

U.S. DEPARTMENT OF LABOR

BUREAU OF EMPLOYEES' COMPENSATION

15-7303

1. BEC CASE NUMBER
2. CARRIER'S NUMBER

IMPORTANT NOTICE TO EMPLOYEE

INSTRUCTIONS: Notify the Deputy Commissioner, whose address appears below, within 10 days if the information on this notice is not correct, or if you have further claim.

3. NAME AND ADDRESS OF EMPLOYEE (Place within brackets below)

John C. McInaney
c/o Air America, Inc.
APO San Francisco 96352

4. NAME OF EMPLOYER: **Air America, Inc.**
 5. ADDRESS OF EMPLOYER: **Field Executive Office, Box 20010 APO San Francisco 96239, c/o 824th Hq. Sq.**

6. DATE OF INJURY: **Sept. 19, 1970**
 7. DATE EMPLOYEE FIRST DID NOT WORK BECAUSE OF INJURY: **September 28, 1970**
 8. DATE PHYSICIAN FOUND EMPLOYEE ABLE TO RETURN TO WORK: **October 3, 1970**

9. DATE EMPLOYEE RETURNED TO WORK: **October 3, 1970**
 10. AVERAGE WEEKLY WAGE: **Exceeds \$105.00** (Maximum compensation rate—\$70.00 per week)
 MULTIPLIED BY 2/3 = COMPENSATION RATE \$ **70.00**

11. GIVE REASONS WHY PAYMENTS HAVE BEEN STOPPED OR SUSPENDED: **Employee returned to duty**
 12. DATE OF THIS NOTICE: **Oct. 15, 1970**
 13. DATE LAST PAYMENT MADE: **Oct. 31, 1970**

14. LIST ALL DISABILITY PAYMENTS

TYPE OF DISABILITY a	FROM (Mo., day, yr.) b	TO (Mo., day, yr., inclusive) c	AMOUNT PAID PER WEEK d	NUMBER OF WEEKS PAID e	TOTAL f
TEMPORARY TOTAL	9/28/70	10/02/70	\$70.00	5/7	\$20.00*
TEMPORARY PARTIAL					
TEMPORARY PARTIAL*					
PERMANENT PARTIAL (Non-schedule)					
PERMANENT TOTAL					
PERMANENT PARTIAL (Schedule loss, facial disfigurement)	PERCENT	PART OF BODY	*Employee received normal salary for the whole period of his disability in lieu of compensation, although the first three days were not compensable.		
*REPORT ON THIS LINE PAYMENT FOR DIFFERENT PERIOD OR RATE THAN GIVEN IN PREVIOUS LINE.				TOTAL	→

PLEASE READ CAREFULLY

Claim for compensation, to be valid, must be filed in writing with the Deputy Commissioner *WITHIN ONE YEAR* after the date of injury or date of last payment of compensation.

If you have serious head or facial disfigurement, or any permanent or other disability from the injury for which you have not been paid compensation, inform the Deputy Commissioner.

OFFICE OF THE DEPUTY COMMISSIONER
 U.S. DEPARTMENT OF LABOR
 BUREAU OF EMPLOYEES' COMPENSATION

1833 Kalanianaʻolu Avenue, Room 810
 Honolulu, Hawaii 96815