

8/17/2012

DEBORAH BROWNING

RE: 26 weeks of leave

Dear DEBORAH BROWNING:

On 3/16/2012, you began a Medical Leave of absence with Jo-Ann. Per the company's policy, your Medical Leave period may continue up to 26 weeks. This leave period is scheduled to expire on 9/14/2012.

If you are unable to return to work by 9/14/2012, the company may consider an extension of your leave if appropriate medical documentation by your attending physician is provided to Jo-Ann, in a timely fashion. In order to be considered for evaluation of any possible extension of your leave, please submit such medical documentation by 9/5/12 to:

Amy McCartney, Disability Specialist
Jo-Ann Fabric and Craft Stores
5555 Darrow Road
Hudson, OH 44236

An alternative, the medical documentation can be faxed to: (330) 463-6664. If I do not receive this information on or before 9/5/12, no evaluation of a potential extension will be conducted and your leave will expire on 9/14/2012.

If you are unable to return to work at the expiration of your Medical Leave, Jo-Ann will consider you to have voluntarily resigned from your employment. If your employment does end, you may be eligible to re-apply for employment with Jo-Ann in the future if your physician releases you to return to work full duty or if your restrictions would enable you to work with or without a reasonable accommodation.

Clear communication is essential and I encourage you to contact me if you have any questions or in the event that you need to request a brief extension of time to respond to the deadlines identified above.

Sincerely,

Amy McCartney
Disability Specialist
(330) 463-5805direct
(330) 463-6664 confidential fax
email: Amy.McCartney@joann.com

enclosure

cc: Store/Dept: 2096

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

26 weeks of leave notice

Disability Administration: Leave of Absence, Return to Work, Workers' Compensation
5555 Darrow Road, Hudson, Ohio 44236
phone: (866) 396-HR4U - fax: (330) 463-6664 - email: Absencemgmt@joann.com

WORK STATUS FORM

Jo-Ann Fabric and Craft Stores
Integrated Disability Management
Confidential Fax: 330-463-6664

Patient Name: DEBORAH BROWNING TODAY'S EXAM DATE: 7/24/12
Date of Injury/Event: _____ NEXT EXAM DATE: approx 1 month

The above-named employee is under my care and has been released to work effective _____ (date) as specified below:

- ☐ Full Duty - usual job, no restrictions
- ☒ Off work - estimated return to work 12/31/2012 (date)
- ☐ Time Restriction - _____ hours per day, _____ days per week, estimated duration of restrictions _____ (date)
- ☐ Light Duty - with the following Work Restrictions/Capacities, estimated duration of restrictions _____ (date)

Employee can safely perform these functions: (please check below)

Activity	No Restriction	10 lbs	25 lb	50 lb	Not at all
Lift/Carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity	No Restriction	Frequently	Occasionally	Not at all
Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel/Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive use of hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard & Mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Lift / Carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency Push / Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Label	% of Time	8-HOUR SHIFT (total time- hours)
OCCASIONALLY	11-33%	¼ hr. to 2.5 hrs.
FREQUENTLY	34-66%	2.5 to 5.5 hours
INTERMITTENT *	Change of Functional Activity occurs at intervals less than 15 minutes.	
UNINTERRUPTED*	Activity is sustained for 15 minutes or longer without change of Functional Activity, until the next work break.	

Determinations of these frequencies are based on standards provided by the National Institute for Safety and Health (NIOSH) and the U.S. Department of Labor.

* Please note in comments section if necessary

[Signature]

This form is intended to be used as a guide only. It does not constitute a medical diagnosis or treatment. It is the responsibility of the employee to provide accurate information and to follow the instructions of the healthcare provider. The information on this form is for internal use only and should not be distributed outside the organization.

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5555 Darrow Road, Hudson, Ohio 44236
phone: (866) 396-HR4U - fax: (330) 463-6664 - email: Absencemgmt@joann.com



ARROWHEAD

REGIONAL MEDICAL CENTER

OWNED AND OPERATED BY THE COUNTY OF SAN BERNARDINO

The Heart of a Healthy Community
400 NORTH PEPPER AVENUE ▼ COLTON ▼ CALIFORNIA ▼ 92324-1819

October 17, 2012
Re: Deborah Lynn Browning
DOB: 08/31/52

www.arrowheadmedcenter.org
909.580.1000

Chief Executive Officer
PATRICK PETRE


To Whom It May Concern:

I am writing this letter on behalf of my patient Deborah Lynn Browning. Ms. Browning has Breast Cancer. She is unable to work from 10/15/2012 thru 02/28/2013. This letter is to document these facts.

Chief Operating Officer
MAUREEN M. MALONE

If you have any questions or require any further information please do not hesitate to contact my staff or myself.

Sincerely,


Shanmuga Subbiah, MD
Hematology/Oncology
(909)580-2775

Medical Director
DEV GNANADEV, MD

Board of
Supervisors

BRAD MITZELFELT
First District

PAUL BIANE
Second District

NEIL DERRY
Third District

GARY C. OVITT
Fourth District

JOSIE GONZALES
Fifth District



November 12, 2012

DEBORAH BROWNING

RE: Employment Status

Dear DEBORAH BROWNING:

On 8/17/2012 you were sent a letter notifying you that your leave was to expire on , unless you requested and received approval for defined extension for your leave.

After review of the documentation provided, a leave extension will not be granted.

This letter is to notify you your leave has ended. According to our leave policy your employment has ended effective 11/9/2012.

We appreciate your service with our company and welcome you to reapply with Jo-Ann once you have been released to return to work.

If you have any questions, please feel free to call me at (866) 396-HR4U, option 2.

Sincerely,
Melissa Mocek
Disability Department

cc: Store/Dept: 2096

September 28, 2012

DEBORAH BROWNING

RE: Employment Status

Dear DEBORAH BROWNING:

On 8/17/2012 you were sent a letter notifying you that your leave was to expire on , unless you provided medical documentation, for evaluation, supporting an extension.

Based on the documents provided, we have determined that a leave extension has been approved through 11/2/2012. If you do not return to work or provide updated medical documentation for evaluation of another extension by 11/3/2012 your voluntary resignation will be accepted.

Clear communication is essential: feel free to contact my office if you have questions.

Sincerely,
Amy McCartney
Disability Specialist
(330) 463-5805direct
(330) 463-6664 confidential fax
email: Amy.McCartney@joann.com

cc: Store/Dep: 2096

CERTIFIED MAIL



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AKRON OH 44302

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JO-ANN
fabric and craft stores®

5555 Darrow Road • Hudson, Ohio 44236