

October 5, 2009

Moorad, Clark & Stewart  
1301 "L" Street, Suite 1  
Modesto, CA 95354

RE: Employee: Donald Meidinger  
Employer: San Joaquin County Mosquito Vector Control District  
Claim No: VE0700038  
DOI: 10/13/2006

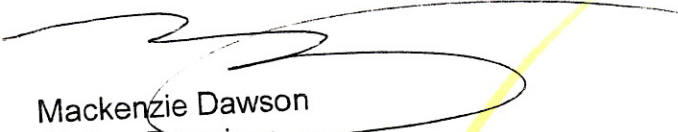
To Whom It May Concern:

Enclosed for your file and review is the following:

- Copy of DWC-Ad 10003 Notice of Offer of Regular Work on Donald Meidinger

Thank you for your attention to this matter.

Sincerely,

  
Mackenzie Dawson  
Claims Examiner

cc: Stockwell, Harris, Woolverton & Muehl  
Attn: Eric Helphrey  
1545 River Park Drive, Suite 330  
Sacramento, CA 95815

Claim Number VE0700038

**THIS SECTION TO BE COMPLETED BY EMPLOYEE:**

The employee must accept, reject or object to this offer for regular work and return this form to the employer or claims administrator listed on page one within 20 calendar days of receipt of the offer or it will be deemed that the employee has waived the right to object to the location or shift. The employee should keep a copy of this form for his or her records.

Name of employee: \_\_\_\_\_

Date offer received: \_\_\_\_\_

**I understand that if my disability is permanent and stationary and the employer has fulfilled its legal obligations related to this offer, my remaining permanent disability payments will be decreased by 15% whether I accept or reject this offer.**

**Offer of Regular Work at Same Location and/or Shift**

I accept this offer of regular work.

I reject this offer of work.

Reason:

**Note:** If either party has a dispute or objection regarding the offer of regular work, or if the employee rejects the offer of regular work, that party may file a Declaration of Readiness with the local district office of the Workers' Compensation Appeals Board (WCAB).

**Offer of Regular Work at a Different Location and/or Shift**

I understand that I have the right to object to a work offer when the location or shift is different than what I had at the time of my injury.

I accept the offer and waive my right to object to the job location or shift as not being within a reasonable commuting distance from the residence where I lived at the time of my injury.

I reject this offer of work.

Reason:

I object to this offer because the job location that has been offered is different than the job location I held at the time of my injury, and I do not believe this job allows a reasonable commute from my residence. I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.

I object to this offer because the job shift that has been offered is different than the job shift I held at the time of my injury. I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.

**Note:** If either party has a dispute or objection regarding the offer of regular work, or if the employee rejects the offer of regular work, that party may file a Declaration of Readiness with the local district office of the Workers' Compensation Appeals Board (WCAB).

Signature:

Date:

**Proof of Service By Mail or Hand Delivery**

I am a resident of the County of Sacramento. I am over the age of eighteen years and not a party to the within matter. My business address is:

On April 1, 2009, I served the **Notice of Offer of Regular Work** on the party/parties listed below by either method of service described below:

A. Placing a true copy of the **Notice of Offer of Regular Work** in a sealed envelope with postage fully prepaid addressed to each person whose name and address is given below by depositing the envelope in the United States mail.

Or

B. Personally serving a true copy of **Notice of Offer of Regular Work** on each person whose name and address is given below.

Enter the name of the party and indicate the type of service in the box (either A or B as described above.)

Name of Party:	Type of Service
Donald Meidinger, _____	A
Moorad, Clark & Stewart, 1301 "L" Street, Suite 1, Modesto, CA 95354	A
Stockwell, Harris, et. al., Attn: Erick G. Helphrey, 1545 River Park Drive, Suite 330, Sacramento, CA 95815	A

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at Sacramento on April 1, 2009.

Signature: AMANDA CONNELLY