ATTACHMENT C

RESPONDENT'S ARGUMENT REGARDING THE PETITION FOR RECONSIDERATION

November 29, 2012

CALIFORNIA PUBLIC EMPLOYEES
RETIREMENT SYSTEM LEGAL OFFICE
P.O. BOX 942707
SACRAMENTO, CA 94229

DEBRA J. PEREZ-HASZ

AGENCY CASE NO. 9326

ATTENTION: KRIS KASSIS

"PETITION FOR RECONSIDERATION"

I am re-submitting my **RESPONDENT'S ARGUMENT** as part of my Petition to Reconsider.

My medical restrictions after having my surgery remained consistent through out the entire remaining time I tried to work, until actually retiring. The only reason I filled out for Service Retirement first was because that is what the office of CALPERS said to do and then apply for Disability Retirement secondary as to not disrupt receiving my pension in a timely manner while going thru the motions needed. I could not properly and effectively work everyday without being in levels of pain while trying to do any type of work assignment.

The type of work description that was given in court was out of content. If would have been more credible if more logical questions had been asked by both attorneys as to what normal day to day work events might have been more believably done on any given day situation. The strenuous jobs that were described were not an everyday occurrence as was insinuated. And the "In-haling" of food, was meant as there was no LUNCH TIME period given during your straight eight hours, you just ate on the job (at least I did) according to whatever and wherever you were. That was totally misconstrued.

The most average day of any carpenter involved the usage of many different hand tools, **[hammers, drills, screwdrivers, saws, skill saws ,wrenches, levels, tape measures, chisel sets, ext. cords, pry bars, cats claw, sledge hammer, Hilti's, band saw, hole saw drills, mixers for joint compound, thinset mortar mix, the list goes on and on]** Now you have to carry/haul this all around in a tool box, tool bucket, crates, whatever it takes to get it where you need it. Any of just a few of these things together, and you start weighing more than 20 lbs. Then with assistance of course you need to carry sheets of

plywood, ¼", ½', ¾', 1' and larger, plus sheetrock 5/8" 4x8 sheets, lumber, vinyl/ceramic tiles, etc.....

The point again I am trying to make is finding in accordance with the Doctors evaluations of not being capable of **returning back as a carpenter at full duty.**

I send also a WORK STATUS FORM from Dr. Smith-Hoefer reaffirming my inability to return to work to resume at 100% work capacity as a Carpenter. (Dated 10/8/07).

In addition too, is the Industrial Report from Dr. Kofoed, M.D. (dated 6/8/09).

Lastly is a portion from Dr. Bryan Barbers, M.D., Orthopedic Surgeons Report; with the entire report being given originally at the August 9th court hearing. He again substantiates his findings of me being **PERMANENT AND STATIONARY of not being able to return to work as a Carpenter, ever.**

Again I humbly implore you to re-evaluate the findings I have sent to you and find me favorable for receiving a DISABILITY RETIREMENT.

Sincerely,

DEBRA J. PEREZ-HASZ

SPECIALIZED ORTHOPEDIC SURGEONS
635 Anderson Road, Suite 18
Phone 530-771-4000 Fax 530-771-4011

☐ WORK STATUS REPORT ☐ RETURN TO WORK
RETURN THIS FORM IMMEDIATELY TO YOUR EMPLOYER

Employer: CSP

Comp. Co.: State Comp

Exam Date: 10-8-07

DOI: 8-1-06

Patient Name PEREZ-HASZ, DEBRA DX

Interval History:

☐ See First Report

☐ See Chart Notes

TREATMENT TODAY: ____ Initial Exam & Treatment ____ Evaluation Only ____ Cast ____ Consultation
✓ Follow-Up ____ X-ray ____ Other

RECOMMENDATIONS: ____ Physical Therapy times/week (until next appt. with physician)
____ Testing: ____ MRI ____ CT Scan ____ Bone Scan ____ EMG ____ Arthrogram
____ General Strength/Functional Capacity Testing ____ Surgery
____ Other: Referred To:

Patient's Condition Today: ____ Resolved ____ Improved ✓ Not Improved

Treatment Complete? ____ YES ✓ NO If YES: Permanent & Stationary?: ____ YES ____ DATE ✓ NO

STATUS TODAY: ____ Release to Full Duty ____ today OR ____ Date:
✓ Release to modified duty from to
____ Unable to release to work thru
(Consider patient unable to return to work if modified duty unavailable)

WORK RESTRICTIONS: In an 8 hour work day, patient may perform the following a maximum of:

- ☐ Lift over. 10 25 50 75 100 pounds
- ☐ Stand/Walk
- ☐ Bend/Stoop
- ☐ Push, Pull/Twist
- ☐ Climb, Squat
- ☐ Overhead Arm Movement
- ☐ Should do sedentary work only
- ☐ Restricted from use of Right Left Hand Arm Foot Leg
- ☐ Protect injured area from dirt & moisture
- ☐ No operation of hazardous machinery or company vehicles
- ☐ Medication may cause drowsiness
- ☐ Other

REC'D TY
NOV 15 2007
STATE CONTRACTS TY-S

LONG TERM PROGNOSIS: (If Applicable)
Estimated release to full duty date:
Permanent disability anticipated? ____ YES ✓ NO Anticipated Q/W? ____ YES ____ NO
Vocational Rehabilitation anticipated? ____ YES ____ NO

COMMENTS:

NEXT DOCTORS APPT.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury."

CONNIE POTERACKE
NOV 19 2007
STATE CONTRACTS TY

Date of Report: 10-8-07

Dated the 8TH day of October 2007

at the Yolo County, California.

Signature of Physician:

Sutter Regional Medical Foundation
A Sutter Health Affiliate

John Kofoed M.D.
Sutter Regional Medical Foundation
2702 Law Court
Fairfield, Ca. 94534
Telephone (707)432-2600
Fax (707)432-2632

INDUSTRIAL REPORT

Name:	Perez-Hasz, Debra	MR #:	1104339
Attending Dr.	John Kofoed M.D.	Date:	June 8, 2009
		TID #:	33867529
Claims Adjuster:	Connie Poteracke	Claim #:	04996478

CLAIM #: 04996478

CHIEF COMPLAINT: Left greater than right forearm pain.

HISTORY: The patient is a 51-year-old female who sustained a cumulative trauma injury to both upper extremities through her carpenter work up over 20 years for the state of California Department of Corrections. Her previous treating physician was Dr. Elise Smith-Hoeffer. She did perform right carpal tunnel surgery and the patient has had cortisone injections to the elbows. She apparently did see some limited improvement to the hands, but continues to have some significant problems with the forearms. She states that she was released from Dr. Smith-Hoeffer's care, once the patient complained that she was still having problem and wished to have further treatment for her forearm condition.
The patient was given a stipulated award of 24% for injury to her left wrist/forearm with a provision for future medical care to care relieve from the effects of the injury.

The patient is somewhat disappointment that Dr. Smith-Hoeffer was unable to offer her anything more for her forearm problems. She is currently using a left wristlet and right wrist splint with Silicone gel inserts.

She states that her left forearm pain is severe and at times disabling. She does indicate previous problems with the upper extremities, details are not given. No prior motor vehicle accidents.

PAST MEDICAL HISTORY AND MEDICAL PROBLEMS: None.

PRIOR SURGERIES: None.

ALLERGIES TO MEDICATIONS: Yes, but not listed.

FAMILY HISTORY: Cancer and heart disease.

SOCIAL HISTORY: Divorced, two children.

WORK STATUS: The patient is a retired carpenter from the Department of Corrections, now she is a sale associate which is less demanding. She works part-time nine hours. She is currently working.

REVIEW OF SYSTEMS: She has headaches and depression. She denies fever, weight loss, infections, and she denies cardiac palpitations, chest pain, or shortness of breath. She denies nausea, vomiting, or diarrhea. She denies burning, bleeding, passage of stones, or pain with urination.

PHYSICAL EXAMINATION: She describes 7/10 on the pain scale. There is moderate-to-severe tenderness over the left forearm and moderate over the right forearm along the course of the radial tunnel. Her elbow, wrist, and hand motion is relatively full.

Bilateral elbow motion is full. Bilateral wrist and hand motion full. There are well-healed scars in the carpal tunnel region. There is moderate tenderness in the mid forearm on the right extending up along the course of the radial tunnel. There is moderate-to-severe tenderness on the left forearm in the mid portion and notably along the course of the radial tunnel.

REVIEW OF MEDICAL RECORDS:
On 08/30/2008, visit with Dr. Michael Petersen who notes left forearm pain. He notes that she has had right carpal tunnel release, right elbow surgery, and left carpal tunnel release. He notes chronic left forearm pain most consistent with radial tunnel syndrome and that it is a difficult problem to treat. It is not always responsive to nonoperative or operative management. Therefore, she was treated with Depo-Medrol and lidocaine.

On 02/28/2008, she then met with Dr. Bryan Barber, who notes left nondominant radial tunnel syndrome and left carpal tunnel release on 03/09/2007. He finds no issues of apportionment and that 100% of the problem is work related.

On 01/09/2008, visit with Dr. Barber who has diagnoses of neck pain of unknown etiology, left nondominant radial tunnel syndrome, and open surgical release left nondominant carpal tunnel. In his report, he recommends surgical release for her radial tunnel syndrome.

On 10/09/2007, visit with Dr. Smith-Hoeffer who recommended a QME for her upper extremity problems and permanent and stationary status. She notes a guarded prognosis and returned her at regular work, previous work duties, and that the patient wishes to retrain.

On 08/28/2007, visit with Dr. Smith-Hoeffer. For the forearm condition, she was suggested an H-Wave device to deal with her pain and a four-pound lifting limit.

On 03/22/2007, visit with Dr. Smith-Hoeffer noting she had left carpal tunnel release done on 03/09/2007. She notes that the sensation is improving, but to avoid over doing it.

On 03/09/2007, operation report for left carpal tunnel release and left distal forearm fasciotomy.

On 02/16/2007, visit with Dr. Smith-Hoeffer where she notes that the patient refuses cortisone injection. She has worn splints, tried anti-inflammatory medicines with persisting symptoms, and therefore a left carpal tunnel release requested.

Difficult to locate, it is an NC-STAT on call report showing signs of median nerve neuropathy. Formal detailed summary difficult to identified. The study had borderline abnormalities and that physician review is necessary.

On 01/26/2007, PR-2 report by Dr. Wendell Perry states joint pain in forearm and joint pain in hand, abnormal NC-STAT study.

On 01/19/2007, Occupational Medicine report from Dr. Kitchens. Impression, pain and numbness with weakness in the left hand with a consideration for cubital tunnel and cervical radiculopathy. The patient was scheduled for NC-STAT study and referral to Dr. Smith-Hoeffer.

IMPRESSION:
1. Status post prior right carpal tunnel release.
2. Consistent with lateral epicondylar type surgery.
3. Left carpal tunnel release in March 2007.
4. Bilateral radial tunnel syndrome worse on the left.
5. Chronic pain syndrome both upper extremities.
6. Depression.

RECOMMENDATION: I had a long discussion with the patient and her condition at this point, her radial tunnel condition is giving her most of her troubles. The patient essentially is asking for a surgical decompression on the left side. She states that right now she can live with the right side as it is not as bothersome.

I did discuss with her that the treatment of radial tunnel release is somewhat unpredictable and in the past, we have had mixed responses and the literature tends to support that and that if she does have a surgical release, she may have only limited to no improvement versus a possible substantial improvement. The patient states that she is willing to have the surgery done based on her severe pain in hopes of at least removing a portion of her discomfort on the left side. As stated, the right side is tolerable at this movement. Therefore, we stated that we would put in a request to do the decompression with her understanding the pros, cons, and potential risk of the procedure, as well as the potential outcome.

1. Left forearm radial tunnel release/decompression.
2. Prescription of North Bay Orthotics for new wrist splints on the right and wristlet on the right with gel Silicon inserts.

DISABILITY STATUS: Previously rated permanent and stationary by Dr. Smith-Hoeffer. Currently, she is working on the light duty position as a sale associate, just apparently about nine hours per week as my understanding. She will follow up pending authorization for left radial tunnel release.

Approximately 60 minutes was necessary for preparation of this report with involved review of the medical record.

DISCLOSURE STATEMENT:

I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated LABOR CODE 139.3.

John Kofoed M.D.
Signed: 6/11/2009
ld
D: 6/8/2009 4:38:39 PM
T: 6/9/2009 5:29 AM
33867529

CLINICAL IMPRESSIONS/DIAGNOSES:

1. Left nondominant radial tunnel syndrome.
2. Status postop open surgical release left nondominant carpal tunnel syndrome (surgery on 3/9/07).
3. Lumbar Spine:
   a. Probable multilevel lumbar degenerative disc disease of the acquired type. ?Annular tear/tears. ?Small left lumbar disc herniation.
4. Some neck pain (nonindustrial)
5. Bilateral plantar fasciitis (nonindustrial).
6. Migraine headaches (nonindustrial).
7. Hypothyroidism (nonindustrial).
8. Irritable bowel syndrome (nonindustrial).
9. Hypertension (nonindustrial).
10. Depression (nonindustrial).

OLD SCHEDULE/AMA GUIDELINES

DISABILITY STATUS RE LEFT NONDOMINANT UPPER EXTREMITY (LEFT ELBOW AND LEFT WRIST/HAND): Ms. Perez-Hasz is again permanent and stationary and has reached maximum medical improvement.

PRECLUSIONS/WHOLE PERSON IMPAIRMENTS, OBJECTIVE FACTORS, and SUBJECTIVE FACTORS: No significant change since this examiner's AME report dated February 28, 2008, that is, no significant change since the 24% PPD Stipulations. In fact, the frequency and severity of the symptoms in the left nondominant forearm and wrist/hand are almost identical today as they were in my report of February 28, 2008.

FUTURE MEDICAL TREATMENT: Regarding the radial tunnel syndrome, as noted above, Ms. Perez-Hasz is not taking any significant pain medication. Ms. Perez-Hasz relates that many different previously-prescribed medications were not affected. Dr. Michael Peterson injected the left radial tunnel with Depo-Medrol and lidocaine as per his report of May 30, 2008. According to Ms. Perez-Hasz, this injection did not result in any significant short-term relief of the left forearm symptoms.

I had a very long discussion today with Ms. Perez-Hasz, and we both agree that surgical intervention, that is, surgical decompression of the left radial tunnel syndrome, would be an absolute last resort, especially when taking into consideration the multiple surgeries she has undergone in the past, all of which resulted in no improvement, except for the previous industrial surgical procedures on the right dominant elbow and right carpal tunnel, which surgical procedures produced excellent results, and no claim for industrial disability.

Regarding the current left carpal tunnel syndrome, this examiner does not recommend another surgical procedure. I did recommend to Ms. Perez-Hasz that she try gabapentin again for her left upper extremity symptoms. Ms. Perez-Hasz brought a bottle of gabapentin 300 mg today. I suggested to her that she could try one in the morning and one at night to see if there is any improvement overall of the pain in her left nondominant upper extremity. A metal-reinforced wrist splint only at nighttime is indicated to cure or relieve Ms. Perez-Hasz of her ongoing carpal tunnel symptoms.

There is no indication for any further diagnostic studies.

WORK CAPABILITY/VOCATIONAL REHABILITATION: It would still be this examiner's opinion that the symptoms in the left nondominant forearm and left nondominant wrist/hand preclude Ms. Perez-Hasz from returning to her usual and customary occupation as a Carpenter II. I base this opinion on Ms. Perez-Hasz's job description that she filled out for me when I first visited with her on January 9, 2008, this job description approximating heavy work, if not very heavy work. For example, Ms. Perez-Hasz's usual and customary occupation as a Carpenter II required some very heavy lifting of lumber, tiles, sheetrock, and concrete bags by herself. I have in the past reviewed many formal job descriptions for heavy-duty carpenters. This kind of work requires frequent, if not continual, heavy use of both upper extremities.

In his very short report dated May 30, 2008, Dr. Michael Peterson remarks that the tenderness in the extensor wrist that is aggravated by some range of motion, is most consistent with an

intersection syndrome. Dr. Peterson states: "I would agree with Dr. Barber that this is most consistent with a radial tunnel syndrome. I reviewed with Debbie that this could be a difficult problem to treat; it is not always responsive to nonoperative, or even operative, management. . . . We are going to observe the intersection syndrome at this point, but she might also be a candidate for that in the future. She may ultimately need operative decompression." Despite these remarks, Dr. Peterson goes on to remark: "She could work full duty if she was working." //COMMENT// Apparently, Dr. Peterson is not aware of the physical requirements of a Carpenter II. If he were aware, he would realize that Ms. Perez-Hasz's symptoms in her left upper extremity would preclude her from returning to full duty as a Carpenter II. There is a disconnect in logic between Dr. Peterson's remark regarding the difficulty of curing or relieving Ms. Perez-Hasz of her left wrist pain or left forearm pain with his statement that Ms. Perez-Hasz can return to full duty as a Carpenter II, the latter consistent with heavy work and sometimes very heavy work.

CAUSATION: It is still this examiner's opinion that 100% of my previous and current estimation of PPD and WPI in the left upper extremity was caused by the direct result of injury arising out of and occurring in the course of employment (industrial cumulative trauma), and zero percent of the PPD/WPI was caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries.

APPORTIONMENT: As per Causation above. There is no substantial evidence to support any other causative factors.

DISABILITY STATUS RE LUMBAR SPINE: Ms. Perez-Hasz is not P&S and has not reached MMI because I need more information (see FUTURE MEDICAL TREATMENT below).

PRECLUSIONS/WHOLE PERSON IMPAIRMENT, OBJECTIVE FACTORS, SUBJECTIVE FACTORS: Not P&S nor has reached MMI.

FUTURE MEDICAL TREATMENT: Regarding treatment of the lumbar spine, this examiner advised Ms. Perez-Hasz to give gabapentin another try, as I have already discussed above.

October 2, 2012

DEBRA J. PEREZ-HASZ
[redacted]

Received
OCT 24 2012
CalPERS Board Unit

RESPONDENT

AGENCY CASE NUMBER - 9326
O.A.H. CASE NUMBER - 2012020471

" RESPONDENTS ARGUMENT "

I would first like to relay, I am no longer represented by my Attorney, Peter Slater. I feel I was totally, irresponsibly, represented by him. I plan to offer further evidence that was not delivered at all or not sent in a timely manner as requested on two separate occasions for **DISCOVERY (section.11507.6)** on dates of March 6th 2012, and on July 5th, 2012 by Ms. Ainsworth, Senior Staff Counsel.

Mr. Slater did not respond until August 5th, 2012, failing to offer substantial evidence in support of being determined **permanent and stationary disabled** to return to work as a Carpenter in the CDC & Rehabilitations Facility. He also failed to ask for disclosure of who was going to testify against my case so that we {or I} would have been efficiently prepared. After given testimony from Dr. Henrichsen and Mr. Junker, Mr. Slater refused to allow me back to the stand to rectify some of the testimony that had been given.

Dr. Bryan Barber, Dr. Smith-Hoefer, and Dr. Kofoed were not subpoenaed to give any response or support to the medical reports or tests they had performed which gave indication I was **permanent and stationary disabled to perform my duties as a carpenter.** Therefore Dr. Barber's three reports he had done since February, 2008 were considered HERESAY. Only Dr. Robert K. Henrichsen, M.D. Orthopedic Surgeon, with respect to the fact that he is a CALPERS doctor was allowed to introduce his report and testimony favoring CALPERS as he acknowledged he has also done on various other claims with CALPERS.

I offer as **ATTACHMENT {A}** written testimony from **LARRY GREENSLATE, PAINTER, III** a fellow, reliable co-worker. He states the realistic job situations and accomplishments he saw me do in various areas of the Institution. Working with or without inmates. If handled properly by my attorney, I would have offered additional

Debra Perez-Hase

competent testimonies from several other responsible co-workers. I also would have entered as **exhibits**, pictures of different jobs I had worked on and completed to further elaborate on what I did do physically.

I would like to address the content of **Page 8 in the PROPOSED DECISION REPORT.** Referring back to the DUTY STATEMENT OF A CARPENTER II. **EXHIBIT 14** in one of the **JURISDICTIONAL DOCUMENTS.** It lists specific responsibilites required down to the EXACT PERCENTAGE of what is to be done **each and every day.** This Duty Statement is delusional and no way possible to be executed at all times. My physical work performance demands changes with each assignment given to me to complete in the timeliest manner possible.
The needs and demands of the Correctional Facility are ever changing with each crisis that arises. You do not always have a Co-worker, or Inmate as indicated in the document. I was hired by the Institution as an Apprentice Carpenter. To complete this four year apprenticeship, I alone had to perform **all aspects** of learning the trade in order to complete the required expectations of an apprentice to graduate as a Carpenter. As I progressed and worked towards Carpenter I and Carpenter II, my Exceptional Experience and Work Performance was considered and recommended for each promotion. I know the State did not ensure my training or occurrence of maintaining my employment as a State employee for the purpose of **"maintaining a "stand back" posture to constantly observe inmates."** Per Mr. Junker in his testimony on **Page 4 in the PROPOSED DECISION.** Who would with any self worth or any type of personal ethics or pride, **not work simultaneously with inmates when needed to work or not.** If I had not been working on the project as attested to in the **W.C. report dated August, 2006,** how did I hurt myself? The W.C. Awarded me a 24% disability stipulation for my work related injury. Is that not a statement in itself.

ATTACHMENT { B } indicates the knowledge, skills and abilities of All Levels of being a Carpenter. Please pay particular attention to the Special Physical Characteristics that are expected. This description is from the page of the CARPENTER [CORRECTIONAL FACILITY] SERIES. CALIFORNIA STATE PERSONNEL BOARD SPECIFICATION. Following the responsibilities needed shows you must be physically capable on the job without compromising **there health {myself} and fellow employees or that of inmates.** How would I not be able to compromise others ,if not fit at 100% physical capacity to do my job as a carpenter successfully.
The following is an exert from Dr. Henrichsen in his verbal assessment of my physical requirements stated on **page 4 of the PROPOSED DECISION.** He explained, " Based on what I see, **these symptoms would not be present** if she had not had this carpentry occupation. If she had an occupation as a Carpenter for TEICHERT CONSTRUCTION, it is **medically likely** she would have similar symptoms." This was entered as evidence, **EXHIBIT 12, IN CALPERS DOCUMENTS.**

Referring again back to page 4 of the PROPOSED DECISION my daily work review was totally misconstrued. I did not or intend to imply on most jobs I worked alone without any assistance of co-workers or inmate help if available or needed. I know how much weight I am capable of lifting, pushing, pulling, twisting, or dragging. What was

Debra Perez-Hasz

meant to be shown was that at anytime I would be required to perform regular or extreme duties as pertaining to the job I was doing at that particular time. After being injured, I was never at the optimal level as referenced by Dr. Bryan Barber, M.D., Orthopedic Surgeon in his reports that were not allowed. He introduces the **AMA GUIDELINES FOR DISABILITY STATUS** as pertaining to my disability. Again he reinforces that **" Ms. Perez-Hasz is again permanent & stationary and has reached maximum medical improvement."** in his report dated June 23rd, 2010.

NOW REFERRING TO MEMO DATED JULY 31ST 2007 offered as ATTACHMENT [A] from my {RESPONDENTS] Attorney that was submitted on August 5th, 2012 to Ms. Ainsworth, Senior Counsel. These were the conditions and exceptions that were available for me to return to work. I knew I could not do the requirements needed to be done as a fully functioning Carpenter. The reports from the doctors gave proof that I was not **fully capable to returning to my duties as a carpenter.**
I include now **ATTACHMENT [C]** with reference to my physical requirements limitations. I could still not perform the intended duties of a carpenter in any situation or place of employment with my disability. I was **never released without any restrictions to perform my duties at 100% capacity which is needed at the facility.** The Institution, represented by the **Warden, Mr. D.K. SISTO** never allowed me to return as a fully capacitated carpenter nor offered any further assistance to help me. Each and every
memorandum for approval or disapproval of a **Limited term light duty**, was signed by him. This enforces the fact I was not able or capable to perform my usual duties as a Carpenter II, with regards to my injury **before retirement, and before applying for industrial disability retirement.**

In further regard to Mike Junker, CSP-SOLANO, Chief Engineer I, I would like to speak of his honesty and integrity while giving testimony in the Court Room on August 9th, 2012. On **PAGE 4 - PROPOSED DECISION,** he states he was **my immediate Supervisor for the last 3 years of my working there** and saw on almost a daily basis what I actually did and the work I accomplished every day. Looking back to my **ATTACHMENT [C]** it shows and I quote, **" you will continue to report to your supervisor, Nancy Freitas, SBT." And that isn't pertaining to Mr. Junker who testified as being my immediate supervisor.** In regards to Mr. Junker being the **'MORE CREDIBLE WITNESS'**, {pg. 5 - **PROPOSED DECISION]** he freely and openly lied while under oath. He was not my immediate supervisor over the last 3 years. He was at one time an SBT overseeing our Carpenter shop and other maintenance shops at the same time. Mr. Junker was higher in the Chain of Command at that time period. On several occasions he did go out to our job sites to check [our progress] on jobs that had **High Priority and Deadlines** due to the needs of the Institution. In reviewing back to his testimony, it should be realized, his every manner and answers were monotone calm, and emotionless as he spoke of my directives. He was actually repeating the **S.O.P. [standard operation procedure] of a Carpenter II.** No supervisor in the Maintenance Department diligently went out to **visually observe** every worker on a daily basis. I feel you erred to my credibility as a witness. I was giving as

Debra Perez-Hasz

much information, in such a quick amount of time, under pressure in trying to relay what I did and had accomplished for the past 16 years of my Carpenter career with the State. I did not lie under oath, nor did I try to embellish my work requirements or actions. I was established **permanent and stationary** by an esteemed and highly Doctrined Orthopedic Surgeon, **(Dr. Bryan Barber, M.D.)** whom was introduced to me per **Workmans Comp. assistance** as to follow through with for a **QME**. Requesting immediate request from my Surgeon, Ms. Smith-Hoefer at that time. This was also stated in her written reports twice.

Needless to say I have entered into my seventh page of re-establishing my **Entitlement of Industrial Disability Retirement**. I would also ask that you please observe the attached page sent to me from SCIF. Dated Dec. 12th, 2007. I think the possibility of being offered **modified or alternative work** when a employee is disabled in their respective duties, would be a reason to set precedent for future members who are additionally disabled such as I was. This would have been so beneficial to me and the STATE if I had been allowed to perform alternative work for the CDC or other State Agencies.

I sincerely appreciate your consideration of the material I have included for myself. I hope you will allow my submissions in regards to the lack of an attorney representing me to present a written appeal.

Sincerely,

Debra Perez-Hasz

DEBRA J. PEREZ-HASZ
RESPONDENT

Pg. 4

Debbie Perez-Haus

ATTACHMENT (A)

STATE OF CALIFORNIA

MEMORANDUM

To: Whom It May Concern

From: L. Greenslate, Painter III

Date: Sept. 19, 2012

Re: Debbie Perez Haus

I worked with Ms. Perez for several years at CSP-Solano.

There were numerous times we worked on the same jobs together and many other times we were working in close proximity. She never shirked from doing her share of the work. I saw her doing many of the jobs common to her trade during the time we worked together for the state. These jobs would include working on floors, hanging sheetrock and exterior siding, forming and pouring concrete pads and walls, installing equipment, patching roofs and many special projects.

One project she was directed to work on was a "Path of Travel" for security checks of the prison's perimeter fencing. On that job she worked side-by-side with the other carpenters assigned to the job, moving dirt with pick and shovel, installing support posts and retaining walls and gravel.

Additionally she was commonly assigned to work several on the support buildings outside the security perimeter of the institution like: Gun Posts and Towers, Friendship House, Records Trailers, Gun Range, In Service Training, Mailroom and Administration. Inmate usage is very restricted outside of the security perimeter and forbidden in the case of armed posts, the lethal fence and during lockdowns.

Sincerely,

Larry Greenslate

Painter III

CSP-Solano

Debra Perez-Hasz

3 years of varied experience as a journey level carpenter; and completion of a recognized apprenticeship in carpentry.

OR II Attachment (B)

Six years of varied carpentry experience. An Associate of Arts or Certificate of Arts Degree in Carpentry from an accredited community college or equivalent degree approved by the California Superintendent of Public Instruction under the provisions of California Education Code Section□94310.2 may be substituted for two years of the required experience. (Students who are within six months of completing their degree will be admitted to the examination but they must present evidence of completion prior to appointment.)

Knowledge, Skills and Abilities

All Levels:

Knowledge of: Principles, methods, materials, tools, and equipment used in carpentry; Safety Orders of the Division of Industrial Safety applicable to carpentry; and building codes.

Skill in: Both rough and finish carpentry and the use of hand and power carpentry tools.

Ability to: Read and write English at a level required for successful job performance; read blueprints and work from and interpret plans and specifications; recognize lumber grades and types; keep records and make simple reports; prepare rough sketches of carpentry work; and make estimates of material and labor.

Carpenter I (Correctional Facility)

Ability to: All of the above, and follow oral and written instructions; instruct and lead unskilled assistants.

Carpenter II (Correctional Facility)

Ability to: All of the above, and instruct, direct, and coordinate the work of a small crew; follow oral and written instructions.

Carpenter III (Correctional Facility)

Ability to: Plan, lay out, direct and inspect the work of a crew of carpenters and helpers; obtain accurate fittings or heavy framing.

Special Physical Characteristics

All Levels:

Persons appointed to positions in this class must be reasonably expected to have and maintain sufficient strength, agility, and endurance to perform during stressful (physical, mental, and emotional) situations encountered on the job without compromising their health and well-being or that of their fellow employees or that of inmates.

Assignments during tour of duty may include sole responsibility for the supervision of inmates and/or the protection of personal and real property.

Class History

State of California

Memorandum

ATTACHMENT (C)

Date : JUNE 29, 2007

To : **DEBRA PEREZ-HASZ**
Carpenter II
DOI: 08/01/06

From : **California State Prison-Solano, Vacaville 95696-4000**

Subject : **LIMITED TERM LIGHT DUTY ASSIGNMENT REQUEST APPROVED**

Your request for a Limited Term Light Duty Assignment is approved. You have been assigned to continue your regular duties effective immediately. Your work hours will continue to be 0730 – 1530 with Saturday and Sunday as your regular days off. You will continue to report to your supervisor, Nancy Freitas, Supervisor of Building Trades. Remember that it is your responsibility to work within the following work restrictions at all times:

No lifting over 4 pounds;
Push/pull/twist up to 4 pounds;
Avoid forceful repetitive grasping/pinching.

This assignment is approved through July 24, 2007, and may be terminated earlier if you have recovered or the institution needs have changed. Be certain to contact the Return to Work Coordinator to arrange for a return to Full Duty or to request an extension of this Light Duty assignment prior to the expiration of the assignment.

Please be advised that under NO circumstances will a light duty assignment exceed 60 calendar days.

If you have questions about this assignment or any other concerns, please contact Danielle Brennan, Return to Work Coordinator at extension 3278.

D. K. SISTO
Warden

Cc: IDL Specialist
Nancy Freitas, Supervisor of Building Trades
Personnel Specialist
Return to Work Office
State Compensation Insurance Fund

FAX COVER SHEET

ATTENTION: KRIS KASSIS

FAX #916-795-3659