



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

**DISABILITY RETIREMENT APPLICATION SUMMARY AND RECOMMENDATION**

**RECOMMENDED ACTION:**

<b>SCDR Application:</b>	<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			
<b>NSCDR Application:</b>	<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:**

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

**REASON FOR RECOMMENDATION:**

*Additional summary page(s) attached: None*

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

DATE: 4/25/14