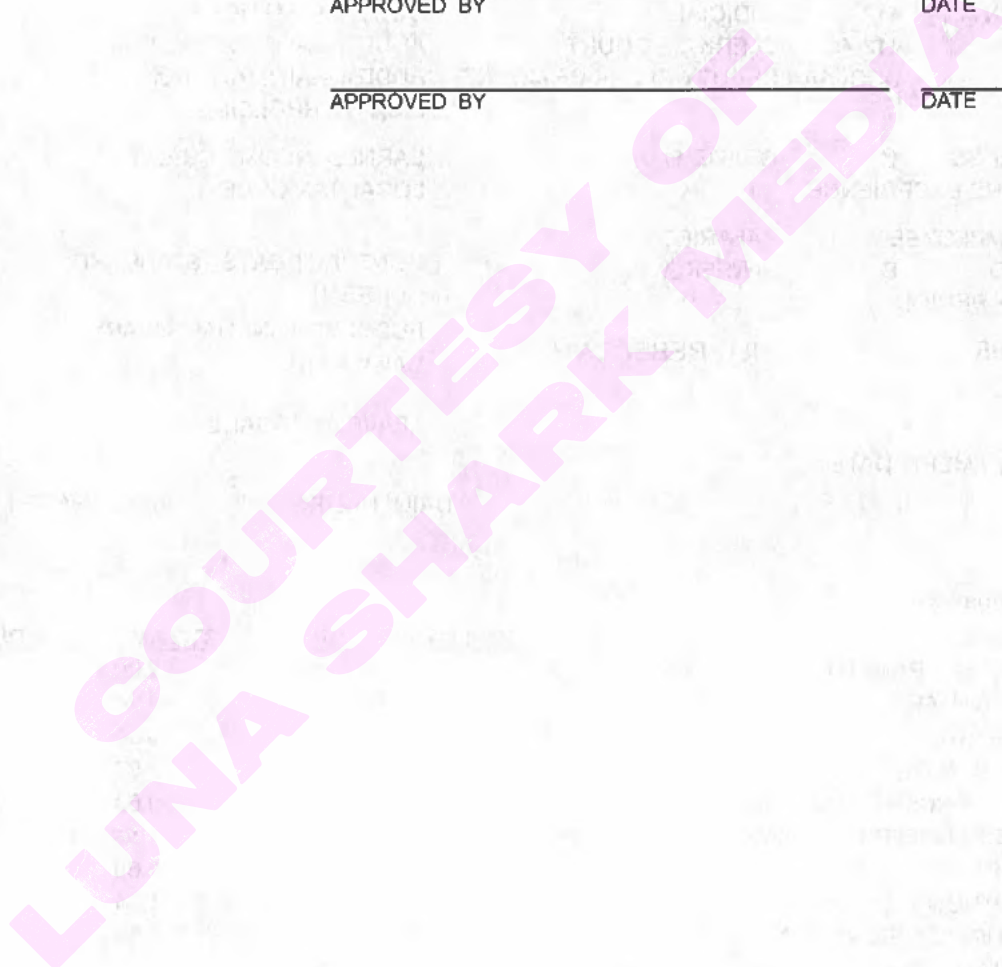
ACCOUNT NUMBER	PAY TYPE	BUDGET	FYTD AMOUNT	PAY RATE	FTE	FRINGE	STD HOURS	STD AMOUNT	CURR HOURS	CURR AMOUNT
100-410-413-30-1275-0000	NRMYSA			789.26						
100-412-412-40-1100-0000	R		3,782	26.50	1.0000	1.0000	80.00	2,120.19	80.00	2,120.19
126-412-412-40-5810-0000	REIMB			26.50						
127-412-412-40-1100-0000	INCNTV			3,915.42						
		0	3,782		1.0000	1.0000	80.00	2,120.19	80.00	2,120.19

\* Fiscal Year-To-Date Amount only pertains to the current salary accounts s

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE

\_\_\_\_\_  
APPROVED BY DATE

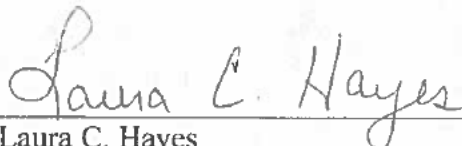
\_\_\_\_\_  
APPROVED BY DATE

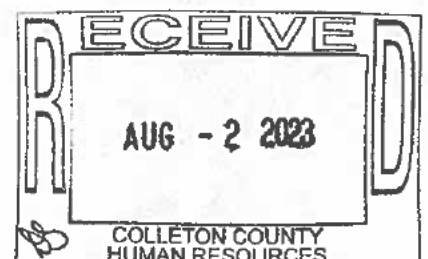


To Whom It May Concern:

I resigned my position as Deputy Clerk of Court at the Colleton County Courthouse on July 13, 2023 and did so without notice for the following reasons.

Things were starting to come to my attention that I felt were improperly handled by the Clerk of Court, including the handling of accounts and in how she wrongly completes reports to DSS regarding employees who work with child support. I was also unhappy that Mrs. Hill was out of the office too often attending to personal matters and matters concerning her book. I also felt like she was using the Courthouse as a movie studio. She invited Netflix into our building on several occasions to film. When they would come in they would totally disrupt business. On July 12, 2023 they came and spent upwards of 4 hours in Mrs. Hill's office filming her. Court was going on in the Circuit Courtroom and in the Family Courtroom therefore it was quite crowded in the hallway. Mrs. Hill often brings her dog with her to the Courthouse. Mostly he doesn't cause any trouble, but don't try to pick him up or get too close to him or pet him because it depends on the day whether he is in the mood for those things. He has often growled and has nipped at a couple of people. On that day he was making too much noise for the filming so Mrs. Hill put him into the hall and closed her door. Then he became the employees responsibility. He only wanted back into the room with Mrs. Hill and was running up and down the halls panting and whining. It was stressful to the security team as well as employees. Also during the filming on July 12<sup>th</sup>, the crew was allowed by Mrs. Hill to take over another employee's office with no regard for that employee or the equipment or placement of equipment that was in that office. The employee was displaced for the remainder of the day, however, the employee did spend the majority of that day in Court. Upon coming into work on July 13<sup>th</sup> the employee was tasked with putting her office back the way it was prior to Netflix rearranging things. In the process of cleaning work areas of crumbs and sticky coffee rings, and moving the copy machine and plugging it back in, she accidentally bumped into her computer monitor causing it to fall into the floor and it cracked the screen. According to her, she went in to tell Mrs. Hill about it and was met with disdain and contempt and was told that she needed to take responsibility for breaking the monitor and that now she was going to have to order a new monitor from her budget. The employee was distressed and told me what happened. I felt like it wouldn't have happened if Netflix would not have been allowed to go into that office and make a total mess and move things around. That combined with the knowledge of the impropriety going on, Mrs. Hill constantly allowing Netflix to come in and disrupt business and the fact that she is hardly ever there, among many other issues that I have noticed over the year and a half that I have been under her employment, I confronted her and the confrontation did not go well. I decided that I could no longer work for her. I was later encouraged by legal counsel to file a complaint with the Ethics Commission and I did so therefore making my return to work for Mrs. Hill not an option.

  
Laura C. Hayes



# COLLETON COUNTY GOVERNMENT PERSONNEL ACTION REQUEST

#4562

COPY

2-22-22

**EMPLOYEE / APPLICANT INFORMATION**

Effective Date of Action: February 17, 2022

Name: Hayes Laura  
(last) (first) (middle)

Address: [REDACTED]

Cell /Phone Number: [REDACTED]

Email Address: [REDACTED]

Social Security Number: [REDACTED]

Department / Agency / Office: Clerk of Court

Payroll Account Number: 100-412-412-40-1100-0000

Payroll Manager: Rebecca H. Hill

Position / Job Classification and Pay Data:

	Present	Proposed
Position Name	<u>Deputy Clerk</u>	
Category / Position #		
Grade	<u>11</u>	
Hourly Rate		
Annual Salary	<u>\$ 50,000<sup>05</sup></u>	
Workweek	<u>40</u>	
Shift / Hours per Day	<u>8</u>	
Cycle		

Exempt / Salaried  Non-Exempt / Hourly

[REDACTED] 2/2/2022  
Date

**Type of Transaction**  
 (Check applicable items):

New Employee  Regular Employee  (PBA)

Probationary: Initial 6-month  Transfer / Extension 3-month

Full Time  End of Probation  Part-Time

Non-Guaranteed Hours / Convenience of the County

Temporary  Type: \_\_\_\_\_

Provisional Timeframe: \_\_\_\_\_

Transfer  Old Position #: \_\_\_\_\_

Other: \_\_\_\_\_

**Salary Changes Due to:**

Merit  Reclassification  Demotion  Promotion

Other

Suspension  Number of Days: \_\_\_\_\_

Suspension with Pay  Suspension without Pay

Leave / Timeframe: \_\_\_\_\_

Remarks: \_\_\_\_\_

**\*\*Documentation must be attached for all salary changes\*\***

**Termination Action**  
 (Check applicable items):

Resignation w/ status  Resignation w/o status

Layoff  Retiring  Disciplinary  Probation/Reject

Terminated of the Pleasure of Elected Official

Other  \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

**\*\*Documentation must be attached for all salary changes\*\***

**FINAL REVIEW:**

\_\_\_\_\_  
 Human Resource Manager Date

\_\_\_\_\_  
 Finance Director Date

\_\_\_\_\_  
 County Administrator Date

Division Head / Supervisor: [REDACTED] 2/2/2022  
Date

**\*\* ALL PAYROLL CHANGES MUST BE GIVEN TO EMPLOYEES IN WRITING AND REVIEWED BY THE COUNTY ADMINISTRATOR \*\***

South Carolina DRIVER'S LICENSE

HAYES, LAURA CLOUD



DOB: [REDACTED]  
Issued: 01-26-2017  
Expires: 02-02-2027  
Class: D  
Sex: F  
Weight: 220  
Height: 5-10  
Restrict: None  
Endorse: None



150013 R02  
Governor

SOCIAL SECURITY  
[REDACTED]  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
LAURA CAROL  
[REDACTED]  
04/15/2011  
USA

COURTESY OF  
LUNA SHARK MEDIA

**COLLETON COUNTY**  
**PERSONNEL POLICY MANUAL**

**DISCLAIMER**

ALL EMPLOYEES OF COLLETON COUNTY ARE EMPLOYED AT-WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY REASON. NOTHING IN ANY OF COLLETON COUNTY'S RULES, POLICIES, HANDBOOKS, PROCEDURES OR OTHER DOCUMENTS RELATING TO EMPLOYMENT CREATES ANY EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT. NO PAST PRACTICES OR PROCEDURES, WHETHER ORAL OR WRITTEN, FORM ANY EXPRESSED OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. NO PROMISES OR ASSURANCES, WHETHER ORAL OR WRITTEN, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING; 2) THE DOCUMENT IS LABELED "CONTRACT"; 3) THE DOCUMENT STATES THE DURATION OF EMPLOYMENT; AND 4) THE DOCUMENT IS APPROVED BY COUNTY COUNCIL AND SIGNED IN ACCORDANCE WITH COUNCIL'S AUTHORIZATION.

I ACKNOWLEDGE RECEIPT OF COLLETON COUNTY'S PERSONNEL POLICY AND UNDERSTAND THAT IT IS NOT A CONTRACT OF EMPLOYMENT.



**EMPLOYEE'S SIGNATURE**

Laura C. Hayes  
**EMPLOYEE'S PRINTED NAME**

2/15/2022  
**DATE**

**APPROVED & EFFECTIVE 11/06/2008**  
**SUPERSEDES ALL PREVIOUS CCPPM EDITIONS**



**COLLETON COUNTY**  
**SAFETY POLICY MANUAL**

I acknowledge receipt of Colleton County's Safety Policy Manual and understand that all Colleton County employees, volunteers, and contract workers are expected to comply with the safety procedures, policies and guidelines; to be aware of, report, and/or address potential hazards; and to work at all times to promote a safe and accident-free environment.



Laura C. Hayes  
**Employee's Printed Name**

2/15/2022  
**Date**

COURTESY OF  
LUNA SHARK MEDIA

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**2022**

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <u>Laura C</u>	Last name <u>Hayes</u>	(b) Social security number [REDACTED]
	<input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works**

Do only one of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):	3 \$ 0
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____ Add the amounts above and enter the total here . . . . .	
<b>Step 4 (optional):</b> Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a) \$ 0
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b) \$ 0
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .	4(c) \$ 0

**Step 5:** Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (this form is not valid unless you sign it.) [REDACTED]

Date 2/15/2022

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

**Step 2(b)—Multiple Jobs Worksheet** *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
  
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
  
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
  
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** *(Keep for your records.)*



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
  
- 2 Enter: 

{	• \$25,900 if you're married filing jointly or qualifying widow(er)
	• \$19,400 if you're head of household
	• \$12,950 if you're single or married filing separately

 . . . . . **2** \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
  
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
  
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**SOUTH CAROLINA EMPLOYEE'S  
WITHHOLDING ALLOWANCE CERTIFICATE**

**SC W-4**  
(Rev. 10/25/21)  
3527  
**2022**

Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.

**Part I: Employee Information**

1 First name and middle initial <b>Laura E.</b>		Last name <b>Hayes</b>		2 Social Security Number [REDACTED]	
[REDACTED]		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate If Married filing separately, check Married, but withhold at higher Single rate.			
[REDACTED]		4 Check if your last name is different on your Social Security card. <input type="checkbox"/> For a replacement card, contact the Social Security Admin at 1-800-772-1213			
5 Total number of allowances (from the applicable worksheet on page 3)				5 <b>1</b>	
6 Additional amount, if any, to withhold from each paycheck				6 <b>\$</b>	
7 I claim exemption from withholding for 2022. Check the box for the exemption reason and write <b>Exempt</b> on line 7. For tax year 2021, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2022 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability. <input type="checkbox"/> I elect to use the same state of residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement (LES). State of domicile:				7 <b>2-22-22</b>	
Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.					
Employee's signature (required) [REDACTED]				Date <b>2/15/2022</b>	

**Part II: Employer Information**

Complete box 8 and box 10 if sending to the SCDOR. Complete box 8, box 9, and box 10 if sending to the State Directory of New Hires.

8 Employer's name and address		9 First date of employment		10 Employer identification number (EIN)	
-------------------------------	--	----------------------------	--	---	--

**INSTRUCTIONS**

**Employee instructions**

Complete the SC W-4 so your employer can withhold the correct South Carolina Income Tax from your pay. If you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Determine the number of withholding allowances you should claim for withholding for 2022 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Consider completing a new SC W-4 each year and when your personal or financial situation changes. This keeps your withholding accurate and helps you avoid surprises when you file your South Carolina Individual Income Tax return.

For the latest information about South Carolina Withholding Tax and the SC W-4, visit [dor.sc.gov/withholding](http://dor.sc.gov/withholding).

**Exemptions:** You may claim exemption from South Carolina withholding for 2022 for one of the following reasons:

- For tax year 2021, you had a right to a refund of all South Carolina Income Tax withheld because you had no tax liability, and for tax year 2022 you expect a refund of all South Carolina Income Tax withheld because you expect to have no tax liability.
- Under the Servicemembers Civil Relief Act, you are claiming the same state of residence for tax purposes as your military servicemember spouse. You are only in South Carolina, or a bordering state, to be with your military spouse who is serving in the state in compliance with military orders. Provide your employer with a copy of your current military ID card and a copy of your spouse's latest Leave and Earnings Statement (LES). Your military ID card must have been issued within the last four years. The assignment location on the LES must be in South Carolina or a bordering state. Enter your spouse's state of domicile on the line provided.

If you are exempt, complete only line 1 through line 4 and line 7. Check the box for the reason you are claiming an exemption and write **Exempt** on line 7. Your exemption for 2022 expires February 15, 2023. If you are a military spouse and you no longer qualify for the exemption, you have 10 days to update your SC W-4 with your employer.

**Filers with multiple jobs or working spouses:** You will need to file an SC W-4 for each employer. If you have more than one job, or if you are married filing jointly and your spouse is also working, you may want to consider only claiming allowances on the SC W-4 for the highest earning job and/or adding additional withholding on line 6 to ensure you are having enough withheld.

**SC W-4 Worksheets  
KEEP FOR YOUR RECORDS**

**Personal Allowances Worksheet**

<b>A</b>	Enter 1 for yourself .....	<b>A</b>	<u>  1  </u>
<b>B</b>	Enter 1 if you will file as married filing jointly .....	<b>B</b>	<u>      </u>
<b>C</b>	Enter 1 if you will file as head of household .....	<b>C</b>	<u>      </u>
<b>D</b>	Enter 1 if: .....	<b>D</b>	<u>      </u>
	<ul style="list-style-type: none"> <li>• You are single, or married filing separately, and have only one job; or</li> <li>• You are married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>		
<b>E</b>	<b>Dependents:</b> Enter the number of dependents you will claim on your 2022 federal return .....	<b>E</b>	<u>      </u>
<b>F</b>	<b>Dependents under the age of 6:</b> Enter the number of dependents from line E who are under the age of 6 as of December 31, 2022. ....	<b>F</b>	<u>      </u>
<b>G</b>	Add line A through line F. ....	<b>G</b>	<u>  1  </u>

For accuracy, **complete all worksheets that apply.**

- **If you plan to itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If the above situation does not apply, **stop here** and enter the number from line G on line 5 of the SC W-4 on page 1.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2022 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. For more information, see IRS Pub. 505 at <a href="http://irs.gov">irs.gov</a> . ....	<b>1</b>	\$ <u>      </u>
<b>2</b>	Enter the 2022 federal standard deduction amount based on your filing status. ....	<b>2</b>	\$ <u>      </u>
<b>3</b>	Subtract line 2 from line 1. If zero or less, enter 0. ....	<b>3</b>	\$ <u>      </u>
<b>4</b>	Enter an estimate of your 2022 adjustments to income and any additional standard deduction for age or blindness. For more information, see IRS Pub. 505 at <a href="http://irs.gov">irs.gov</a> . ....	<b>4</b>	\$ <u>      </u>
<b>5</b>	Add line 3 and line 4 .....	<b>5</b>	\$ <u>      </u>
<b>6</b>	Enter an estimate of your 2022 nonwage income not subject to withholding (such as dividends or interest) .....	<b>6</b>	\$ <u>      </u>
<b>7</b>	Subtract line 6 from line 5. If zero, enter 0. Enter a negative amount in <b>brackets</b> . ....	<b>7</b>	\$ <u>      </u>
<b>8</b>	Divide line 7 by \$4,300. Enter a negative amount in <b>brackets</b> . Round decimals <b>down</b> . ....	<b>8</b>	<u>      </u>
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line G. ....	<b>9</b>	<u>      </u>
<b>10</b>	Add line 8 and line 9. If zero or less, enter 0. ....	<b>10</b>	<u>      </u>

Enter the total from line 10 on line 5 of the SC W-4 on page 1.

**The Family Privacy Protection Act**

Under the Family Privacy Protection Act, the collection of personal information from citizens by the SCDOR is limited to the information necessary for the SCDOR to fulfill its statutory duties. In most instances, once this information is collected by the SCDOR, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

**Social Security Privacy Act Disclosure**

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

**VOIDED CHECK, DEPOSIT SLIP or DOCUMENT WITH PRINTED ACCOUNT NUMBERS REQUIRED**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

I hereby authorize Colleton County Government, hereinafter called **COMPANY**, to initiate payroll credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

Please select one:

- Checking Account  
 Savings Account

Indicated below and depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

BANK NAME

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER



PRE-NOTIFICATION/TEST of the bank account information will take place the first payroll following the receipt of bank account information. Employee's payroll will be deposited into the account employee specified on the payroll following pre-notification/ test, if test is successful.

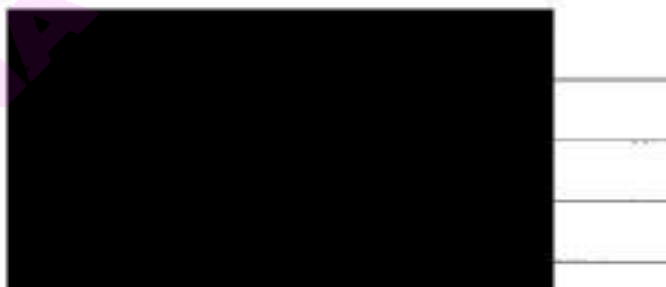
This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

EMPLOYEE NAME

EMPLOYEE SOC. SEC. #

DATE

EMPLOYEE SIGNATURE



Per Colleton County Government's Personnel Policy Manual (C.C.P.P.), Section 10.7A Employees are paid on a bi-weekly basis through **direct deposit** on Fridays. Employees are required to provide bank routing and account information to H. R. within two weeks of the date of hire so that payroll direct deposit can be processed with the bank of the employee's choosing.

10.7B Failure to maintain a bank account and to provide notice to Human Resources of any changes can result in significant delays in receipt of pay.

Submit bank account information to Human Resources before the close of business on \_\_\_\_\_.



Deadgrea Sadler <dsadler@colletoncounty.org>

## County Benefits - Initial Enrollment

1 message

Deadgrea Sadler <dsadler@colletoncounty.org>  
To: Laura Hayes <lhayes@colletoncounty.org>, lhayes68.lh@gmail.com

Tue, Feb 22, 2022 at 3:48 PM

Good Afternoon Laura,

Your employee ID# is [REDACTED] You will use this number to clock/record time worked into TimeClock.

I have completed keying your benefit information into PEBA's (Public Employee Benefits Authority) electronic systems based on the information currently in my possession. If you will, at your earliest convenience, click on the link in the emails that you received from PEBA:

### Email #1) Insurance:

- a) Make your benefit elections and key into PEBA's system (a detailed explanation will be provided during the 02-24-22 orientation, you may choose to wait until then to complete your elections).
- b) Review your elections
- c) Sign electronically

Please upload any required dependent eligibility documentation if you will be enrolling dependents onto any type of coverage (health, dental/dental plus, life or vision):

**Spouse-** Marriage license or Page 1 of federal tax return (if electing to cover a spouse on benefits).

**Children-** Birth certificate showing subscriber as the parent, a copy of the legal adoption documentation from the court verifying the completed adoption or a letter of placement from an adoption agency, attorney, or the SC Department of Social Services verifying the adoption is in progress (if electing to cover dependent children on benefits).

### Email #2) Retirement:

- a) Review information that has been keyed into PEBA's system
- b) Make any necessary corrections
- c) Click on SCRS
- d) Approve and submit

If you do not have computer/internet capabilities or are unable to:

- 1) Upload documents
- 2) Create your MyBenefits Account (Flyer Attached)
- 3) Create your Member Access (Flyer Attached)
- 4) Sign your enrollment

Please visit/contact Human Resources for assistance.

Your initial enrollment must be completed within 31 days of the 1<sup>st</sup> day of employment. If your enrollment is not signed and supporting documentation is not provided within your initial enrollment period, benefits will not be processed and coverage will not become effective (in other words, you will have **NO INSURANCE**). Due dates for completing your benefits enrollments are as follows:

Insurance: Due by 03-20-2022

**S.C. Public Employee Benefit Authority**  
**Retirement Benefits**  
**Retirement Plan Enrollment Confirmation**

**THIS FORM IS FOR YOUR RECORDS ONLY**  
**DO NOT SEND THIS CONFIRMATION RECORD TO PEBA**

**Demographic Information**

Name: LAURA C HAYES

Suffix:

SSN: [REDACTED]

Gender: Female

Date Of Birth: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

**Position Summary**

Employer: 715.01 - County of Colleton

Position Title: DEPUTY CLERK OF COURT

Annual Salary: \$50,000.00

Hire Date: 02-17-2022

**Retirement Plan Information**

Retirement Plan: South Carolina Retirement System (SCRS)

Election Made: 02-24-2022 - 1:10:59 PM

Plans Offered: SCRS

Last Modified By: DEADGREA C SADLER

Enrollment Completion Date: 02-24-2022

Employee acknowledged they terminated from the following other employers:

SC Judicial Dept Finance-Personnel (SCRS)



COLLETON COUNTY GOVERNMENT  
TERMS OF EMPLOYMENT

Employee Name: LAURA HAYES  
Department: CLERK OF COURT Position: DEPUTY CLERK  
Date of Hire: 02/17/2022 SSN: [REDACTED]

In compliance with Section 41-10-30 of the South Carolina Code of Laws, 1976, as amended, you are hereby notified of the terms of your employment:

Full-Time  Part-Time  Exempt  Non-Exempt

Hours per Workweek: 40 Hours per Pay Period: 80

Pay Rate: Hourly \$ Annually \$50,000

Colleton County Government operates on a Bi- Weekly payroll schedule, (every other Friday is pay day, there are 26 pay periods per year).

Pay checks are issued to the Department Head/designated representative by/after 2:00 p.m. on the Thursday preceding payday from the County Inner Office mail system, Room 209, of the J.P. Harrelson Building, Walterboro, South Carolina. Direct deposit stubs are emailed to specified email addresses previous to close of business on the Wednesday preceding payday. Payroll is processed for direct deposit into checking/savings accounts specified by the employee. Pay is to be available by 12:00 noon on pay date.

**Deductions presently known to Colleton County Government to be made from 1<sup>st</sup> two (2) paychecks in each month other than Income Taxes and FICA:**

**State Benefits:**

[REDACTED]

**The following deductions will be made from all bi-weekly (26) paychecks:  
Retirement:**

SCRS  PORS  Non-Elected

**Additional Deductions:**

AFLAC, Cannady's Insurance Agency, Colonial Life & Accident Insurance Company  
Family Court Payments (Mandatory when ordered by Judge)  
IRS & State Department of Revenue Levies

[REDACTED]

2/15/2022  
DATE

02/15/2022  
DATE

HUMAN RESOURCE REPRESENTATIVE

# NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

## PART A

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The marketplace is designed to help you find health insurance that meets your needs and fits your budget. The marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. You can buy a health plan on the marketplace outside of open enrollment if you qualify for a special enrollment period. See [www.HealthCare.gov](http://www.HealthCare.gov) for more details on special enrollment periods.

### Can I save money on my health insurance premiums in the marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does employer health coverage affect eligibility for premium savings through the marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for federal and state income tax purposes. Your payments for coverage through the marketplace are made on an after-tax basis.

### How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact *Deadgrea (Dea) Sadler* at 843-549-5221, #2.

The marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. Please visit [www.HealthCare.gov](http://www.HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a health insurance marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <b>Hayes</b>	First Name (Given Name) <b>Laura</b>	Middle Initial <b>C</b>	Other Last Names Used (if any)
Address (Street Number and Name) [REDACTED]			State [REDACTED]
Date of Birth (mm/dd/yyyy) [REDACTED]			U.S. Social Security Number [REDACTED]
Employee's E-mail Address [REDACTED]		Employee's Telephone Number [REDACTED]	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)	

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
 OR  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

[REDACTED]	Today's Date (mm/dd/yyyy) <b>02/15/2022</b>
------------	--

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	ZIP Code

**STOP**    Employer Completes Next Page    **STOP**

South Carolina DRIVER'S LICENSE

HAYES, LAURA CLOUD



DOB [REDACTED]  
Issued 01-26-2017  
Expires 02-02-2027  
Class D  
Sex F  
Weight 230  
Height 5-10  
Restrict None  
Endorse None



158015 R02

SOCIAL SECURITY



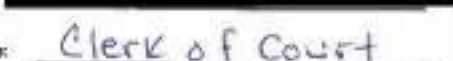
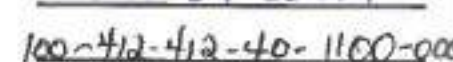


THIS NUMBER HAS BEEN ESTABLISHED FOR  
LAURA CLOUD

SIGNATURE 04/15/2011

COURTESY OF  
LUNA SHARK NEED

COLLETON COUNTY GOVERNMENT PERSONNEL ACTION REQUEST

# 4568

EMPLOYEE / APPLICANT INFORMATION		Type of Transaction (Check applicable items):	
Effective Date of Action: <u>February 17, 2022</u>		New Employee <input checked="" type="checkbox"/> Regular Employee <input type="checkbox"/> PRN <input type="checkbox"/>	
Name: <u>Hayes Laura C</u> <small>(last) (first) (middle)</small>		Probationary: Initial 6-month <input type="checkbox"/> Transfer / Extension 3-month <input type="checkbox"/>	
Address: 		Full Time <input checked="" type="checkbox"/> End of Probation <input type="checkbox"/> Part-time <input type="checkbox"/>	
Cell / Phone Number: 		Non-Guaranteed Hours / Convenience of the County <input type="checkbox"/>	
Email Address: 		Temporary <input type="checkbox"/> Type: _____	
Social Security Number: 		Provisional Timeframe: _____	
Department / Agency / Office: <u>Clerk of Court</u>		Transfer <input type="checkbox"/> Old Position #: _____	
Payroll Account Number: <u>100-412-412-40-1100-0000</u>		Other: _____	
Payroll Manager: <u>Rebecca H. Hill</u>		Salary Changes Due to:	
Position / Job Classification and Pay Data: <u>88</u> <small>Present Proposed</small>		Merit <input type="checkbox"/> Reclassification <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/>	
Position Name: <u>Deputy Clerk</u>		Other <input type="checkbox"/>	
Category / Position #: <u>DCOC1A</u>		Suspension <input type="checkbox"/> Number of Days: _____	
Grade: <u>11</u>		Suspension with Pay <input type="checkbox"/> Suspension without Pay <input type="checkbox"/>	
Hourly Rate: _____		Leave / Timeframe: _____	
Annual Salary: <u>\$ 50,000.00</u>		Remarks: _____	
Workweek: <u>40</u>		***Documentation must be attached for all salary changes***	
Shift / Hours per Day: <u>8</u>		Termination Action (Check applicable items):	
Cycle: _____		Resignation w/ status <input type="checkbox"/> Resignation w/o status <input type="checkbox"/>	
Exempt / Salaried <input checked="" type="checkbox"/> Non-Exempt / Hourly <input type="checkbox"/>		Layoff <input type="checkbox"/> Retiring <input type="checkbox"/> Disciplinary <input type="checkbox"/> Probation/Reject <input type="checkbox"/>	
		Terminated at the Pleasure of Elected Official <input type="checkbox"/>	
<u>2/2/2022</u> Date		Other <input type="checkbox"/> _____	
DEPARTMENTAL REVIEW:		Additional Remarks: _____	
Division Head / Supervisor: 		***Documentation must be attached for all salary changes***	
Date: <u>2/2/2022</u>		FINAL REVIEW:	
Date: _____		Human Resource Manager: _____ Date: _____	
Date: _____		Finance Director: _____ Date: _____	
Date: _____		County Administrator: _____ Date: _____	

ALL PAYROLL CHARGES MUST BE GIVEN TO EMPLOYEES IN WRITING AND REVIEWED BY THE COUNTY ADMINISTRATOR

2-2-68

## CONDITIONAL OFFER OF EMPLOYMENT

To: Laura C. Hayes

From: Rebecca H. Hill  
Colleton County Clerk's Office

Ref: Deputy Clerk of Court

Date: 2.2.2022

As the individual chosen that most closely fulfills the required qualifications for the position of Deputy Clerk of Court, you are being extended a conditional offer of employment with a tentative start date of February 17<sup>th</sup>, 2022. Your hourly rate of pay/ salary will be \$50,000. Per Colleton County Government's Personnel Policy Section 5.5, this offer is contingent upon completion of all the identified prerequisites and final approval by administration.

### Required Prerequisites: (Only include those that apply to your position)

- ✓ Valid driver's license
- ✓ Certified copy of driving record (if job requires)
- ✓ Verification of background information
- ✓ Reference checks (optional)
- ✓ Pre-Employment Background Check (**required for ALL positions, Satisfactory Results**)
- ✓ Pre-employment Drug Testing (**required for ALL positions, Negative Result**)
- ✓ Certifications (if job requires)
- ✓ I-9 Support (**required for ALL positions, see attached lists**)
- ✓ Other \_\_\_\_\_

Colleton County Government's Human Resources Director will contact you on the day that you have been scheduled to report for the drug screen. If you have not tested and reported back to H. R. with the chain of custody report from the Alcohol and Drug Commission by the close of business on the same day of testing, the conditional offer of employment may be withdrawn. Please provide us with good contact phone numbers. If you have any questions you may contact me at (803) 000-0000 or Human Resources at (843) 549-5221.



2/2/2022  
Date

2/2/2022

\_\_\_\_\_ Date

RETURN TO **COLLETON COUNTY GOVERNMENT**  
EMPLOYMENT APPLICATION



**1. APPLYING FOR:**

Job Title Deputy Clerk of Court  
Position Number \_\_\_\_\_ Location 101 Hampton St, Walterboro

**2. HOW DO WE CONTACT YOU?**

Social Security Number \_\_\_\_\_ Your Name Laura C. Hayes  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
Cell Home Phone \_\_\_\_\_ Business Phone (843) 549-5060 x4  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**3. TELL US ABOUT YOUR EDUCATION:**

High School (Name) Walterboro High (Location) Walterboro  
Diploma  Other (Specify)  \_\_\_\_\_ Highest Grade Completed 12  
College Graduate? Yes  No  If no, give total credit received \_\_\_\_\_ Your Name If Different While Attending School Laura Cloud

Give name & address of school, major course of study, and degree received.

Undergraduate College / University		Graduate School	
Degree	Year Degree Obtained	Degree	Year Degree Obtained
Pertinent Undergraduate Courses	Credits	Pertinent Graduate Courses	Credits

**Job-Related Training and Course Work**

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency).  
Independently performs a variety of secretarial or administrative duties involved in the operation of an office or department, applies written and unwritten policies to perform varying tasks that have significant impact; uses knowledge of operations, programs, and procedures to make independent decisions that assist supervisory personnel; possess strong inter-personal skills to work with a variety of people both in writing and verbally; well organized and can prioritize and follow through various tasks. Proficient in Microsoft software and has ability to learn new software and make application of it in a timely manner.

COLLETON COUNTY GOVERNMENT - AN EQUAL OPPORTUNITY EMPLOYER



## 4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. A résumé may be attached, but not substituted for completing this section.

1. Name of Present or Last Employer S.C. Judicial Branch  
Address 1220 Senate St, Columbia, SC 29201 Phone 803 549-5060  
Job Title Administrative Assistant  
Number Supervised \_\_\_\_\_ Supervisor's Name Honorable Gerald C. Smoak Jr  
From April 25, 2011 To Feb 16, 2022 Hours Per Week 37.5 Salary \$35,000/yr  
May we contact this employer?  Yes  No

Job Duties (give details)

Knowledge of grammatical rules, spellings, language usage, and clerical formats. Knowledge of the principles, policies, and practices of office management. Ability to effectively plan and organize work activities and prioritize task completion according to schedules and goals. Ability to communicate courteously and effectively, both orally and in writing, with the Family Court Clerk, Solicitors' Office, DJJ, DSS, Judges, attorneys, and the general public. Exercise judgment and discretion when handling Family Court documents. Able to work in an autonomous environment with excellent self-direction, initiative, and motivation, and use individual discretion in the interpretation and application of office management policies, practices, and procedures.

Reason for Leaving Advancement

2. Your Next Most Recent Employer Kenneth A. Campbell, Jr, Attorney at Law  
Address P.O. Box 1336, Walterboro, SC 29488 Phone 803 893-2677  
Job Title Secretary  
Number Supervised \_\_\_\_\_ Supervisor's Name Kenneth Campbell  
From July 1, 1997 To April 1, 2011 Hours Per Week 40 Salary \_\_\_\_\_

Job Duties (give details)

Prepare legal documents such as legal correspondence, and organize and maintain documents in paper or electronic filing system. Prepare for trial by performing tasks such as organizing exhibits. Prepare legal documents, including briefs, pleadings, wills, contracts, and real estate closing statements. File pleadings with court clerk. Direct and coordinate law office activity. Maintain attorney calendar by scheduling clients and court hearings; greet clients; assist clients over the phone and in person; provide administrative support, maintain escrow account.

Reason for Leaving \_\_\_\_\_

3. Your Next Most Recent Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_  
Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details)

Reason for Leaving \_\_\_\_\_



4. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details)

Reason for Leaving

5. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details)

Reason for Leaving

6. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details)

Reason for Leaving

Do you possess a valid driver's license?  Yes  No South Carolina If yes, provide (State)

Number [REDACTED] Expiration Date 2-2-27 Class: (check one)  A  B  C  D  E  F

Do you have any relatives employed with Colleton County Government? If yes, please provide names

Name Kaela Brinson Relation Daughter Agency Administration

Name \_\_\_\_\_ Relation \_\_\_\_\_ Agency \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) \_\_\_\_\_

Where Convicted	Date	Disposition/Status

Have you ever been terminated or forced to resign from any job?  Yes  No If yes, explain \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Give the names of two people, not relatives, who are familiar with your work.

Name Carrie Ulmer Address \_\_\_\_\_ Phone [REDACTED]

Name Terri Crosby Address \_\_\_\_\_ Phone [REDACTED]

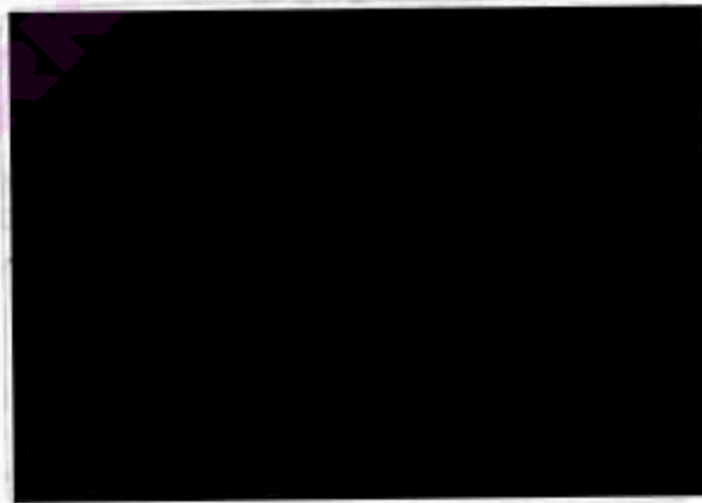
PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

**Authority to Release Information:** By my signature, I consent to the release of information to authorized officers, agents, and/or employees of Colleton County Government, which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of Colleton County Government to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given.

Signature [REDACTED] Date 2-2-2022

**Certification of Applicant:** By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature [REDACTED] Date 2-2-2022



\* Will provide long form birth certificate if requested ~~of~~ and/or required. I just happend to have this one in my wallet.

