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April 2, 2012

Tiffany Anderson
2 North Avena Avenue
Lodi, CA 95240

Dear Tiffany Anderson:

We hope you are doing well. This is in response to your last communication to me that I received by email (copy enclosed).

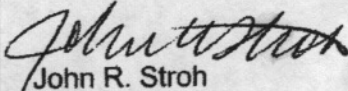
The District cannot evaluate whether it can provide you with reasonable accommodations in the form of a leave of absence or by some other means without the information requested in the documentation sent to you (copies enclosed). This documentation is the standard documentation used to evaluate possible reasonable accommodations. The District cannot obtain this information directly from the insurance carrier. If you refuse to cooperate by not authorizing the disclosure of the requested information to us, the District will have no choice but to deny you a leave of absence or other accommodation. If you are not on an approved leave, you will be considered to have abandoned your position and have resigned from employment with the District.

With respect to the job description (copy enclosed), as you know, the union and the District worked together to develop the job description and we believe it is accurate. If you feel that more detail is necessary for your medical provider to evaluate your situation, please feel free to communicate that information to your medical provider.

We understand that you have an appointment with your medical provider on April 10, 2012 at 2:12 p.m. Please immediately provide the documentation to your medical provider. If we do not receive the documentation back from your medical provider by April 13, 2012, or if you have not contacted us by then to let us know the status of the documentation, we will be forced to conclude that you are resigning your employment.

The District is sincerely trying to work with you regarding your status, but we must have the requested information to properly evaluate the options. We look forward to hearing from you.

Sincerely,


John R. Stroh
Manager

Enclosures: Email from Tiffany Anderson to John Stroh
Letter to Dr. Murata from Tiffany Anderson
Medical Certification from Dr. Murata to John Stroh
MCT I job description

SAN JOAQUIN COUNTY MOSQUITO & VECTOR CONTROL DISTRICT

POLICY TITLE: Class Specification - Mosquito Control Technician I

POLICY NUMBER: 2370

NATURE OF WORK

This is skilled and specialized work in mosquito control. Work involves inspection of mosquito sources and applying control measures in compliance with State laws, regulations, and district policies. Responsibility for the safe application of pesticides and the efficient operation of spray equipment, motor vehicles, and similar equipment. Work is performed in accordance with established methods and techniques, but employee exercises considerable independent judgment in inspection and spraying assignments. Supervision is received from a supervisor through review of work and reports, and through conferences.

ILLUSTRATIVE TASKS

- Surveys and inspects in assigned areas for mosquito breeding sources and determine stages of growth, types of mosquitoes and other factors important in applying control measures.
- Operates spray equipment, motor vehicles, and similar equipment used in district operations.
- Performs, or supervises small crews in premise inspections, prepares reports, and advises property owners on corrective measures.
- Performs, assists, or supervises small crews in the application of pesticides and assures that applications of pesticides are performed under optimum conditions in order to prevent damage to life, property and the environment.
- Performs, assists or supervises small crews in the dissemination of mosquito fish and/or other biological control agents to mosquito producing waters.
- Prepares and revises operational maps, compiles operational costs, assists in preparing survey maps, and draws sketch maps of mosquito sources.
- Contacts property owners and assists in prevention, reduction, and elimination of mosquito producing sources.
- Performs or supervises small crews in general labor duties in source reduction projects.
- Performs routine maintenance on vehicles and spray equipment, assists in mechanical maintenance, repairs, and fabrication; may be assigned to assist in maintenance and repair of building and installations.
- Makes a daily report of work performed and other information as required.
- Performs related work as required.

KNOWLEDGE, ABILITIES, AND SKILLS

- Considerable knowledge of mosquito biology, life habits, mosquito ecology, and characteristics.
- Ability to be insured, and maintenance of insurability, with the District's liability insurance provider.
- Considerable knowledge of the different types of pesticides; methods of mixing, dosage rates, methods of application, and safety precautions.
- Working knowledge of automotive equipment and of the techniques and methods used in servicing and effecting minor repairs.
- Working knowledge of general problems and techniques of mosquito control.
- Some knowledge of effective supervisory techniques.
- Ability to identify the various species of mosquitoes found in San Joaquin County.
- Ability to locate mosquito infested areas, treat such areas with pesticides in a safe but efficient manner.
- Ability to operate and maintain various types of spray equipment.
- Ability to work independently and maintain good cooperative relationship with property owners and other agencies.
- Ability to understand and carry out oral and written instructions.
- Ability to write legibly and make accurate reports
- Ability to understand and apply the elementary procedures of irrigation, drainage and source reduction or physical control procedures.
- Physical strength and ability to work out-of-doors, and occasionally under adverse weather conditions.

PHYSICAL DEMANDS:

- Incumbents may be exposed to hazardous control materials, venomous insects, vectors and vector-borne diseases, rough terrain, inclement weather conditions, vicious animals, poisonous plants and animals, and may deal with irate or antagonistic individuals.
- Under supervision, ability to mix, load, and apply pesticides in containers weighing up to 50 lbs. according to label specifications and established standards.
- Ability to demonstrate measurable visual depth perception and color vision; have a minimum of single ear aided hearing.
- Ability to demonstrate physical stamina to frequently* operate a motor vehicle; show coordination of eye/hand/foot.
- Ability to regularly* traverse uneven ground such as fields, dirt banks, stream beds, and shallow ponds carrying equipment and materials up to 50 lbs.; walk on even surfaces; stand for extended periods of time.
- Ability to wear protective equipment such as hip waders, and rubber boots, and respirators as needed.
- Ability to work alone at times and/or without direct supervision.
- Ability to tolerate insect bites.
- May be required to be vaccinated for various diseases to which incumbent may be exposed in the course of work.

- Ability to occasionally* operate specialized equipment such as boats, all-terrain vehicles, and other mechanized equipment; sit for extended periods of time; bend; use gross manipulation by hand; perform simple grasping and carrying.
- Ability to periodically* perform repetitive motion associated with computer usage; climb a ladder and operate spray equipment; twist; crawl; balance; lift; push; use fine manipulation by hand; power grip; squat/crouch; kneel; reach; climb; pull; smell.

- * **Periodically** – Activity or condition exists up to 25 percent of the time.
 Occasionally – Activity or condition exists from 25 to 50 percent of the time.
 Regularly – Activity or condition exists from 50 to 75 percent of the time.
 Frequently – Activity or condition exists 75 percent or more of the time.

EXPERIENCE AND EDUCATION

- Two years of experience in mosquito control or related work, graduation from high school, or equivalent combination of experience and training.
- Possession of a Mosquito Control Technician certificate issued by the State Department of Health.
- Possession of a valid California Driver's License.

DRAFT 1 MARCH 16, 1993
 ADOPTED JUNE 15, 1993
 AMENDED JULY 1995

MEDICAL CERTIFICATION REQUESTED BY:

*San Joaquin County Mosquito and Vector Control District
Attn: John R. Stroh, Manager
7759 S. Airport Way
Stockton, CA 95206-3918
1 (800) 300-4675
(209) 982-4675*

PATIENT: Tiffany Anderson

"Reasonable Accommodation" Inquiry

To Be Completed by Health Care Provider

THE GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008 (GINA) PROHIBITS EMPLOYERS AND OTHER ENTITIES COVERED BY GINA TITLE II FROM REQUESTING OR REQUIRING GENETIC INFORMATION OF AN INDIVIDUAL OR FAMILY MEMBER OF THE INDIVIDUAL, EXCEPT AS SPECIFICALLY ALLOWED BY THIS LAW. TO COMPLY WITH THIS LAW, WE ARE ASKING THAT YOU NOT PROVIDE ANY GENETIC INFORMATION WHEN RESPONDING TO THIS REQUEST FOR MEDICAL INFORMATION. "GENETIC INFORMATION" AS DEFINED BY GINA, INCLUDES AN INDIVIDUAL'S FAMILY MEDICAL HISTORY, THE RESULTS OF AN INDIVIDUAL'S OR FAMILY MEMBER'S GENETIC TESTS, THE FACT THAT AN INDIVIDUAL OR AN INDIVIDUAL'S FAMILY MEMBER SOUGHT OR RECEIVED GENETIC SERVICES, AND GENETIC INFORMATION OF A FETUS CARRIED BY AN INDIVIDUAL OR AN INDIVIDUAL'S FAMILY MEMBER OR AN EMBRYO LAWFULLY HELD BY AN INDIVIDUAL OR FAMILY MEMBER RECEIVING ASSISTIVE REPRODUCTIVE SERVICES.

Please Do Not Disclose Information Regarding Medical Cause or Diagnosis – Disclose Only Information Regarding the Employee's Functional Limitations and Capabilities

1. On 2/14/2012, you provided Ms. Anderson a note which indicated she could return to work as long as she abided by the work restrictions you identified. These identified restrictions preclude Ms. Anderson from performing the essential functions of her position. Please indicate how long you anticipate each of these restrictions to continue.

February 24, 2012

Gary T. Murata, M.D.
Alpine Orthopaedic Medical Group, Inc.
2488 North California Street
Stockton, CA 95204

Dear Dr. Murata:

My employer has asked that you answer the questions in the enclosed questionnaire in writing and return them on or before March 7, 2012, to my employer at:

San Joaquin County Mosquito and Vector Control District
Attn: John R. Stroh, Manager
7759 S. Airport Way
Stockton, CA 95206-3918
1 (800) 300-4675
(209) 982-4675

By my signature below, I authorize you to disclose the information requested and to discuss any of your responses with District Manager John Stroh. I further authorize District Manager John Stroh to share this information with other personnel within the District only as far as necessary to make decisions regarding my employment status, my entitlement to leave, and to enter into discussions regarding reasonable accommodations, if necessary.

This authorization will expire on February 1, 2013, after which time you will no longer be authorized to submit or discuss my medical information with my employer.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, my employer is asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus

carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I understand I have a right to receive a copy of this authorization after I sign it. By placing my initials below this clause on the original authorization, I acknowledge I have received a true copy of this authorization.

____ Initials

Thank you for your prompt attention to this matter. Again, it is important your response be timely received because my employer has indicated it must receive adequate and timely medical documentation regarding my requests.

Sincerely,

Tiffany Anderson

2. Are there any possible accommodations that might be provided to Ms. Anderson that would permit her to perform the essential functions of her position? A copy of her job description is attached. For each possible accommodation listed, how would it effect her current restrictions?
3. If Ms. Anderson needs a leave of absence because she cannot work with or without reasonable accommodations, please indicate the length of time you anticipate she will be unable to work.

Physician Signature: _____

Print Name: _____

Name of Medical Group: _____

Date: _____

PS Form 3811, February 2004
102595-02-44-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tiffany Anderson
2 N. Avena Ave.
Lodi, CA 95240

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7010 0290 0000 8894 5443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-44-1540

Tiffany Anderson
2 North Avena Avenue
Lodi, CA 95240

Envelope for
T. Anderson to
send signed letter
and job description
to Dr. Murata.

Gary T. Murata, M.D.
Alpine Orthopaedic Medical Group, Inc.
2488 North California Street
Stockton, CA 95204

Original letter
for T. Anderson
to sign, initial,
and send to
Dr. Murata,
including job
description.

San Joaquin County Mosquito & Vector Control
District
Attn: John R. Stroh, Manager
7759 S. Airport Way
Stockton, CA 95206-3918

ST-CLASS FOREVER

FIRST-CLASS FOREVER

SA FIRST-CLASS FOREVER

USA FIRST-CLASS FOREVER

USA FIRST-CLASS FOREVER

USA FIRST-CLASS FOREVER

Envelope for
Dr. Murata to
send medical
certification
to Manager
John Stroh