

# NOTICE OF INTENT TO APPEAL

STATE OF MAINE  
WORKERS' COMPENSATION BOARD  
APPELLATE DIVISION  
1037 FOREST AVE, STE 11  
PORTLAND, MAINE 04103-3382

CASE NAME: Heather Winslow v. The Aroostook Medical Center  
WCB FILE# or AIU CASE#: 14-01-92-90  
ISSUANCE DATE OF DECISION: December 29, 2016  
MAIL DATE OF DECISION: December 29, 2016

**CHECK ONE:**

- APPELLANT HAS ORDERED TRANSCRIPT FROM \_\_\_\_\_  
(please notify Appellate Division when you receive transcript)
- TRANSCRIPT HAS ALREADY BEEN PREPARED
- REQUEST HAS BEEN MADE TO REGIONAL OFFICE TO ORDER TRANSCRIPT

**APPELLANT:**

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**APPELLEE:**

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**Please include the same information about additional parties on a separate sheet.**

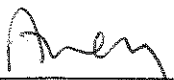
## NOTICE

A party in interest may file with the Appellate Division a notice of appeal of a decision by an administrative law judge pursuant to 39-A M.R.S.A. §318 within 20 days after receipt of notice of issuance of the decision by the administrative law judge. When filing this notice, the appellant also shall file with the clerk a copy of the decision appealed.

1. On 12/30/2016 & 03/03/2017, The Aroostook Medical Center received notice of the issuance of a decision by Administrative Law Judge Thomas Pelletier in the above captioned case.

2. The Appellant appeals the following issues: Whether a new average weekly wage is established when an employee applies for and accepts a change in job position prior to a work injury which resulted in reduced earnings? Whether an employee can meet her burden of proving earning incapacity in a concurrent employment under Section 102(4)(E) where the work is not "regular", she has no assurance of hours scheduled and the claim is based entirely on speculation as to what she would have chosen to work and whether those hours would be available? Whether an employee is entitled to incapacity benefits where she expressed an intention to return to her prior full-time job within a specific time after maternity leave but failed to do so within the projected time period?

THEREFORE, the appellant asks the Appellate Division to review the decision pursuant to 39-A M.R.S.A. §321-B.

  
SIGNATURE OF APPELLANT

DATED: March 7, 2017  
MONTH DAY YEAR

### FILING INSTRUCTIONS

1. Mail original notice to the clerk of the Appellate Division at the above address by regular mail, or hand deliver to any regional Board office.
2. Mail one (1) copy by certified mail, return receipt requested to each other party named above.
3. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: (888) 801-9087 or TTY Maine Relay 711.