

106156

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY COUNTY AUDITOR

Nov 14 12 14 PM '88

A. D. Dep.  
AUDITOR  
GARY M. OLSON

CLAIM AGAINST SKAMANIA COUNTY  
FOR WRONGFUL TERMINATION OF EMPLOYMENT

TO: Board of County Commissioners  
of Skamania County  
P. O. Box 790  
Stevenson, WA. 98648

AND TO: Clerk of the Board of County Commissioners  
of Skamania County  
P.O. Box 790  
Stevenson, WA. 98648

Re: Claim of Clayton P. Perkins' for Wrongful  
Termination of Employment with Skamania County

For claim against Skamania County, the claimant, Clayton P. Perkins,  
presents the following:

1. The claimant's name is: Clayton P. Perkins.
2. The claimant's actual residence at the time of the presenting  
and filing of this claim is:  
4.47L Cook-Underwood Rd.  
Cook, Washington 98605
3. The actual residence of the claimant for the period of six  
months immediately prior to the time the claim accrued was:

4.47L Cook-Underwood Rd.  
Cook, Washington 98605

and, while convalescing from a shoulder injury, during a  
portion of said six month period, claimant actually resided  
at:

13407 N.E. 28th St.  
Vancouver, WA.

4. The nature of Claimant's claim is as follows:

Claimant has worked in the Skamania County Building and  
Grounds Department since March, 1977. Claimant did not attend school  
and can neither read nor write.

Claimant's personnel file with Skamania County shows no  
disciplinary action until a letter dated May 15, 1987 from Jim L.  
Chase, the Buildings and Grounds Supervisor. The letter states that  
claimant has received several oral warnings regarding either not  
reporting for work or leaving work early without permission. Claimant  
denies that he had received any such oral warnings and further alleges

CLAIM  
PAGE 1

Registered  
Index 3, 4, 5  
S  
S  
S

that the letter was presented to him for signature by Jim Chase without reading it to him or describing its contents and that Jim Chase knew at the time he had claimant sign the letter that claimant could not read it and did not understand it. Claimant denies that he would have signed the letter had its contents been properly and accurately disclosed. Claimant had just cause to be absent from work during the times the letter mentions, due to personal problems. Jim Chase acknowledges in the letter itself that he determined that claimant's personal problems were extensive.

Said letter states "At the conclusion of this disciplinary suspension you will report to work at your usual pay and job with the understanding that you have no recourse but to seek other employment with the occurrence of one minor job related infraction. (The before mentioned infraction to be defined and determined by your Supervisor.)" (emphasis added).

The disciplinary action of said letter failed to follow Skamania County personnel policy, denied claimant the opportunity to obtain representation, denied claimant due process, and violated claimant's civil rights.

Claimant received a shoulder injury in June, 1988. The Kaiser Permanente doctor authorized time loss from June 13, 1988 to June 20, 1988. The following day another Kaiser Permanente doctor authorized time loss from June 11, 1988 to July 10, 1988. On June 21, 1988 the second doctor released claimant for modified work beginning June 27, 1988, but told claimant not to work if his shoulder continued to hurt. Claimant went to work June 27, 1988 and worked the entire week ending July 1, 1988. Claimant's shoulder hurt during this week and claimant did not return to work on the 5th of July because of his shoulder. Claimant's mother telephoned Jim Chase on July 6, 1988 to inform him that claimant was not coming in because of his shoulder. Mr. Chase advised her that if claimant did not come in that day he would be fired. Claimant was unable to return to work and believed that he had been fired. Claimant was not informed of his due process rights. Claimant had just cause to be absent from work because of his inability to work due to his injury and since he believed he had been fired.

On July 22, 1988 Mr. Chase came out to where claimant was staying (at claimant's mother's home) and brought with him a letter dated July 22, 1988 and had claimant sign it. Mr. Chase did not read the letter to claimant or adequately explain its contents in spite of language to the contrary typed on the letter. Mr. Chase had claimant sign the letter when he was alone with claimant. Claimant did not have nor was he given the chance to obtain representation. The letter terminated claimant's employment with Skamania County effective July 22, 1988. Claimant did not receive any other letters or warnings or notification of his rights with respect to the termination of his employment.

The disciplinary action of said letter of July 22, 1988 failed to follow Skamania County personnel policy, denied claimant the opportunity to obtain representation, denied claimant due process, and violated claimant's civil rights.

A copy of the Physicians' Reports of Disability and of the two letters referred to above are attached hereto as exhibits.

5. The amount of damages claimed and the relief sought are as follows:

(a) Claimant has lost his salary of \$1,747.00 per month from July 22, 1988. Claimant has also lost his normal sick leave accumulation at the rate of 8 hours for each completed month of service he would have performed had he not been terminated. Similarly, claimant has lost his accumulated (vacation) leave at the rate of 12.67 hours for each month of service he would have performed had he not been terminated. Claimant has lost any pension accumulation that would have occurred had he not been terminated. Such losses are ongoing.

(b) Claimant seeks reinstatement of his employment with Skamania County with full reinstatement of his pension, sick leave and accumulated leave. Claimant would prefer reinstatement with Skamania County's Road Department.

Although claimant would prefer being reinstated, as an alternative, he would accept as settlement, such present dollar amount that would compensate him for the loss of his job and benefits.

(c) Claimant further seeks compensation for the violation of his due process and civil rights and damages for humiliation and emotional suffering in the amount of \$50,000.00.

Dated this 8 day of November, 1988.

  
CLAYTON P. PERKINS

STATE OF WASHINGTON )  
COUNTY OF CLARK ) ss.

The undersigned, being first duly sworn, upon oath deposes and states:

That he is the claimant in the above-entitled Claim Against Skamania County; that the above Claim Against Skamania County has been read to him, that he knows the contents thereof, and believes the same to be true.

Clayton P. Perkins  
CLAYTON P. PERKINS, Claimant

SIGNED AND SWORN to before me this 10 day of November, 1988, by CLAYTON P. PERKINS.

Peter K. Jackson  
NOTARY PUBLIC in and for the State  
of Washington; my commission  
expires: 10-23-89

STATE OF WASHINGTON )  
COUNTY OF CLARK ) ss.

The undersigned, being first duly sworn, upon oath deposes and states:

That he is the attorney for the claimant, Clayton P. Perkins in the above-entitled Claim Against Skamania County; that he has read the above Claim Against Skamania County to Clayton P. Perkins and has explained its contents to Clayton P. Perkins.

Peter K. Jackson  
PETER K. JACKSON  
Attorney for Claimant

SIGNED AND SWORN to before me this 10 day of November, 1988, by PETER K. JACKSON.

Terry L. Steele  
NOTARY PUBLIC in and for the State  
of Washington; my commission  
expires: 7-1-91

July 22, 1988

Clayton Perkins  
Buildings and Grounds Department  
Skamania County  
Stevenson, WA 98648

Clayton Perkins has been absent from work, without permission, from the Buildings and Grounds Department since July 5, 1988. You failed to notify the Buildings and Grounds Supervisor until several days had passed. In a disciplinary letter dated May 15, 1987 it was stated that should an infraction related to your job occur again you would be terminated from employment. You accepted the conditions of this letter. A copy of said letter is attached.

On July 22, 1988 Clayton Perkins was given the opportunity to be heard and present information about the reason for not reporting for work or notifying the supervisor.


Clayton Perkins did not have good cause to be absent from work nor had he made arrangement for annual leave prior to being absent from work.

Clayton Perkins is therefore terminated from employment with Skamania County as of July 22, 1988. Payment for the period between July 5 and July 22 shall be charged against accrued leave.

Sincerely,

  
Jim Chase  
Buildings and Grounds Supervisor

Jim Chase has read the above letter to me and I understand and accept termination of employment with Skamania County.

  
Clayton Perkins

7-22-88  
Date

15 May 1987

CLAYTON PERKINS  
FACILITIES - MAINTENANCE PERSON  
SKAMANIA COUNTY

DISCIPLINARY ACTION

This letter is required procedure in accordance with Skamania County's Personnel Policy when applied to Disciplinary Action against County Employees.

Clay, you have been a part of my crew for approximately twelve years.

Although this will be the first written reprimand to be part of your personnel file, you have had several oral warnings regarding either not reporting for work or leaving work early without permission.

- On several occasions you have either not reported for work or have left work early without permission.
- The incident prompting this letter started on Friday, 17 April 1987. The relevant details are as follows:

- On Friday, 17 April, you were absent from work without notifying and securing permission from me, your Supervisor.
- On Monday, 20 April, after determining that your personal problems were extensive, I agreed to your taking annual leave from April 17-24 inclusive. You felt that to be sufficient time to resolve your personal problems.
- The following Monday, one week later, on the 27th of April I was informed by telephone, by an anonymous person, of your intent to take another week's annual leave. I had not given you permission to do so.
- Several attempts to meet with you in regard to missing work were to no avail.
- On April 29, 1987 we agreed to a meeting at your mother's home in Vancouver, where you accepted a two week suspension of your employment, without pay, commencing Monday, May 4, 1987, and continuing to and including Friday, 15 May, 1987.

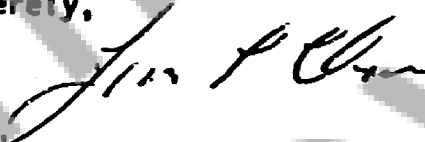
CLAYTON PERKINS  
Disciplinary Action  
15 May 1987

Page two

At the conclusion of this disciplinary suspension you will report to work at your usual pay and job with the understanding that you have no recourse but to seek other employment with the occurrence of one minor job related infraction. (The before mentioned infraction to be defined and determined by your Supervisor.)

If the above meets with your approval and is accepted by you, please sign and date on the line provided below.

Sincerely,



JIM L. CHASE  
BUILDING AND GROUNDS SUPERVISOR

  
CLAYTON PERKINS

5-18-87  
(Date)



NAME

CLAYTON E PERKINS

CHART #

8-17 12 36

0939 N

## PHYSICIANS REPORT OF DISABILITY

The above-named individual was examined on 6/13/88 for 10 for 1 1 1 1 2 C X  
Diagnosis (impression)\* low shoulder injury  
Plan (treatment)\*\* referred to open surgery

return appt. with \_\_\_\_\_ at \_\_\_\_\_ within \_\_\_\_\_  
Referred to \_\_\_\_\_

Return to work/activity. This individual:

has no evidence of a contagious or infectious disease

is physically able to return to work school sports

PLEASE MARK APPROPRIATE BOX\*

☒ Time loss authorized from 6/13/88 to 6/20/88☐ Date released for modified work \_\_\_\_\_☐ Date released for regular work \_\_\_\_\_☐ No time loss authorized

Remarks: \_\_\_\_\_

Date\* 6/13/88 Physician's signature\* [Signature]  
Print name\* John

My signature on this form authorizes release of medical information regarding this treatment to my employer: \_\_\_\_\_

or their disability insurance carrier: \_\_\_\_\_

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

The patient is not required to sign authorization.

## Physical capabilities if applicable:

- ☐ No stooping, twisting, bending, squatting
- ☐ No work at or above shoulder level
- ☐ Minimal walking
- ☐ No repetitive gripping or bending of the \_\_\_\_\_ wrist
- ☐ No use of the \_\_\_\_\_ hand
- ☐ No pushing or pulling
- ☐ No climbing
- ☐ Dry job only
- ☐ No vehicle operation

Other restrictions (see remarks section)

## WEIGHT LIFTING CAPABILITIES (lbs)

- ☐ 0-10 ☐ 11-20 ☐ 21-35 ☐ 36-50 ☐ 50+
- ☐ No restrictions

\* THESE AREAS MUST BE COMPLETED, TO VALIDATE THE TIME LOSS.

\*\* APPLICABLE IF PATIENT IS EMPLOYED AND JOB PERFORMANCE WILL BE EFFECTED.



# PHYSICIANS REPORT OF DISABILITY

NAME CLAYTON P PERKINS  
8087 12 36 0939 M  
CHART # 1859-001  
1 A S A A 2 C X

The above-named individual was examined on 6-11-88  
Diagnosis (impression)\* RIGHT HUMERUS GENERAL TRAUMATIC FRACTURE  
Plan (treatment)\*\* CAST, RANGE-OF-MOTION

Return appt with DR. P.A. at 11:00 within 3 WEEKS  
Referred to \_\_\_\_\_

Return to work/activity: This individual:  
has no evidence of a contagious or infectious disease  
is physically able to return to work school sports

PLEASE MARK APPROPRIATE BOX\*  
☒ Time loss authorized from 6-11-88 to 7-10-88  
☐ Date released for modified work \_\_\_\_\_  
☐ Date released for regular work \_\_\_\_\_  
☐ No time loss authorized

Remarks: \_\_\_\_\_  
Date\* 6-11-88 Physician's signature\* [Signature]  
Print name\* G. J. [Name]

My signature on this form authorizes release of medical information regarding this treatment to my employer.  
or their disability insurance carrier: \_\_\_\_\_  
Patient's signature \_\_\_\_\_ Date \_\_\_\_\_  
The patient is not required to sign authorization.

Physical capabilities if applicable:

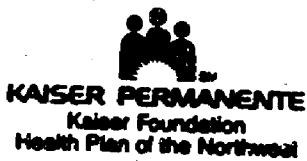
- ☐ No sleeping, twisting, bending, squatting
- ☐ No work at or above shoulder level
- ☐ Minimal walking
- ☐ No repetitive gripping or bending of the \_\_\_\_\_ wrist
- ☐ No use of the \_\_\_\_\_ hand
- ☐ No pushing or pulling
- ☐ No climbing
- ☐ Dry job only
- ☐ No vehicle operation

Other restrictions (see remarks section)

WEIGHT LIFTING CAPABILITIES (lbs)

☐ 0-10 ☐ 11-20 ☐ 21-35 ☐ 36-50 ☐ 50+  
☐ No restrictions

\* THESE AREAS MUST BE COMPLETED, TO VALIDATE THE TIME LOSS.  
\*\* APPLICABLE IF PATIENT IS EMPLOYED AND JOB PERFORMANCE WILL BE EFFECTED.



# PHYSICIANS REPORT OF DISABILITY

NAME Clayton J. Perkins

CHART # 50 57 12 136

The above-named individual was examined on 6/14 19 88 for  
Diagnosis (impression)\* fracture of right humerus  
Plan (treatment)\*\*

Return appt. with Dr. Hill at 7/4/88 within

Return to work/activity: This individual:  
has no evidence of a contagious or infectious disease  
is physically able to return to work school sports

## PLEASE MARK APPROPRIATE BOX\*

- ☐ Time loss authorized from \_\_\_\_\_ to \_\_\_\_\_  
☒ Date released for modified work 6/27/88  
☐ Date released for regular work \_\_\_\_\_  
☐ No time loss authorized

Remarks: NO LIFTING WITH RIGHT ARM.  
DR. WORK.

Date 6/27/88 Physician's signature [Signature]  
Print name KASKI

My signature on this form authorizes release of medical information regarding this treatment to my employer.

or their disability insurance carrier:

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

The patient is not required to sign authorization.

## Physical capabilities if applicable:

- ☐ No stooping, twisting, bending, squatting  
☐ No work at or above shoulder level  
☐ Minimal walking  
☐ No repetitive gripping or bending of the \_\_\_\_\_ wrist  
☐ No use of the \_\_\_\_\_ hand  
☐ No pushing or pulling  
☐ No climbing  
☐ Dry job only  
☐ No vehicle operation

Other restrictions (see remarks section)

## WEIGHT LIFTING CAPABILITIES (lbs)

- ☐ 0-10 ☐ 11-20 ☐ 21-35 ☐ 36-50 ☐ 50+  
☐ No restrictions

\* THESE AREAS MUST BE COMPLETED, TO VALIDATE THE TIME LOSS.

\*\* APPLICABLE IF PATIENT IS EMPLOYED AND JOB PERFORMANCE WILL BE EFFECTED.