

ATTACHMENT C

**RESPONDENT'S ARGUMENT REGARDING THE
PETITION FOR RECONSIDERATION**

April 6, 2017

"Respondent's Argument"

The following pages are a portion of information I put together to show that while employed with FTB I started having mental and physical issues. In 1992, I was involved in a car accident and had back and left knee injuries. I noticed that I started to have emotional- mental issues after the birth of my daughter in 2001. Since then, it has progressed and diagnosed as being Bipolar 2 Disorders.

2002 was the start of many appointments, exams, tests, x-rays and many days of missed work. I was diagnosed with symptoms of trouble sleeping, exhaustion, chest pain, headaches, dizziness, anxiety, depression, pelvic pain, premenstrual syndrome, chronic back pain, arthritis in lower spine. Lumbar spine exam findings were "Rotational component of the lumbar curve marked narrowing of the L5-S1 disc with space with discogenic changes of adjacent endplate, Degenerative disc disease at lumbosacral junction".

2003 I went on FMLA due to "chronic conditions requiring treatment" for serious health conditions. I was continuously on FMLA until I no longer qualified. This ended sometime in 2008.

In 2005 I was diagnosed with carpal tunnel, elbow pain and tendonitis. This was a direct result of my work duties while employed at FTB. My arms ached; my hands and fingers go numb and tingly. It had progressively gotten worse over the years. I started a work comp case, but did not complete treatment. I was seen by a doctor/ chiropractor and received treatments. I continued to go to the doctor for chest pain, depression, anxiety, carpal tunnel, tendonitis, hand and joint issues, pelvic pain, and chronic back pain.

This continued through 2006 and 2007, and I continued to go to the doctors in which I had exams, tests, and x-rays. These x-rays showed degenerative changes (arthritis) in lower spine. My conditions only worsened.

In 2008 I had a hysterectomy and left Salpingo Ophectomy due to chronic abdominal pain and heavy bleeding. I took depression classes to help me with my anxiety, major depression, poor concentration, trouble sleeping, exhaustion, headaches, dizziness, and chest pain. I continued seeing a therapist and psychiatrist, John Auza M.D. for my Bipolar 2 Disorder.

The following is an example of the appointments in 2008 that I had between my primary doctor, gynecologist, therapist, and psychiatrist.

2/22/08 Psych	2/25/08 Psych	2/29/08 Psych	3/30/08 Psych	3/4/08 Depress -ion class	3/10/08 Anxiety class	3/17/08 Psych	3/18/08 Psych	4/1/08 Gyno and Psych
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3/25/08 primary	4/09/08 Psych	5/5/08 depressi -on class and radiolog y	5/07/08 Psych	5/19/08 Primary	5/21/08 Psych	5/28/08 Ultrasou -nd	6/19/08	6/20/08 depression class
6/12/08 Depressio n class	6/26/08 depressi on class	6/4/08 Gyno	6/10/08 primary	5/12/08 depressi -on class	5/9/08 Gyno	7/7/08 Ultra sound	7/12/08 depressi on class	7/19/08 depression class
7/22/08 Psych	7/26/08 depressi -on class	4/24/08 Psych	8/11/08 primary	8/13/08 gyno	10/10/08 gyno	11/14/08 primary	11/25/08 Psych	12/31/08 Psych
5/13/08 gyno	6/11/08 urology	6/18/08 Psych	6/19/08 Psych					

In addition, on FMLA I missed around 476.25 hours between the months of February and November 2008.

Here are the reduced hours and days off: February- October

02/07/08- 03/05/08 , 03/06/08- 04/01/08 , 04/02/08- 04/29/08 , 05/07/08- 10/12/08.

Some of the missed from 05/07/08- 10/12/08 was when I had my hysterectomy.

2009 and to present the appointments, exams, therapy, psych and primary visits, and a multitude of tests continued. Tests revealed worsening degenerative disc joint disease, narrowing of L5 - S1 disk space with endplate stenosis, vacuum disk and osteophyte complexes, facet arthrosis, narrowing of the L4-L5 disk, and DDD (predominantly at L5-S1 and at L4-L5 to a lesser extent).

Once I was terminated from the state, I was on SDI for one whole year until my claim was no longer available. Then some of the medicines I have been on through the years include; Prozac, Wellbutrin, Zoloft, Ibuprofen, Seroquel, Morphine, Vicodin, Soma and Tylenol codeine.

This information above is partial, not complete records, all information I found were from files at home. These are incomplete files from past records.

Thank you
Joey Brown

The Permanente Medical Group, Inc.

MENTAL HEALTH
10725 International Drive
Rancho Cordova, CA 95670-7967
Dept: 916-973-5300
Main: 916-631-3000

July 31, 2009

Re: Ms. Tracy R. Denny-Craig
DOB: 04/06/1965

To Whom It May Concern:

I am writing this letter on behalf of the above referenced client who has been under my care since March 2008. Ms. Denny-Craig has an ongoing Mood Disorder which is usually manifested by major depressive episodes which can significantly affect her social and occupational functioning.

Ms. Denny-Craig is currently on a major depressive episode which has been ongoing now for months likely triggered by work stress, financial problems, and other personal life stressors. In addition to therapy, I have made multiple medication adjustments but with poor response. I saw Tracy in my office on July 17th and referred her for a Partial Hospitalization Program because of progressively worsening depression. She was not able to attend due to confusion of the transportation pick up. She has not notified my office either because she was too depressed to get up and make a phone call to us. It was also very difficult for us to contact her because she has no working telephone at that point. I gave her time off from work during her last appointment from July 10th to July 24th with possibly extending it while in the program. I understand that she also failed to notify her workplace about my recommended time off work. Tracy reported to me that she thought that she had called her workplace and left a message on July 19th (Sunday night). I believed that she has all the intentions of notifying her workplace. But because of the severity of her depression which has significantly affected her memory, focus and concentration may have led her to believe that she has already made that call. This is common in patients who have severe depression to be forgetful and lose track of time.

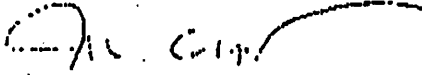
I saw Tracy again yesterday with no improvement of her depression. Her friend has been giving her company at her home. I have extended her time off again from July 25th to August 7th with a referral to our Intensive Outpatient Program at Morse Avenue psychiatry. Her time off work will likely be extended again while attending the program depending on her progress and response to treatment. Her impaired focus and concentration, poor sleep and appetite, social withdrawal, emotional lability and irritability, no energy, no motivation prevented her from returning to work. She is currently taking the following medications:

1. Venlafaxine 75 mg orally three times daily
2. Sertaline 200 mg orally daily
3. Seroquel 50 mg to 100mg twice daily as needed for anxiety and 300 mg orally at bedtime.



Please call (916) 973-5300 for further questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "John Auza". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

John Auza, M.D.



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3859 fax
www.calpers.ca.gov

Ref. No. 2016-0508

VIA OVERNIGHT PRIORITY MAIL

March 21, 2017

Tracy Craig

Subject: In the Matter of the Cancellation of the Application for Disability Retirement of TRACY R. CRAIG, Respondent and FRANCHISE TAX BOARD, Respondent.

Dear Ms. Craig:

This will acknowledge receipt of your Petition for Reconsideration requesting that the Board reconsider its Decision in the above matter.

A Stay of Execution of the Board's Decision has been granted to extend the effective date of the Decision so that the Petition may be presented to the Board at its April 19, 2017, meeting. At this meeting, the Board of Administration will determine whether to order reconsideration.

Should the Board decide to grant the Petition for Reconsideration, the transcript and exhibits of the administrative hearing would be provided to each Board member. The Board would receive written and/or oral argument at a subsequent meeting, and adopt a new decision upon reconsideration.

Should the Board decide to deny the Petition, the Board's Decision of February 15, 2017, will become effective immediately and you will have 30 days to appeal to the courts.

No oral argument will be permitted; however, written argument up to six typewritten pages in length may be submitted to the Board for consideration. Your submission of written argument in this case must be received by CalPERS no later than April 7, 2017. Please note that if you miss this date, the Board may consider this matter without your argument. Any written argument in this

Tracy Craig
March 21, 2017
Page 2 of 2

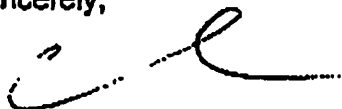
case should be submitted to the CalPERS Board Secretary and must clearly be titled as "Respondent's Argument." The address for submission of written argument is:

Cheree Swedensky, Assistant to the Board
Executive Office
California Public Employees' Retirement System
Post Office Box 942701
Sacramento, CA 94229-2701
FAX: (916) 795-3972

The secretary to the Board will include any written arguments in the agenda item package, which will be distributed to the Board members approximately ten days before the meeting. The secretary will also provide you and the Legal Office with a copy of the entire reconsideration agenda item.

If you have any questions, please feel free to contact me.

Sincerely,



CHARLES H. GLAUBERMAN
Senior Staff Attorney

CHG:lfa

Enclosure - Stay of Execution

cc: Franchise Tax Board

April 19th - review

Fax: 916-795-3659