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CASE NO. 13-110872-A

**IN THE COURT OF APPEALS
OF THE STATE OF KANSAS**

**BRIAN S. SACHS
CLAIMANT/APPELLEE**

v.

**CITY OF TOPEKA
Respondent, Self-Insured**

BRIEF OF CLAIMANT/APPELLEE

**APPEAL FROM THE BOARD OF APPEALS
DIVISION OF WORKERS COMPENSATION
STATE OF KANSAS**

DOCKET NO. 1,053,925

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NATURE OF THE CASE

This is a workers compensation case in which respondent has appealed the Board of Appeals Order of November 6, 2013 upholding an Award entered by the Honorable Rebecca A. Sanders, Administrative Law Judge on June 18, 2013. By appealing the Award entered by the Administrative Law Judge and the Board of Appeals Order affirming it, respondent raised again on appeal an issue which was stipulated to at the Administrative Law Judge level, that being the accident date of November 16, 2010 which it had attempted for the first time on appeal to the Board to withdraw or change its Stipulation to argue a different and later accident date which would change the applicable law which would apply to the case. Claimant filed an Application for Hearing for a November 16, 2010 accident on December 23, 2010 and respondent stipulated to that accident date for a motor vehicle accident and multiple repetitive aggravations while performing repetitive work thereafter. The Board concluded that to allow respondent to withdraw from its Stipulation would prejudice the claimant's rights and did not allow it in denying respondent's appeal because it recognized claimant relied upon the Stipulation in preparing and prosecuting his case in chief.

STATEMENT OF ISSUES

1. Whether respondent can withdraw from its Stipulation as to the accident date of November 16, 2010 for the first time on appeal at the Board of Appeals level?

STATEMENT OF FACTS

1. Claimant is 43 years of age with a GED. He was employed with respondent as a utility systems worker for approximately six years. His job duties primarily consisted of testing water hydrants and shoveling dirt after water main breaks. In order to turn on water hydrants to

test the flow, claimant used a large, heavy wrench that he cranked in a circular motion. This activity was performed continuously for about 10-15 minutes and done 15-20 times a day. Shoveling dirt was done for approximately fifteen minutes each time for four to six times a day. (ROA., Vol. 3, pp. 19-20)

2. On November 16, 2010, while performing his job duties, claimant was involved in a motor vehicle accident. Claimant testified the only injury he sustained in that accident was to his neck. He was referred by respondent to Donald Mead, M.D., who is board-certified in occupational medicine. (ROA., Vol. 3, pp. 26-27)

3. Claimant filed his application for hearing known as an E-1 on December 23, 2010 claiming a "car accident followed by a series afterwards" (see attached E-1; ROA., Vol. 1 p.3)

4. Claimant was sent by respondent to Dr. Mead on November 18, 2010. Claimant had back discomfort and moderate neck pain with no radiculopathy. Claimant's pain level was a 5 on a 1-10 pain scale. Claimant advised Dr. Mead that he had chronic neck pain for the last 10 years and was seeing a chiropractor on an as-needed basis. Dr. Mead diagnosed claimant with a cervical strain and prescribed an anti-inflammatory and a muscle relaxer. Claimant was released to regular duty with no restrictions. (ROA., Vol. 7, pp. 18-19 and Exhibits 4 and 5)

5. Claimant's application for hearing was received by the Division of Workers Compensation on December 23, 2010. Claimant alleged a date of accident on or about 11-16-10 followed by a series afterward due to "car accident and series afterwards" which injured his back, neck and affected extremities. (ROA., Vol. 1, p.3) On December 29, 2010, the Division emailed a "Notice of Hearing/Application for Hearing" to the Topeka City Attorney's Office. The notice listed the accident as "Series 11-16-10." (see attached Notice; ROA., Vol. 1, p.3)

6. On January 7, 2011, claimant returned to Dr. Mead for a recheck of his neck. Nurses

notes indicated claimant complained of neck and shoulder pain which he estimated at a 7-8 on a 1-10 pain scale. There was also a reference indicating claimant "states has a lawyer and told to tell that has pain from repetitive motion." (ROA., Vol. 7, Exhibit 5 at p.2)

7. From January 10, 2011 to May 12, 2011 a period of 4 months the claimant was off work and received temporary total disability compensation while being treated for his bilateral carpal tunnel syndrome, but received no treatment for his neck. Claimant returned to work on May 13, 2011 and almost immediately began missing work due to neck pain. Mr. Sachs explained the difference between his symptoms preexisting November 16, 2010 and thereafter as follows:

"Q. What is different about your symptoms from November 16, 2010, than this long history that's documented?

A. It's been more severe.

Q. In what way?

A. Just burning.

Q. Is it in the exact same location?

A. Well, yeah, almost, its move -- up the back of my head more.

Q. Did it come up the back of your head before November 16th?

A. Somewhat, but not very much.

Q. So you're saying it's pretty much in the same location; it just is worse?

A. Yes.

Q. Is it more intense?

A. Yes.

Q. What about the frequency?

A. It -- does it come and go intermittedly and --

Q. Quit talking when I'm asking the question. Does it come and go, or is it there all the time?

A. It comes and goes.

Q. And it did that before November 16, 2010?

A. Uh, yes.

Q. And

A. But it wasn't, you know --

Q. Does it come and go at the same duration as before November 16, 2010, the same frequency of having the pain?

A. No.

Q. What's -- what do you mean?

A. Its more severe since --

Q. Well, I think we got that your saying it hurts more, its more severe. What I'm asking you is, you said it isn't there constantly; its intermittent, it comes and goes. Is it more often that you have it now than before or not?

A. Oh. Yes, it's more often.

Q. And how -- how is it more often? How so? Give me an opinion -- your opinion as to how much more often you have it.

A. Before it may have only been once or twice a month. Now its two or three times a week."

(ROA., Vol. 3, pp. 85-87)

8. Claimant requested treatment of his neck complaints from Dr. Gilbert and Dr. Wallace while treating with them for his bilateral carpal tunnel syndrome and shoulders between January 10, 2011 and May 12, 2011, but was provided none. (ROA., Vol. 3, pp. 31-32)

9. The evidence shows that Mr. Sachs had only occasional manageable neck pain prior to his November 16, 2010 motor vehicle accident. Prior to this accident Mr. Sachs

was seen by Dr. Mead on October 20, 2010 and several times prior to that date for other health issues with no complaints of neck pain. (ROA., Vol. 7, pp. 15-16) Mr. Sachs according to Dr. Mead reported chronic neck symptoms with periodic chiropractic care over 10 years prior to the November 16, 2010 motor vehicle accident. (ROA., Vol. 7, pp. 18-19) After the November 16, 2010 accident, Dr. Mead diagnosed a cervical strain and provided no medical care for the neck. Dr. Mead testified that when he saw the claimant on January 7, 2011 he was advised by Mr. Sachs that his neck complaints from the November 16, 2010 motor vehicle accident had rebounded back to where they were before the accident, meaning the increase in neck symptoms due to the accident had resolved. (ROA., Vol. 7, pp. 24-25) This is contradicted by the St. Francis Health Center Emergency Department Supplemental Nursing Notes, in which Brian Sachs complained of radiating neck pain with severity of 7-8 out of 10 and accompanied by tingling would negate Dr. Mead's contention that the claimant had recovered from his neck injury sustained on November 16, 2010 by January 7, 2011. Nevertheless, Dr. Mead released the claimant from care for his neck with no treatment whatsoever despite the report of a 7-8 out of 10 intensity of symptoms. (ROA., Vol. 7, Exhibit 5, p. 2)

10. The same Emergency Department Supplemental Nursing Note dated January 7, 2011 contains the following notation: "States has a lawyer & told to tell that his pain from repetitive motion c/o pain shoulders & neck." To clarify, George Pearson was not the attorney of record for claimant on January 7, 2011. (ROA., Vol. 7, Exhibit 5, p. 2)

11. Mr. Sachs was ultimately fired by respondent on December 14, 2011 for excessive use of Leave Without Pay. (ROA., Vol. 3, p. 33)

12. From January 7, 2011 to May 12, 2011, claimant was off work for injuries

concerning the other docketed cases, including his upper extremities and shoulders. Claimant did not receive treatment for his neck during this time, but had a February 7, 2011 EMG. The EMG report stated, among other complaints, that claimant had neck pain. Such EMG was interpreted as showing no clear findings for cervical radiculopathy. (ROA., Vol. 3, p. 30 and EMG Stipulations filed April 25, 2013, Exh. A and B)

13. Claimant testified his neck did not bother him as much when he was off work. However, on May 13, 2011, claimant returned to work without restrictions and soon began missing work due to neck pain. Claimant testified he would write on leave request forms that his need for leave was related to his severe neck pain. He thought such notation on the leave forms would result in him being referred for treatment. When claimant was disciplined about his absences, he informed respondent that his absences were due to neck pain and that he wanted treatment for his neck. (ROA., Vol. 3, pp. 31-32, 35-38 and 41 and pp. 124-125) Respondent acknowledged claimant wrote on the forms that he was off due to neck pain, but denied he ever requested medical treatment.

14. Dr. Prostic assigned a 10% impairment to the body as a whole for claimant's cervical spine, pursuant to the 4th Edition, AMA Guides to the Evaluation of Permanent Impairment (hereafter Guides)¹. Dr. Prostic discounted claimant's impairment from a 15% whole body rating under DRE Category III based on good range of motion, no positive nerve root signs and no obvious neurological deficit to 10% of the whole body. (ROA., Vol. 5, p. 40)

15. On September 7, 2011, claimant's new attorney sent a letter to respondent's attorney demanding medical treatment for claimant's back, neck and carpal tunnel. (ROA., Vol. 3, p. 123)

¹ American Medical Association, Guides to the Evaluation of Permanent Impairment (4th ed.)

16. Claimant's employment was terminated on December 14, 2011 due to excessive unauthorized absences. Claimant estimated he requested medical treatment for his neck approximately ten times between his return to work until his termination. (ROA., Vol. 3, pp. 32-24)

17. Claimant claims that he did not have problems with his neck prior to November 16, 2010 except for the minor neck injury he had January 5, 2001 while he was employed with U.S.D. 501. Claimant settled that workers compensation claim in 2003. Claimant also received chiropractic treatment for his neck due to intermittent minor neck pain that claimant had once or twice a month. (ROA., Vol. 3, pp. 72-73 and 94)

18. Claimant contends that he had significant increase in neck pain after November 16, 2010. That pain was more severe than before with a burning sensation. The severity of the pain increased and occurs three times a week, as opposed to once or twice monthly before. (ROA., Vol. 3, pp. 84-87)

19. Claimant was eventually sent to Michael Smith, M.D., an orthopedic surgeon, in February 2012. Dr. Smith ordered an MRI, steroid injections to the neck (which were administered by Dr. Giroux) and physical therapy. This treatment was provided as a result of claimant's attorney's September 7, 2011 demand. While surgery was discussed, claimant declined it because he wanted to see how the injections worked. Claimant testified the injections provided fleeting relief. He was released by Dr. Smith on April 24, 2012. (ROA., Vol. 3, pp. 44-48 and 70)

20. Claimant returned to Dr. Prostic at his attorney's request on September 4, 2012 complaining of a continuing neck ache with difficulty sleeping. Dr. Prostic noted that claimant had undergone facet injections and medial branch nerve blocks. An x-ray of the cervical spine

showed straightening of the lordotic curve with degenerative changes. It was Dr. Prostic's opinion that "repetitious forceful activities with his upper extremities" caused claimant's neck injury. While Dr. Prostic indicated claimant did not have evidence of cervical radiculopathy, it was his belief that claimant would require more treatment in the future. Dr. Prostic rated claimant with a 10% impairment to the body as a whole pursuant to the *Guides*. Dr. Prostic testified he increased the impairment rating because claimant had facet injections and medial branch nerve blocks. Dr. Prostic felt if claimant was willing to subject himself to that kind of painful treatment, his symptoms must have been more severe than he previously thought. (ROA., Vol. 5 pp. 10, 12, 41-43, Exh.5)

21 Dr. Prostic attributed the neck impairment initially to the motor vehicle accident and then to claimant's repetitive work wrenching water hydrants and shoveling. (ROA., Vol. 5, pp. 51-57)

22. As a result of the work injury, Dr. Prostic provided restrictions of medium-level employment. Dr. Prostic reviewed a task list prepared by Dick Santner and testified claimant was unable to perform 14 of the 58 non-duplicative tasks for a 24% task loss, all attributable to claimant's neck and shoulders. (ROA., Vol. 5, Exh. 6)

23. At a November 20, 2012 prehearing settlement conference, the parties stipulated that the date of accident in Docket No. 1,053,925 was November 16, 2010. (ROA., Vol. 3, p.8)

24. Claimant testified that other than a cervical injury in 2001 while employed by U.S.D. 501, which he settled in 2003, he did not have prior neck problems. Between 2003 and 2010, claimant received chiropractic treatment once or twice a month to keep his symptoms under control. Claimant testified that since November 16, 2010, he has had a significant increase in neck pain. He described the pain as a burning sensation and more severe than a tension headache. The pain is located at the back of the skull and neck. While the severity of the pain

varies, the more severe pain occurs three times a week. (ROA., Vol. 3, pp. 84-87)

25. Claimant has been unemployed since his termination by respondent on December 14, 2011. (ROA., Vol. 3, pp. 51-52)

ARGUMENTS AND AUTHORITIES

When a worker's job duties aggravate or accelerate an existing condition or disease or intensify a preexisting condition, the aggravation becomes compensable as a work-related accident. *Demars v. Rickel Manufacturing Corp.*, 223 Kan. 374 (1978). As set forth in the time-tested and longstanding case of *Strasser v. Jones*, 186 Kan. 507 (1960) Syl. 2

"The workmen's compensation act prescribes no standard of health for workmen, and where a workman sustains an accidental injury arising out of and in the course of his employment he is not to be denied compensation merely because of a pre-existing physical condition, for it is well settled that an accidental injury is compensable where the accident serves only to aggravate or accelerate an existing disease or intensifies the affliction."

This 1960 Supreme Court case was still good law at the time of claimant's accident and applicable to the facts in the instant case. In *Strasser* the claimant suffered a tiny perforation of the bowel straining to lift an I-beam causing aggravation of a preexisting cancerous condition. The evidence was that the cancerous condition had existed prior to the date of the alleged accidental lifting injury. The Supreme Court affirmed a finding of permanent total disability from the time of the accident until the claimant's death from cancer because the bowel rupture caused delay in claimant's cancer surgery because the rupture had to be repaired and the infection cleared up before claimant could have cancer surgery. In affirming the permanent total disability award for the time preceding claimant's death from cancer, the Supreme Court discussed

the rule pertaining to aggravation of a preexisting condition or disease at 186 Kan. 507 at

511:

"Measured by the rule hereto mentioned, we have no hesitancy in concluding that the findings in this case are supported by substantial competent evidence. This leads, therefore, to a brief discussion of the rule, relating to the application of the compensation act to accidental injuries which worsen or aggravate pre-existing physical conditions. The act prescribes no standard of health for workmen, and where a workman is not in sound health but is accepted for employment, and a subsequent industrial accident suffered by him aggravates his condition resulting in disability, he is not to be denied compensation merely because of a pre-existing physical condition. In other words, it is well settled that an accidental injury is compensable where the accident only serves to aggravate or accelerate an existing disease or intensifies the affliction. (*Holler v. Dickey Clay Mfg. Co.*, 157 Kan. 355, syl. 6. 365, 139 P. 2d 846, 148 A. L.R. 1131 ; *Copenhaver v. Sykes*, 160 Kan. 238, syl. 1, p. 243, 160 p. 2d 235; *Kauffman v. Co-operative Refinery Assn.* 170 Kan. 325, 328, 225 P. 2d 129; *Johnson v. Skelly Oil Co.*, 181 Kan. 655, 656, 312 P. 2d 1076)."

Further, the Supreme Court stated:

"The medical evidence supports the proposition that the exertion and strain of lifting the steel I-beam caused a tiny perforation of the intestinal wall, thus weakening it and bringing about the rupture of the bowel the following February. His condition was thus worsened and aggravated to the extent that it was impossible to operate and attempt to remove the cancer until after the infection had been cleared up. By that time it was too late." (*Strasser* at 512)

The interaction between the lifting accident causing a perforation of the bowel played a role in the cancer treatment because surgery was delayed until it was too late to save the claimant from cancer.

Brian Sach's history of neck complaints documented in the 34 Leave Requests Forms in evidence clearly demonstrate that since the November 16, 2010 motor vehicle accident the claimant never recovered from his cervical injury and was having severe neck pain just from performing his regular job duties. Because claimant was frequently missing work prior to his termination "due to severe neck pain due to on-the-job injury" it demonstrates that the

November 16, 2010 rearend collision was never recovered from and repetitive work activities thereafter aggravated and accelerated claimant's neck condition. (see attached forms in evidence ROA., Vol. 2, Exh. 2)

Judge Sanders stated in the Award of June 18, 2013:

"The issue as to whether claimant's cervical spine complaints arose out of and in the course of his employment with respondent is less easy to determine. Part of that is due to claimant being a poor historian. Secondly, claimant alleges that his job duties caused his cervical spine complaints. Shortly after claimant had an EMG ordered by his personal physician that showed mild C8 radiculopathy, claimant had a work-related motor vehicle accident. Claimant was sent by respondent to see Dr. Mead two days after the motor vehicle accident for cervical spine complaints. Claimant was diagnosed with cervical sprain/strain and eventually released with no restrictions due to his cervical sprain/strain. Even after being off work for four months, claimant still had cervical spine complaints. The pain in claimant's cervical spine was not corrected by his left shoulder surgery." (ROA., Vol. 1, p. 98)

A natural and probable consequence of the original work injury is itself compensable and where a primary injury in the workers compensation act is shown to arise out of and in the course of employment every natural consequence that flows from the injury, including a new and distinct injury is compensable if it is a direct and natural result of the primary injury. (*Chinn v. Gay & Taylor, Inc.*, 219 Kan 196, 547P.2d 751 (1976)) The claimant reinjured a chronic neck problem on November 16, 2010. He was not restricted after being diagnosed with a cervical strain and received no treatment for the diagnosed cervical strain until February 2012 when he saw Dr. Michael Smith for the first time. He was previously released by Dr. Mead on January 7, 2011 on the neck despite having had no medical treatment whatsoever, and despite the fact that the nurse's notes from that date pertaining to his neck injury show radiating neck pain with severity of 7-8 out of 10.

Brian Sachs never fully recovered from the November 16, 2010 motor vehicle

accident which caused the cervical strain and continued to have problems which caused him to miss work on 34 separate occasions for which he filled out Leave Request Forms for Leave Without Pay status due to severe neck pain. Respondent testimony of Jacque Russell, HR Manager, and nurse case manager Jacquie Bayer is not credible. The testimony of these two witnesses on behalf of respondent is that the claimant was requesting leave from his job where he would not be paid, could be disciplined, and ultimately fired, due to severe neck pain due to the on-the-job injury but was not asking for medical treatment. (ROA., Vol. 2, p. 18, pp. 99-100) Simply absurd. Claimant was asked why he would write on his leave request forms that the reason for missing work was "severe neck pain due to on-the-job injury" and he responded as follows:

"Q. Did you know that if you kept being in a leave without pay status for missing work due to your neck that you would eventually be terminated?

A. Yes, I did.

Q. When you were writing on the leave request forms that you had severe pain due to -- severe neck pain due to on-the-job injury, did you believe that you would ultimately get terminated or that you would get referred for treatment of your neck before being terminated?

A. I thought I would be referred for treatment.

Q. And had-- had you seen Dr. Smith or Dr. Giroux for the neck treatment that was made demand of by me to Mr. Crowley September 7, 2011, before you were terminated December 14, 2011?

A. No.

Q. You were terminated before you ever saw the doctor for any treatment of the neck?

A. Yes.

(ROA., Vol. 3, p. 51)

Once the motor vehicle accident occurred which aggravated claimant's chronic neck

issues, work performed at his job caused his symptoms to be constantly aggravated.

It is more probably true than not that claimant injured his cervical spine on November 16, 2010 with multiple repetitive aggravations thereafter, and received no treatment for that injury by Dr. Mead, never fully recovered from his diagnosed cervical strain to the extent that any activity at work exacerbated his condition and his pain symptoms. These aggravations would constitute a natural and probable consequence of the motor vehicle accident of November 16, 2010 accident and the most appropriate result in this case is to uphold the finding of Judge Sanders that claimant sustained a 10% whole person impairment as a result of the motor vehicle accident with 5% preexisting, and the resultant work disability.

CONCLUSION

Claimant has the burden of proving his right to workers compensation benefits governed by the law in effect at the time of the accident. (K.S.A. 44-505(c)). The date of accident in Docket No. 1,053,925 was stipulated to as November 16, 2010 and the claim was filed by claimant's prior attorney as a "car accident and series afterwards". The theory being that the November 16, 2010 accident in the course and scope of claimant's employment started the injury which was frequently aggravated as claimant continued to work testing water hydrants requiring a long, heavy wrench to open them, that being done 10-15 minutes each time and 15 to 20 times per day. Claimant's repetitive shoveling of dirt 4 to 6 times a day averaging 15 minutes per time also aggravated the neck condition initiated by the motor vehicle accident. This was how the case was pled (see attached Application for Hearing, ROA., Vol.1, p. 3) Respondent stipulated to this accident date and cannot withdraw that stipulation for the first time at the Board of Appeals level after not raising the accident date issue at the Administrative Law Judge level.

Respondent alleges in its brief that claimant has a repetitive trauma with date of accident of September 7, 2011 when claimant's attorney sent a demand letter for medical treatment of the

neck, or December 14, 2011, claimant's last day worked. Respondent argues this case is controlled by the amendments to the Kansas Workers Compensation Act that became effective May 15, 2011. Specifically, respondent asserts claimant cannot have a work disability award if he cannot prove more than a 7.5 % whole body impairment or at least 10% whole body impairment where there is a preexisting impairment, and he cannot prove wage loss if his wage loss is due to termination for cause, and he did not put on evidence regarding prevailing factor and he did not show that his repetitive trauma was based on clinical and diagnostic testing.

There are problems with respondent's position, (1) the parties stipulated to an accident date of November 16, 2010 and (2) the parties agreed at oral argument that any dispute regarding date of accident or date of injury by a repetitive series was never presented to Judge Sanders. Further, respondent never raised any of the aforementioned provisions of the new law until the appeal to the Appeals Board was briefed.

In this case - which was pled as an accident "on or about 11-16-10 and a series afterward" the parties stipulated to a November 16, 2010 date of accident. Such stipulation was made at the prehearing settlement conference and was never withdrawn. Page 3 of the Award memorializes this stipulation. The November 16, 2010 accident involved not just a motor vehicle accident, but repetitive work causing injury as well. (ROA., Vol. 2, p. 61) The Award, while using a November 16, 2010 date of accident, attributed claimant's neck impairment to both his November 16, 2010 motor vehicle accident and his subsequent repetitive work duties. The Board didn't limit the November 16, 2010 date of accident as only involving the motor vehicle accident. Instead the Board found the November 16, 2010 date of accident as inclusive of both the motor vehicle accident and subsequent repetitive aggravations to claimant's neck from repetitive trauma after the motor vehicle accident, which were all pled in the attached E-1. (ROA., Vol. 1, p. 3)

K.S.A. 44-555c(a) states in part:

There is hereby established the workers compensation board. The board shall have exclusive jurisdiction to review all decisions, findings, orders and awards of compensation of administrative law judges under the workers compensation act. **The review by the board shall be upon questions of law and fact as presented and shown by a transcript of the evidence and the proceedings as presented, had and introduced before the administrative law judge.** (emphasis added)

The statute mandates that the Board's consideration be on issues presented to the judge. Issues not raised before the judge cannot be raised for the first time on appeal. To hold otherwise places the Board in the position of trying to decide an issue using an incomplete record and, in this instance, would deny claimant the benefit of evidence that may have been presented if he had been aware that such dispute existed. (*Scammahorn v. Gibraltar Savings Loan Assn.*, 197 Kan. 410, 415, 416 P. 2d 771 (1966)) The Board declined to remand the case back to Judge Sanders.

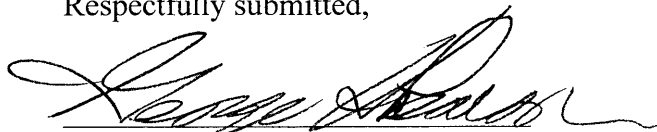
The parties are held to their stipulation that the date of accident is November 16, 2010. Even if such date was wrong as a matter of law, it amounts to harmless error. Had K.S.A. 2010 Supp. 44-508(d) been used to affix date of accident, the legal date of accident would have been December 23, 2010, (ROA., Vol. 1, p.3 and Vol. 3, pp. 8-9) when respondent received written notice of injury, which included not just the motor vehicle accident, but also an allegation of a series of repetitive injuries thereafter. This potential date of accident would not alter the amount of permanent partial disability benefits claimant would receive for his functional impairment. The old law predating the May 15, 2011 modifications to the Act would still apply. Respondent may not assert new law post May 15, 2011 date of accident defenses that were never previously raised before the Administrative Law Judge for the first time on appeal.

After stipulating to a date of accident of November 16, 2010, the respondent should not be allowed to argue a new and different date of accident on appeal and the Board of Appeals

rightly did not allow this issue to be raised by respondent for the first time on appeal. This is appropriate since stipulations are taken for good reasons, to focus the issues, and to avoid surprise so that the opposing side can rely upon a Stipulation in preparing and prosecuting its case.

WHEREFORE for the good and valid reasons set forth herein, the claimant respectfully prays the Court of Appeals affirm the Order of the Board of Appeals entered on November 6, 2013.

Respectfully submitted,



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ATTORNEY FOR CLAIMANT/APPELLEE

CERTIFICATE OF SERVICE

The undersigned hereby certifies that the original and 16 copies of the above and foregoing Brief of Claimant/Appellee Brian Sachs were hand-delivered on this 10th day of June, 2014 to:

Ms. Carol Green
Clerk of the Appellate Court
Court of Appeals
Kansas Judicial Center
301 W. 10th St.
Topeka, KS 66612

And 2 copies were placed in the United States Mail, firstclass postage prepaid on this 10th day of June, 2014 to:

Mr. Matthew S. Crowley
Attorney at Law
P.O. Box 4306
Topeka, KS 66604



George H. Pearson

1053925

Division of Workers Compensation
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web site - www.dol.ks.gov

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DEC 23 2010

KS. ST. WORKERS' COMPENSATION

Employee's Name:

Brian Scott Sachs
(first) (middle) (last)

Date of Birth: 10-30-69 Male Female

Social Security Number: 514-88-3915

Address (Street): 5330 SE Stanley

City: Tecumseh (State) KS (Zip) 66542

Phone Number: 785-408-2312

Employee E-mail Address:

APPLICATION FOR HEARING

Employer: City of Topeka
Street: 215 SE 7th St Rm 353
City: Topeka State: KS Zip: 66603
Insurance Carrier: self Ins
(Required)

ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE

Date of accident/disease (give beginning and ending dates if a series): On or about 11-16-10 any series afterward

State specifically the exact cause and source of accident/disease: Car accident any series afterwards

Briefly state extent of injuries or disease claimed: Back neck affected extremely

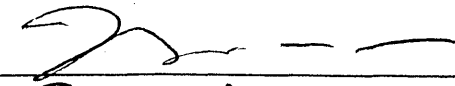
In what county did the accident or disease occur? SN At or near which city? Topeka

If accident/disease did not happen within Kansas, in which Kansas county could hearing be most conveniently held?

Mediation Requested? YES NO

Applicant's Signature: Brian Sachs Date Signed: 12-15-2010

DO NOT WRITE IN THIS SPACE

Attorney's Signature: 
Attorney's Printed Name: Bruce Alan Brunley
Address: 214 SW 10th Ave, Ste 302
Topeka, KS 66603
Telephone Number: 785-267-3367
E-mail Address: kjohnna@hotmail.com
(for purposes of hearing notices)
Kansas Supreme Court Number: 16066

Federal Privacy Act Disclosure Section 7(a)(2)(B)
The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual. The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

Workers Compensation Notice, Docket # 1053925

Hide Details

FROM: WChearingNotice@dol.ks.gov
TO: dfloyd.georgepearsonlaw@yahoo.com

Friday, October 7, 2011 9:47 AM

Kansas Department of Labor
Division Of Workers Compensation
800 SW Jackson Ste 600
Topeka, KS 66612-1227
(785) 296-3441
October 7, 2011

Brian Scott Sachs vs

Docket No. 1053925

City of Topeka

Date of Accident

City of Topeka

Series 11/16/2010

Notice of Hearing
Application for Preliminary Hearing

This application was filed with the director's office on October 6, 2011 regarding the above claim. A time and place for the hearing will be established when a party makes a request for a setting to the Administrative Law Judge.

Copies of Notice to:

(785)296-7013 Rebecca Sanders Sheryl.Hesser@dol.ks.gov Administrative Law Judge 401 SW Topeka Blvd Topeka KS 66603-3182	Bruce Alan Brumley Attorney for Claimant Kjohanna@hotmail.com 214 SW 6th Ave Ste 302 Topeka KS 66603-3719
City of Topeka jrussell@topeka.org 215 SE 7th St Rm 170 Topeka KS 66603-3914	City of Topeka kbenjamin@topeka.org City Attorney Office 215 SE 7th St Rm 353 Topeka KS 66603-3914
George H Pearson Attorney for Claimant dfloyd.georgepearsonlaw@yahoo.com 212 SW 8th St Ste 101 Topeka KS 66603-3937	Matthew S Crowley Attorney for Respondent Matt@LBC-Law.com 5601 SW Barrington Ct S PO Box 4306 Topeka KS 66604-0306

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Reply to WChearingNotice@dol.ks.gov



City of Topeka Public Works
Water Division
Leave Request Form

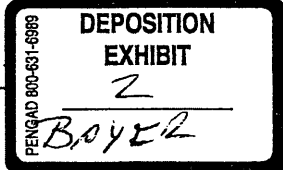
Employee Name Brian SACHS Employee No. 0825 Date 5-23-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) _____
(Please Print)

PAYROLL AUDIT
2012 FEB - 11
LITWELL/ANMAN RESOURCES

DURATION OF LEAVE:
FIRST DAY - DATE 5-20-11 HOUR 7 AM/PM
LAST DAY - DATE 5-20-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs Employee Signature Approved By Edith Lamb Date _____
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____



City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 0825 Date 5-25-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) LWOP
(Please Print)

CURRENT LEAVE BALANCE: _____

PAYROLL AUDIT
2012 FEB - 7 P 2 07
RECEIVED HUMAN RESOURCES

DURATION OF LEAVE:

FIRST DAY - DATE 5-24-11 HOUR 7 AM/PM
LAST DAY - DATE 5-24-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 8

Brian Sachs
Employee Signature

David W. DeWey 25 May 11
Approved By Date

Date of Call-in: _____ Time: _____

Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 0825 Date 6-3-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) _____

(Please Print)

2012 FEB -3 P 2:01

PAYROLL AUDIT
HUMAN RESOURCES

DURATION OF LEAVE:

FIRST DAY - DATE 6-2-11 HOUR 7 AM/PM

LAST DAY - DATE 6-2-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs
Employee Signature

Edh. Danlin 6-2-11
Approved By Date

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 0825 Date 6-15-11
(Please Print)

REASON FOR LEAVE:

CURRENT LEAVE BALANCE:

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) _____
(Please Print)

2011 FEB + 7 11 PM 2: 08
HUMAN RESOURCES
PAYROLL AUDIT

DURATION OF LEAVE:

FIRST DAY - DATE 6-14-11 HOUR 7 AM/PM

LAST DAY - DATE 6-14-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs
Employee Signature

Eddie Sandrum
Approved By Date

Date of Call-in: _____ Time: _____ AM/PM

(LWOP)

Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 0825 Date 6-22-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) _____
(Please Print)

RECEIVED HUMAN RESOURCES
2012 FEB - 7 P 2:08
PAYROLL AUDIT

DURATION OF LEAVE:
FIRST DAY - DATE 6-20-11 HOUR 7 AM/PM
LAST DAY - DATE 6-21-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 16

Brian Sachs Employee Signature Approved By Evelyn Sanchez Date 6-22-11
Date of Call-in: _____ Time: _____ AM/PM LWOP
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Spickley Employee No. 0825 Date 6-30-11
(Please Print)

REASON FOR LEAVE:

CURRENT LEAVE BALANCE:

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) _____
(Please Print)

2012 FEB - 1 P 2:08
RECEIVED HUMAN RESOURCES
PAYROLL AUDIT

DURATION OF LEAVE:

FIRST DAY - DATE 6-30-11 HOUR 11:30 AM/PM
LAST DAY - DATE 6-30-11 HOUR 3:00 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 4

Brian Spickley Employee Signature
Edith Daudman Approved By
Date of Call-in: _____ Time: _____ AM/PM Date
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs (Please Print) Employee No. 0825 Date 7-5-11

REASON FOR LEAVE:
 Vacation
 Jury Duty
 Compensatory Time Used/Earned
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) _____
(Please Print)

CURRENT LEAVE BALANCE:

Personal Day
 Unpaid Leave
 Sick Leave - Personal Illness or Injury
 Funeral Leave
 Military Leave
 Sleep Time
 Overtime Earned

PAYROLL AUDIT
RECEIVED HUMAN RESOURCES
2012 FEB - 7 P 2:08

DURATION OF LEAVE:

FIRST DAY - DATE 7-8-11 HOUR 7 AM/PM
LAST DAY - DATE 7-8-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 8

Employee Signature Brian Sachs Approved By David L. Dabney Date 5 July
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs (Please Print) Employee No. 0825 Date 7-14-11

REASON FOR LEAVE:
 Vacation
 Jury Duty
 Compensatory Time Used/Earned
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) severe neck pain, on the job injury
(Please Print)

CURRENT LEAVE BALANCE:

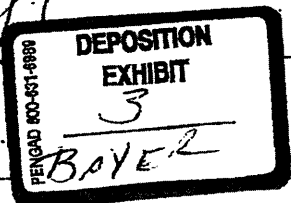
Personal Day
 Unpaid Leave
 Sick Leave - Personal Illness or Injury
 Funeral Leave
 Military Leave
 Sleep Time
 Overtime Earned

PAYROLL AUDIT
RECEIVED HUMAN RESOURCES
2012 FEB - 7 P 2:08

DURATION OF LEAVE:

FIRST DAY - DATE 7-7-11 HOUR 7 AM/PM
LAST DAY - DATE 7-7-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Employee Signature Brian Sachs Approved By Chad Date _____
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____



City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 7-25-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) _____

(Please Print)

CURRENT LEAVE BALANCE: _____

PAYROLL AUDIT

2012 FEB - 7 P 2:00

RECEIVED HUMAN RESOURCES

DURATION OF LEAVE:

FIRST DAY - DATE 7-25-11 HOUR 7 AM/PM

LAST DAY - DATE 7-25-11 HOUR 11:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 3.5

Brian Sachs
Employee Signature

Eddie Donker
Approved By Date

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 7-29-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) Severe neck pain - on the job injury
(Please Print)

PAYROLL AUDIT
2012 FEB - 7 P 2:08
HUMAN RESOURCES

DURATION OF LEAVE:
FIRST DAY - DATE 7-27-11 HOUR 7 AM/PM
LAST DAY - DATE 7-28-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs Employee Signature Approved By Edith Sachs Date _____
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 8-5-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) Severe neck pain - on the job injury
(Please Print)

CURRENT LEAVE BALANCE: _____

2011 FEB - 7 P 2:08
HUMAN RESOURCES
AUDIT

DURATION OF LEAVE:

FIRST DAY - DATE 8-4-11 HOUR 7 AM/PM

LAST DAY - DATE 8-4-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs
Employee Signature

Edgar Sanchez
Approved By

Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____
Called in sick did not state Date
any thing about his neck or on the job
in July (ELS)

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 8-10-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) _____
(Please Print)

PAYROLL AUDIT
2012 FEB 7 12:08
HUMAN RESOURCES

DURATION OF LEAVE:
FIRST DAY - DATE 8-10-11 HOUR 7 AM/PM
LAST DAY - DATE 8-10-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs Approved By C. Hitchcock Date 0808.2011
Employee Signature
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

8-13
Brian acknowledged this was leave without
pay.

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 8-12-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) _____
(Please Print)

PAYROLL AUDIT
RECEIVED HUMAN RESOURCES
2017 FEB - 7 P 2:08

DURATION OF LEAVE:
FIRST DAY - DATE 8-12-11 HOUR 7 AM/PM
LAST DAY - DATE 8-12-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs Employee Signature Approved By Edd Dauden Date _____
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 8-18-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation 3 hrs Personal Day Funeral Leave Sleep Time LWOP 15 hrs
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) severe neck pain - on the job injury
(Please Print) LWOP

PAYROLL AUDIT
RECEIVED HUMAN RESOURCES
2017 FEB - 7 P 2:08

DURATION OF LEAVE:
FIRST DAY - DATE 8-16-11 HOUR 7 AM/PM
LAST DAY - DATE 8-17-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 16 hrs

Brian Sachs Employee Signature Approved By Daniel Wedley Date 18 Aug 20
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

DEPOSITION EXHIBIT
6
ROVTE

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian SACHS Employee No. 825 Date 8-18-11
(Please Print)

REASON FOR LEAVE:

CURRENT LEAVE BALANCE: _____

- Vacation 3 hrs. Personal Day Funeral Leave Sleep Time LWOP 13 hrs.
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) severe neck pain - on the job injury
(Please Print) LWOP

PAYROLL AUDIT
2012 FEB - 7 P 2:08
EQUIPMENT HUMAN RESOURCES

DURATION OF LEAVE:

FIRST DAY - DATE 8-16-11 HOUR 7 AM/PM

LAST DAY - DATE 8-17-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 16 hrs.

Brian Sacks Employee Signature
Daniel L. Wedley Approved By Date 18 Aug 2011
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 8-26-11
(Please Print)

REASON FOR LEAVE: Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) _____
(Please Print)

CURRENT LEAVE BALANCE: _____

PAYROLL AUDIT
RECEIVED HUMAN RESOURCES
2012 FEB - 7 P 2:09

DURATION OF LEAVE:
FIRST DAY - DATE 8-2-11 HOUR 7 AM/PM
LAST DAY - DATE 9-2-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Employee Signature Brian Sachs Approved By Eddie Doudin Date _____
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 8-26-11
(Please Print)

REASON FOR LEAVE: Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) severe neck pain - on the job injury
(Please Print)

CURRENT LEAVE BALANCE: _____

PAYROLL AUDIT
RECEIVED HUMAN RESOURCES
2012 FEB - 7 P 2:09

DURATION OF LEAVE:
FIRST DAY - DATE 8-25-11 HOUR 7 AM/PM
LAST DAY - DATE 8-25-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Employee Signature Brian Sachs Approved By Call in not feeling well (sick) Date 8-26-11
Date of Call-in: _____ Time: _____
Request Leave: _____

DEPOSITION EXHIBIT
7
BOYER

LWOP DLW

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 9-6-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____

Vacation Personal Day Funeral Leave Sleep Time

Jury Duty Unpaid Leave Military Leave Overtime Earned

Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury

Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury

Sick Leave - Personal Medical or Dental Appointment

Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member

Other: (explain) Severe neck pain - due to on the job injury
(Please Print)

PAYROLL AUDIT

2012 FEB - 7 PM 2:09

RECEIVED HUMAN RESOURCES

DURATION OF LEAVE:

FIRST DAY - DATE 8-31-11 HOUR 7 AM/PM AM

LAST DAY - DATE 9-1-11 HOUR 3:30 AM/PM AM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs Employee Signature Approved By DLW Date _____

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 9-16-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) Severe Neck Pain - due to on the job injury
(Please Print)

PAYROLL AUDIT
2012 FEB - 7 P 2:09
RECEIVED HUMAN RESOURCES

DURATION OF LEAVE:
FIRST DAY - DATE 9-15-11 HOUR 7 AM/PM
LAST DAY - DATE 9-15-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs
Employee Signature Approved By _____ Date _____
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: CHECK TIME ? ELS 9-

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 9-20-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) Severe neck pain - due to on the job injury
(Please Print)

CURRENT LEAVE BALANCE:

2017 FEB - 7
HUMAN RESOURCES
PAYROLL AUDIT

DURATION OF LEAVE:

FIRST DAY - DATE 9-19-11 HOUR 7 AM/PM

LAST DAY - DATE 9-19-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs
Employee Signature

Approved By

Date

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 10-5-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Jury Duty
- Unpaid Leave
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) Severe neck pain - due to on the job injury
(Please Print)

CURRENT LEAVE BALANCE:

- Funeral Leave
- Sleep Time
- Military Leave
- Overtime Earned
- Sick Leave - Personal Illness or Injury

PAYROLL AUDIT

RECEIVED HUMAN RESOURCES
2012 FEB - 7 P 2:09

DURATION OF LEAVE:

FIRST DAY - DATE 10-4-11 HOUR 7 AM/PM
 LAST DAY - DATE 10-4-11 HOUR 3:30 AM/PM
 WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM

TOTAL HOURS OF WORK

Employee Signature Brian Sachs Approved By Eddie Smith Date _____
 Date of Call-in: _____ Time: _____ AM/PM
 Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 10-7-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Jury Duty
- Unpaid Leave
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) _____
(Please Print)

CURRENT LEAVE BALANCE:

- Funeral Leave
- Sleep Time
- Military Leave
- Overtime Earned
- Sick Leave - Personal Illness or Injury

PAYROLL AUDIT

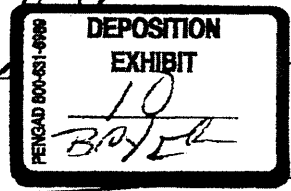
RECEIVED HUMAN RESOURCES
2012 FEB - 7 P 2:09

DURATION OF LEAVE:

FIRST DAY - DATE 10-10-11 HOUR 9 AM/PM
 LAST DAY - DATE 10-10-11 HOUR 3:30 AM/PM
 WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM

TOTAL HOURS OF WORK

Employee Signature Brian Sachs Approved By Chas Date _____
 Date of Call-in: _____ Time: _____ AM/PM
 Request Leave: _____ Reported To: _____



Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 10-17-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Jury Duty
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) Severe neck pain - due to on the job injury
(Please Print)

CURRENT LEAVE BALANCE:

- Personal Day
- Unpaid Leave
- Sick Leave - Personal Illness or Injury
- Funeral Leave
- Military Leave
- Overtime Earned
- Sleep Time

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2012 FEB 17 P 2:09
LEVEL 1 HUMAN RESOURCE

DURATION OF LEAVE:

FIRST DAY - DATE 10-17-11 HOUR 11:30 AM/PM

LAST DAY - DATE 10-17-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 1

Brian Sachs
Employee Signature

Darrell R. Tubley 17 Oct 2011
Approved By Date

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____

Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 10-19-11
(Please Print)

REASON FOR LEAVE:

CURRENT LEAVE BALANCE: _____

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) severe neck pain - due to on the job injury
(Please Print)

PAYROLL AUDIT

2017 FEB - 7 2:09
RECEIVED HUMAN RESOURCE

DURATION OF LEAVE:

FIRST DAY - DATE 10-18-11 HOUR 7 AM/PM

LAST DAY - DATE 10-18-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs
Employee Signature

Eddie Dand
Approved By Date

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 10-26-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Jury Duty
- Unpaid Leave
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) _____
(Please Print)

CURRENT LEAVE BALANCE: _____

- Funeral Leave
- Sleep Time
- Military Leave
- Overtime Earned
- Sick Leave - Personal Illness or Injury

PAYROLL AUDIT
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RECEIVED HUMAN RESOURCES

DURATION OF LEAVE:

FIRST DAY - DATE 10-26-11 HOUR 1:30 AM/PM
LAST DAY - DATE 10-26-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM

TOTAL HOURS OFF WORK _____

Brian Sachs
Employee Signature

Edna Daniel
Approved By Date

Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs (Please Print) Employee No. 828 Date 10-31-11

REASON FOR LEAVE:

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) Severe Neck Pain - due to on the job injury
(Please Print)

CURRENT LEAVE BALANCE: _____

RECEIVED HUMAN RESOURCES
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DURATION OF LEAVE:

FIRST DAY - DATE 10-27-11 HOUR 7 AM/PM

LAST DAY - DATE 10-28-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs
Employee Signature

Eddie Dand
Approved By CALL IN NOT FEELING WELL Date

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 425 Date 11-1-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) work comp dr. appt.
(Please Print)

CURRENT LEAVE BALANCE: _____

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RECEIVED HUMAN RESOURCES

DURATION OF LEAVE:

FIRST DAY - DATE 11-1-2011 HOUR 1:30 AM/PM

LAST DAY - DATE 11-1-2011 HOUR 3:00 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs
Employee Signature

[Signature] 11/1/2011
Approved By Date

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sacks Employee No. 875 Date 11-4-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Jury Duty
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) Severe neck pain - due to on the job injury
(Please Print)

CURRENT LEAVE BALANCE: _____

- Funeral Leave
- Sleep Time
- Military Leave
- Overtime Earned
- Sick Leave - Personal Illness or Injury

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2012 FEB - 7 10
EXECUTIVE HUMAN RESOURCES

DURATION OF LEAVE:

FIRST DAY - DATE 11-2-11 HOUR 7 AM/PM
LAST DAY - DATE 11-2-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sacks
Employee Signature
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____

Cheryl K
Approved By
Date _____
Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sacks Employee No. 825 Date 11-9-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) _____
(Please Print)

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RECEIVED HUMAN RESOURCES
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DURATION OF LEAVE:
FIRST DAY - DATE 11-3-11 HOUR 2 AM/PM
LAST DAY - DATE 11-3-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sacks Employee Signature Approved By Chad St Date _____
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 862 Date 11-16-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) Severe Neck Pain
(Please Print) Due to on the Job Injury

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DURATION OF LEAVE:
FIRST DAY - DATE 11-15-11 HOUR 7 AM/PM
LAST DAY - DATE 11-15-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sachs Employee Signature Approved By Chalk Date _____
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sacks Employee No. 825 Date 11-18-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned PAYROLL AUDIT
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) Severe Neck Pain
(Please Print) Due to on the job Injury.

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HUMAN RESOURCES

DURATION OF LEAVE:
FIRST DAY - DATE 11-17-11 HOUR 7 AM/PM
LAST DAY - DATE 11-17-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sacks Approved By Cheryl N Date _____
Employee Signature
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 11-21-11
(Please Print)

REASON FOR LEAVE:

CURRENT LEAVE BALANCE: _____

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) _____

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(Please Print)

DURATION OF LEAVE:

FIRST DAY - DATE 11-22-11 HOUR 11:30 AM/PM

LAST DAY - DATE 11-22-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 4

Employee Signature [Signature] Approved By [Signature] Date 11/21/2011

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____

WATER DIVISION
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 12-1-11
(Please Print)

REASON FOR LEAVE:

CURRENT LEAVE BALANCE: _____

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) Severe Neck Pain -

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RECEIVED HUMAN RESOURCES

(Please Print) Due to on the job injury

DURATION OF LEAVE:

FIRST DAY - DATE 11-30-11 HOUR 7 AM/PM

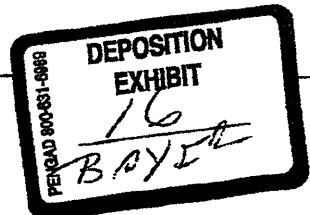
LAST DAY - DATE 11-30-11 HOUR 3:30 AM/PM

WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Employee Signature [Signature] Approved By [Signature] Date _____

Date of Call-in: _____ Time: _____ AM/PM

Request Leave: _____ Reported To: _____



WATER DIVISION
Leave Request Form

Employee Name Brian Sachs Employee No. 825 Date 12-1-11
(Please Print)

REASON FOR LEAVE: CURRENT LEAVE BALANCE: _____
 Vacation Personal Day Funeral Leave Sleep Time
 Jury Duty Unpaid Leave Military Leave Overtime Earned PAYROLL AUDIT
 Compensatory Time Used/Earned Sick Leave - Personal Illness or Injury
 Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
 Sick Leave - Personal Medical or Dental Appointment
 Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
 Other: (explain) Severe Neck Pain -
(Please Print) Due to on the job Injury

DURATION OF LEAVE:
FIRST DAY - DATE 11-30-11 HOUR 7 AM/PM
LAST DAY - DATE 11-30-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

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RECEIVED HUMAN RESOURCES

Brian Sachs Approved By [Signature] Date _____
Employee Signature
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sacks Employee No. 825 Date 12-6-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Jury Duty
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) Severe Neck PAIN
(Please Print) Due to on the job injury

CURRENT LEAVE BALANCE: _____

- Funeral Leave
- Sleep Time
- Military Leave
- Overtime Earned
- Sick Leave - Personal Illness or Injury

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RECEIVED HUMAN RESOURCES
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DURATION OF LEAVE:

FIRST DAY - DATE 12-2-11 HOUR 7 AM/PM
LAST DAY - DATE 12-2-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

partial
LWOP
duw

Employee Signature Brian Sacks Approved By David L. Delsky Date 6 Dec
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sacks Employee No. 825 Date 12-6-11
(Please Print)

REASON FOR LEAVE:

CURRENT LEAVE BALANCE:

- Vacation
- Personal Day
- Funeral Leave
- Sleep Time
- Jury Duty
- Unpaid Leave
- Military Leave
- Overtime Earned
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness or Injury
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) Severe Neck Pain

(Please Print) Due to on the job injury

2011
FEB 17
P 2:10
OFFICE OF HUMAN RESOURCES
PAYROLL AUDIT

DURATION OF LEAVE:

FIRST DAY - DATE 12-5-11 HOUR 7 AM/PM LWOP
LAST DAY - DATE 12-5-11 HOUR 3:30 AM/PM Due
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK _____

Brian Sacks
Employee Signature

Daniel L. Doherty 6 Dec 2011
Approved By Date

Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____ Reported To: _____

City of Topeka Public Works
Water Division
Leave Request Form

Employee Name Brian Sach Employee No. 825 Date 12-12-11
(Please Print)

REASON FOR LEAVE:

- Vacation
- Personal Day
- Jury Duty
- Compensatory Time Used/Earned
- Sick Leave - Personal Illness/Injury Due to an On-The-Job-Injury
- Sick Leave - Personal Medical or Dental Appointment
- Sick Leave - Illness/Injury or Medical/Dental Appointment of Immediate Family Member
- Other: (explain) _____
(Please Print)

CURRENT LEAVE BALANCE: _____

- Funeral Leave
- Sleep Time
- Military Leave
- Overtime Earned
- Sick Leave - Personal Illness or Injury

PAYROLL AUDIT

2012 FEB - 7 P 2:10
RECEIVED HUMAN RESOURCES

DURATION OF LEAVE:

FIRST DAY - DATE 12-8-11 HOUR 7 AM/PM
LAST DAY - DATE 12-9-11 HOUR 3:30 AM/PM
WILL RETURN TO WORK - DATE _____ HOUR _____ AM/PM TOTAL HOURS OFF WORK 16

Brian Sach
Employee Signature
Date of Call-in: _____ Time: _____ AM/PM
Request Leave: _____

[Signature]
Approved By _____ Date _____
Reported To: _____