	Charge	Charge Presented To: Agency(ies) Charge No(s):					
This form is affected by the Privacy Act of 1974 See enclosed Privacy	,	FEPA					
Statement and other information before completing this form.	X	EEOC	430-2010-00140				
			and EEOC				
	local Agency, if any						
Name (indicate Mr., Ms., Mrs.) Ms. Sherryl L. Jacobs		Home Phone (Incl. Area	Code) Date of Birth				
	ty, State and ZIP Code						
P O Box 175 Orrum, NC 28369							
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)							
Name		No Employees. Members Phone No (Include Area Code)					
ROBESON COUNTY PUBLIC LIBRARY		<u> </u>	(910) 738-4859				
Street Address City, State and ZIP Code							
101 N. Chestnut St. Lui Name	nberton, NC 28358	No Employees Members	Phone No. (Include Area Code)				
		anployees memorials	I TIONE THE THOUSE ATER CODE)				
Street Address Cit	y, State and ZIP Code		_l				
DISCRIMINATION BASED ON (Check appropriate box(es).)	ISCRIMINATION BASED ON (Check appropriate box(es).) DATE(S) DISCRIMINATION TOOK PLACE						
		Earliest Latest					
		09-08-2	009 09-08-2009				
X RETALIATION AGE X DISABILITY OTHER (Specify below.)							
Technician. In time I was promoted to Tec From on or about January 2008 through reasonable accommodations for my disat was counseled and demoted by Tina Step 2009, I was discharged.	luly 2009, I continua bility. No action was	lly requested fron taken. On or about	n my employer ut August 5, 2009, I				
II. Ms. Stepp informed me that she was disc of employees, witho without any actions taken against them.			omputer. I am aware for personal reasons				
III. I believe I have been subjected to discrim for requesting reasonable accommodation as amended, and subjected to discriminat of Title I of the Civil Rights Act of 1994,	n, in violation of the <i>i</i> tion based on my	Americans with D					
Original charge filed October 19, 2009							
I want this charge filed with both the EEOC and the State or local Agency, if an will advise the agencies if I change my address or phone number and I will coo fully with them in the processing of my charge in accordance with their procedu	res.		al Agency Requirements ann 55 an expires 12121 we charge and that it is use to				
I declare under penalty of perjury that the above is true and correct.		owledge, information an					
x 23 CAD x Mexico Callor SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month day year)							
× DUUP × mun secon	(month day, year)	•	}				

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EFOC								
DISMISSAL AND NOTICE OF RIGHTS								
To: Sherryl L. Jacobs P O Box 175 Orrum, NC 28369		From:	Charlotte District Office 129 W. Trade Street Suite 400 Charlotte, NC 28202					
[On behalf of person(s) aggrieved whose CONFIDENTIAL (29 CFR §1601.7(a))	e identity is				
EEOC Charge No.		EEOC Representat	ive		Telephone No.			
			Omayra P. Off	э,				
430	-2010-(00140	Investigator			(704) 954-6448		
THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:								
	The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.							
[Your allegations did not involve a disability as defined by the Americans With Disabilities Act.						
[The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.						
[Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge						
[X	The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.						
[The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.						
[Other (b <i>rief</i> i	ly state)					

U.S. SOLAL EMPLOYMENT ODDODTUNITY COMMISSION

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed <u>WITHIN 90 DAYS</u> of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred** <u>more than 2 years (3 years)</u> **before you file suit may not be collectible.**

District Director

n behalf of the Commission Reuben Daniels, Jr.

OCT 26 2011

(Date Mailed)

Enclosures(s)

....

cc: William R. Purcell, II, Esq. WILLIAM R. PURCELL, II, PLLC PO Box 1567 Laurinburg, NC 28353