

02
Diary 50960423

CHARGE OF DISCRIMINATION	FCHR No. 96-5006
Name (Indicate Mr., Ms., or Mrs.) Mr. Jerry Berdy	Telephone No. (area code)
Home Address 518 Shephard Street	Home 904-222-0844
City, State, and Zip Code Tallahassee, FL 32303	Work (if possible to call you there)

FILED

00 SEP 21 AM 9:00

DIVISION OF ADMINISTRATIVE HEARINGS

List the employer, labor organization, employment agency, apprenticeship committee, government agency, or other person who discriminated against you.

Name State of Florida Dept. of Health & Rehab. Services	No. of Employees 15+	Telephone No. (area code)
Street Address Tallahassee, Florida	City, State and Zip Code	County Leon

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))	DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (month, day, year)
<input type="checkbox"/> RACE <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> COLOR <input type="checkbox"/> AGE <input type="checkbox"/> SEX <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> RELIGION <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> HANDICAP	12/1/95

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)):

- I. PERSONAL HARM
On December 1, 1995, I was terminated from my position of Systems Programmer I.
- II. RESPONDENT'S REASON FOR ADVERSE ACTION
I was told I was being terminated for not being able to perform my job.
- III. DISCRIMINATION STATEMENT
I believe I have been discriminated against because of my disability, Attention Deficit Disorder, in violation of the Americans with Disabilities Act and the Florida Civil Rights Act of 1992.

I REQUEST THE FULL RELIEF TO WHICH I AM ENTITLED, UNDER THE LAW ()

RECEIVED

JUN 11 1996

Florida Commission on Human Relations

who provided Florida Drivers License

RECEIVED
FLORIDA COMMISSION ON HUMAN RELATIONS
1996 JUN 27 PM 12: 32

I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SIGNATURE OF COMPLAINANT <i>Jerry A. Berdy</i> <i>Jerry A. Berdy</i>	DATE 6/11/96 6/27/96
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NOTARY-- (Required for Filing) SUBSCRIBED AND SWORN TO BEFORE ME Ronald E. Shell MY COMMISSION # CC550131 EXPIRES April 24, 2000 BONDED THRU TROY FAIR INSURANCE, INC. Ronald E. Shell MY COMMISSION # CC550131 EXPIRES April 24, 2000 BONDED THRU TROY FAIR INSURANCE, INC. June 27, 1996
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