



**BOARD OF RETIREMENT
REGULAR MEETING
MAY 9, 2014**

DISABILITY RETIREMENT APPLICATION SUMMARY AND RECOMMENDATION

RECOMMENDED ACTION:

SCDR Application:	<input checked="" type="checkbox"/> GRANT	<input type="checkbox"/> SET FOR HEARING	<input type="checkbox"/> DENY	<input type="checkbox"/> DISMISS
	and refer to employer human resources pursuant to G.C. 31725.65			
NSCDR Application:	<input type="checkbox"/> GRANT	<input type="checkbox"/> SET FOR HEARING	<input type="checkbox"/> DENY	<input type="checkbox"/> DISMISS
	<input type="checkbox"/> GRANT 60 DAY EXTENSION THROUGH _____			

MEMBER / APPLICATION:

TIFFANY ANDERSON	146836	4/19/2004	GENERAL
MEMBER NAME	EMPLOYEE ID#	MEMBERSHIP DATE	MEMBER TYPE
MOSQUITO CONTROL TECHNICIAN I	SJC MOSQUITO ABATEMENT		
POSITION	EMPLOYER / DEPARTMENT		
APPLICATION: 3/27/2013	TYPE:	<input type="checkbox"/> BOTH SC & NSC DR	<input checked="" type="checkbox"/> SCDR ONLY
DATE			<input type="checkbox"/> NSCDR ONLY
DR EFFECTIVE DATE, IF APPROVED: 3/27/2013	8/22/1970	~6 years	
REASONS FOR APPLICATION:	DOB	SERVICE CREDIT	
On-the-job-injury on 6/2008 to the right knee.			
CURRENT MEMBER STATUS:	<input checked="" type="checkbox"/> LOA	<input type="checkbox"/> TERMINATED	<input type="checkbox"/> SVC RETIRED
	<input type="checkbox"/> PAID LEAVE	EFFECTIVE DATE	
APPLICANT'S REPRESENTATIVE:	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> OTHER
(Pro per)	_____		

REASON FOR RECOMMENDATION:

Additional summary page(s) attached: None

APPLICANT'S PHYSICIAN	FINDS:	Gary T. Murata, M.D.	PHYSICIANS' FINDINGS	Baer I. Rambach	FINDS:
IME FOR THE FUND	YES	NO	Orthopedic Surgery	YES	NO
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant is substantially incapacitated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant's incapacity is permanent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant's incapacity arose out of and in the course of employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant is able to perform other work in county service	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PROPOSED DECISION OF ADMINISTRATIVE LAW JUDGE:

Hearing Date: _____

NOT APPLICABLE GRANT DENY

Decision Issued: _____

Objections Filed w/in 10 days by: APPLICANT on _____

FUND on _____

Response filed by: APPLICANT on _____

FUND on _____

SJCERA SIGN-OFF: _____

CEO INITIAL: *Ba*

DATE: *4/25/14*