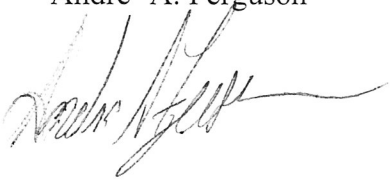
To Whom It May Concern:

On December 27, 2010 Mrs. Kristin Noe was involved in an operational error in which she was working the radar controller position, which made her very upset and visibly shaken. Within the next couple of weeks Mrs. Noe was involved in an operational deviation from the radar associate position. This again left her uncomfortable when it came to working operational positions. As Mrs. Noe became comfortable again working her operational positions, she was involved in another deviation from the radar associate position. This was her third involvement in an operational incident in a very short time period. I had continuous discussion with Mrs. Noe throughout this trying time and I could see had many concerns and her stress level was raised after each and every incident. Once Mrs. Noe returned to work I felt she still had concerns when working her operational positions, but I saw her stress levels were lowered and she had regained her confidence to work her operational sectors. Any further questions feel free to contact me at (305) 716-1783.

Andre' A. Ferguson



File Number: 062270339
CA-1127TEL-O-H

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 50
LONDON, KY 40742-8300
Phone: (202) 693-0045

May 26, 2011

Date of Injury: 01/22/2011
Employee: KRISTIN M. NOE

KRISTIN M NOE
1626 NW 143RD WAY
PEMBROKE PINES, FL 33028

IMPORTANT INFORMATION
PLEASE READ AND RETAIN

Dear Ms. NOE:

Please take notice that an informal hearing will be held in the above -captioned case before a Hearing Representative of the Office of Workers' Compensation Programs at the following time and date. Please be sure that you and/or your representative are available and ready to proceed at that time. A few minutes before the scheduled hearing time, please call the toll free number listed below and when prompted, enter the pass code also listed below. This will connect you to the telephone hearing along with the hearing representative and court reporter.

Please note that the time listed below is provided in EASTERN TIME zone. Make certain that your local time is adjusted accordingly.

Hearing Date: 06/30/2011
Hearing Time: 10:00 am, Eastern time
Toll Free Number: 1-888-283-5071
Pass Code: 26130

You and/or your representative should be present.

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
WORKERS' COMP DIV-AHL-100
800 INDEP AVE, SW, RM 521,(AHP-500)
WASHINGTON, DC 20591

File Number: 062270339
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If you no longer desire a hearing, you should request cancellation immediately from the Branch of Hearings and Review, P.O. Box 8300, London, KY 40742. Your file will then be returned to the district office having jurisdiction of the case. If you withdraw your request for hearing, no further requests for a hearing on the subject decision will be considered by OWCP.

Now that your hearing is scheduled, it cannot be postponed unless the hearing representative can reschedule the hearing on the same docket (that is, during the same hearing trip). Pursuant to 20 CFR 10.622 ©, hearings that cannot be rescheduled within the same docket may not be rescheduled unless the claimant is hospitalized for a reason that is not elective, or the death of the claimant's spouse, parent or child prevents the claimant's attendance at the hearing. A postponement under these conditions will only be granted by the hearing representative once the proper documentation is received.

If one of the conditions described above is not met, no further opportunity for a telephone hearing will be provided. Instead, the hearing will take the form of a review of the written record and a decision issued accordingly.

Sincerely,

Debra Harvey
Hearing Representative

TEL: (202) 693-0721
FAX: (202) 693-1386

NOTE TO EMPLOYING AGENCY

A copy of the hearing transcript is routinely sent to the employing agency. Please return the enclosed form CA1127a (preferably via facsimile) only if an agency representative will be in attendance at the hearing, or if the agency needs to advise OWCP of a change of address.

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Employing Agency Attendance at Hearings
and Submission of Pertinent Evidence

Note: This form is to be completed and returned by the employing agency.

Under section 8124 (b) of the Federal Employees' Compensation Act (5 U.S.C 8101 et seq.), a claimant not satisfied with a decision of the Office of Workers' Compensation Programs is entitled, on request made within 30 days of the date of issuance of the decision, to a hearing before an OWCP representative.

While the employing agency is not a party to such hearing, it has interest in the outcome of the hearing, and frequently possesses information pertinent to issues raised at the hearing. Therefore, the employing agency is given the opportunity to have a representative in attendance at the hearing and to request that it receive a copy of the hearing transcript.

Where the employing agency sends a representative to a scheduled hearing, the representative will attend primarily in the role o fan observer without the right to question the claimant or make any argument. However, since the claimant is entitled to present evidence in support of the claim, the agency representative may, upon the specific request of the claimant or the claimant's representative, be asked by the OWCP Hearing Representative to give oral testimony at the hearing. Where the employing agency wishes to have a representative attend a hearing, it should assume that its representative will be subject to being called upon to give testimony.

Where the employing agency requests that it receive a copy of the hearing transcript, either by completion of this questionnaire or by written request by the agency representative at the hearing, the employing agency will be allowed 20 days following release of the requested transcript to submit comments or additional material for inclusion in the record and study by the OWCP Hearing Representative in reaching a decision. Any comments or materials submitted by the agency are subject to review and comment by the claimant and/or the claimant's representative.

File Number: 062270339
CA-1127TEL-O-H

As shown in the accompanying notice, a hearing has been scheduled in the compensation case of:

NAME: KRISTIN M. NOE OWCP File No: 062270339

Please respond to the following questions and return the signed form to the address shown below:

1. Will an agency representative attend this hearing? ( ) Yes ( ) No
2. Does the agency wish to receive a copy of the hearing transcript?
   ( ) Yes ( ) No

If Yes, please give the complete name and address of the person to whom the transcript is to be sent:

Signature	Title	Telephone Number	Date

Return to:
U.S. Department of Labor
Office of Workers' Compensation Programs
P.O. Box 8300
London, KY 40742-8300